Evaluation of the Head Start Family Service Center Demonstration Projects

Volume I: Final Report from the National Evaluation

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Preface

The national evaluation of the Head Start Family Service Center (FSC) Demonstration Projects was a complex study that required the assistance of Family Service Centers across the country. Special thanks are due to all of the FSC project directors, local evaluators, data collectors, and participating families who contributed their time and energy to providing data for this evaluation.

The evaluation has benefitted from the input of many researchers who were members of the project's Technical Advisory Panel. Members included Burt Barnow, Johns Hopkins University; Laurie Bassi, Georgetown University; Thomas Cook, Northwestern University; Vivian Gadsden, National Center on Adult Literacy; Judy Howard, University of California at Los Angeles; and Karen Wells, Duke University Medical Center. The Technical Advisory Panel also included representatives of FSC projects: David Beer, local evaluator for two FSCs in Chicago, Illinois; Mary Fant, project director of the FSC in Louisville, Kentucky; and Maureen Marcenko from Hahnemann University, local evaluator for the FSC in Philadelphia, Pennsylvania.

Staff of the Administration on Children, Youth and Families (ACYF) at the Department of Health and Human Services have been quite helpful in providing valuable input to all aspects of this evaluation. Henry Doan, the current Project Officer, was responsible for overseeing the final report of this evaluation. As the previous Project Officer, James Griffin oversaw all planning, implementation, and reporting activities for the evaluation. As Project Officer for the first year of the evaluation, James O'Brien also contributed to the design of the national evaluation.

Several staff members at Abt Associates have played important roles in designing and carrying out the national evaluation. Key staff at Abt included: Janet Swartz, Lawrence Bernstein, Dylan Conger, Maureen Cook, Eileen Fahey, Jamelle Gardine, Jean Layzer, Ellen Lee, Marjorie Levin, Larry Orr, Michael Puma, Christine Smith, Geraldine Stewart, and Alan Werner.

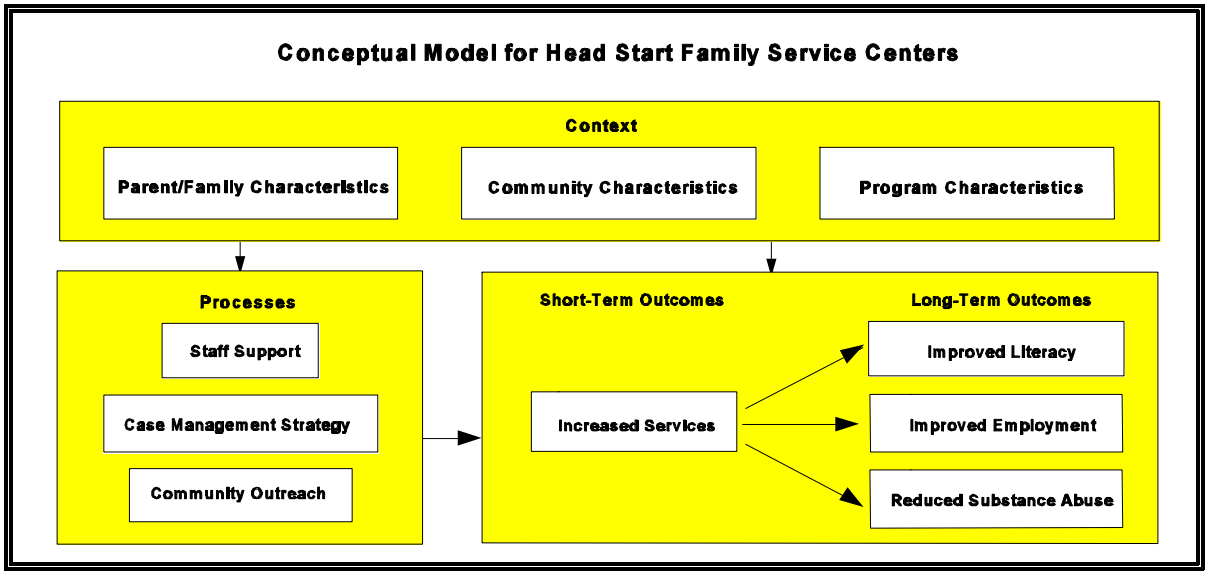
Executive Summary

This executive summary highlights findings from the final report of the national evaluation of the Head Start Family Service Center (FSC) Demonstration Projects. This report represents the first of two volumes. Volume II contains a summary of the local evaluation reports conducted by third-party evaluators in each FSC project.

The summary begins with a brief description of the FSC projects and the design of the national evaluation. The last two sections summarize program effects on participants and changes reported by project directors as a result of the integration of the FSCs into local Head Start programs.

Family Service Center Demonstration Projects

Over the past several years, there has been a growing concern among the Head Start community that many families experience high rates of unemployment or underemployment, have low literacy skills, and may be dependent on alcohol or drugs. These complex and often interrelated problems are likely to interfere with a family's ability to nurture their children and provide a positive home environment. In addition, program staff felt that the traditional set of Head Start sources were inadequate to address these problems.



The FSC demonstration projects were initiated in 1990 to enable Head Start programs to provide a more comprehensive set of services and enhance Head Start's capacity as a "two-

generational program" that offers services to both parents and children. Two key features of an FSC project were (a) collaborative efforts with community organizations, and (b) intensive case management that included a needs assessment and integrated services for families.

The design for the FSCs rested on a set of four assumptions:

- Head Start families have important yet unmet needs in three areas: literacy, employment, and substance abuse.
- Head Start, as currently constituted, is unable to address those needs adequately because of the large caseloads carried by social work staff, which make it difficult for them to provide the focused attention many families need.
- FSCs will help meet family needs by reducing caseloads which will increase the likelihood of families' receiving needed services.
- These services will result in improved family economic and psychological well-being.

The FSCs were three-year demonstration projects funded by grants from the Administration on Children, Youth and Families (ACYF) within the U.S. Department of Health and Human Services. All Head Start grantees were eligible to apply for the funds. A total of 66 FSC projects were funded by ACYF over three fiscal years. In September 1990, approximately $2.5 million was awarded to 13 Head Start agencies to implement FSC projects (Wave I projects).[1] In September 1991, $7.8 million was awarded to institute an additional 28 projects (Wave II projects). In September 1992, $6.4 million was distributed to 25 new projects (Wave III). The average grant was $250,000 a year for each of three years[2]. Projects were located in 36 states throughout the country, including projects associated with Migrant Head Start and Head Start programs on Indian Reservations.

This report focuses on the experimental design results from the final cohort of programs. The Wave I and II projects were not required to systematically implement random assignment in their evaluation designs. A subset of Wave I and II projects (10 sites) did institute a randomized design; however, baseline data for these projects were not collected until <u>after</u> random assignment had been conducted. Results from these 10 projects were not significantly different from those reported here for Wave III. Due to the above considerations, results from the Wave I and II projects are not integrated into the body of this report. For further

1 One of the Wave I projects did not receive funds to continue into its second year of operation, reducing the number of operational FSCs to 65.

2 An additional special demonstration grant for $3 million was awarded in 1992 to the Head Start agency in Los Angeles County; this project was not included in the national evaluation.

details, please refer to Appendix B: Summary of Findings from Interim Reports, Wave I and II Projects.

National Evaluation Design

On September 30, 1991, Abt Associates Inc. was awarded a contract to conduct a national evaluation of the FSC projects, each of which was also participating in a site-specific study conducted by a local evaluator. The national evaluation addressed three main questions. The first question focuses on program processes, while the other two address short-term and long-term outcomes.

- ***How was the program implemented?***

  What were the strategies used, problems encountered, and solutions found when Head Start agencies and other community agencies cooperated in implementing a Family Service Center model?

- ***Were there effects on service utilization?***

  Were families who participated in a Head Start FSC more likely to address problems of substance abuse, low literacy, and unemployment than families who attended a regular Head Start program?

- ***Were there any effects on families?***

  Did families who participated in a Head Start FSC experience significant benefits compared with similar families who attended a regular Head Start program?

All of the Wave III projects were required by ACYF in the grant announcement to implement a design in which interested families were randomly assigned to the FSC or to a control group that received regular Head Start services. Random assignment was carried out by Abt Associates in collaboration with the local evaluators at each site. Because families recruited for the national evaluation were not a random sample of all Head Start families, the results of this evaluation cannot be generalized to the total Head Start population. Moreover, the 25 Wave III FSC projects cannot be presumed to be representative of all Head Start programs across the country, in terms of either program or participant characteristics.[3]

3 In fact, the average total funded enrollment for the 25 Head Start programs with Wave III FSCs was 631 students, about twice the average enrollment for Head Start programs nationally.

Data Collection Measures and Methods

The national evaluation collected data from six sources: parent interviews; a functional literacy test administered to parents; on-site observations of project activities on-site; interviews with staff at the FSC, Head Start, and collaborating agencies; a project director questionnaire; and a case manager questionnaire.

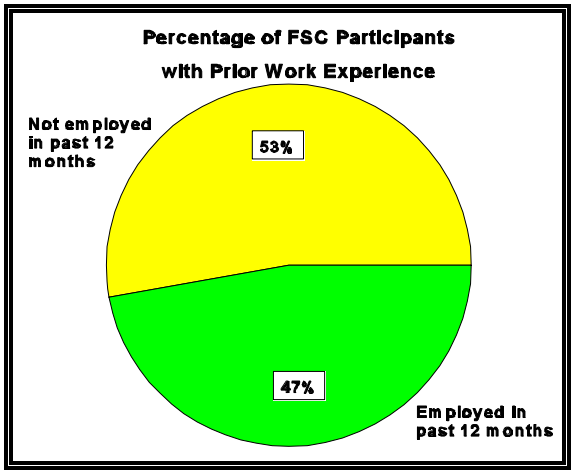
The parent interviews and the literacy tests were administered by independent data collection staff hired by local evaluators and paid through the FSC's local evaluation budget. Site visits and staff interviews were conducted by Abt staff. The project director and case manager questionnaires were self-administered surveys completed by FSC staff.

These data were collected from Wave III projects during the 1993–1994 and 1994–1995 program years. Information from FSC project staff was collected in the spring of 1994. Baseline data collection from individuals assigned to either the FSC or the control group spanned the period from August 1993 through January 1994. There were two subsequent data collection efforts in the summers of 1994 and 1995, corresponding to approximately 7 months and 19 months after baseline.

Findings of the National Evaluation

The Extent of Participants' Unmet Needs

Either through self-report or through an independent assessment of their functional level, the majority of FSC participants demonstrated unmet needs in only one of the three target areas—employment. It is important to note that the adults included in this evaluation were self-selected and, therefore, they could be considered highly motivated to either get a job or seek a better one. Moreover, other family situations, including being a single parent with several children, suggest that parents might be interested in other aspects of the FSC such as greater access to case managers.



Low literacy skills were not a major problem for the participants. A majority of the FSC participants had high school diplomas or the equivalent, and most scored in the highest category (high school) on a test of functional literacy administered at entry into the program.

Employment, the second area targeted by the program, was a problem for many participants. Help in finding a job and job training were the areas most frequently

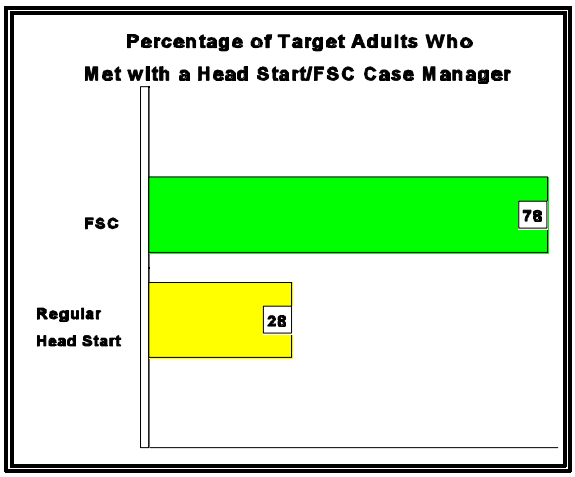
identified in adults' self-report of need for services. In spite of their higher than expected educational and literacy levels, more than half of the participants had not worked during the year before they enrolled in the program, and about 15 percent had never worked. Among those employed, more than half earned less than $5.00 an hour and worked less than 35 hours a week.

At baseline, only a small proportion of adults reported current or prior problems with alcohol or drugs. Based on self-reported data, approximately 10 percent of target adults and 25 percent of spouses or partners were reported to have drunk five or more drinks in one sitting on more than one occasion in the month before they entered the program. Smaller percentages of target adults and their partners were reported to have used an illegal drug, usually marijuana, in the same period. There is reason for caution in accepting these estimates because they are lower than generally accepted estimates of use in the general population (National Institute on Drug Abuse, 1991).

The Need for Additional Case Management

The assumption underlying the FSC was that intensive case management was essential to meeting families' needs. In the regular Head Start program, local agencies used a variety of approaches to provide case management to Head Start families who were not part of the FSC. In these regular Head Start programs, caseloads averaged 75 families and a quarter of social service staff had caseloads of more than 100 families. The majority of programs utilized a case management approach in which case managers or family advocates were assigned to work with a specific group of families, often by specific classroom or geographic area.

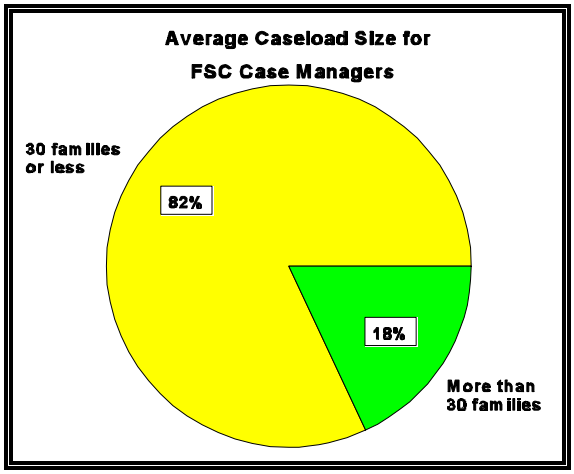
Caseload size is a critical feature of case management because it affects the amount of time and attention that case managers can give to assigned families. The more families for whom case managers have responsibility, the less time and contact they have with each individual family. This is illustrated most clearly when comparing a Head Start program that has five case managers and 150 families (caseload size of 30 families each) with a similar size program that has only one social service coordinator and no case managers. The social service coordinators working on their own without support have much less opportunity to work with individual families and often spend much of their time responding to crises.



Case Management Services Provided by the Program

Information gathered in site visits and from staff surveys indicate that intensive case management was indeed delivered.

The program increased access to social workers or case managers. FSC participants were much more likely to have met with a social worker or case manager than were families in the regular Head Start program (78 percent versus 28 percent).



Caseloads tended to be small. The average caseload size in the Wave III FSC projects was 23 families. Only three percent of case managers had caseloads of more than 40 families. These caseload sizes were significantly smaller than those of social service staff in regular Head Start programs which averaged 75 families during the FSC demonstration. Program staff reported that the smaller caseloads in the FSC afforded them the time and opportunity for more frequent contact and more intensive involvement with families.

Contact with families was frequent and often face to face. Over a third of the FSC families had in-person contact with their case managers on at least a weekly basis. Case managers used many different ways to keep in touch with families, including home visits, telephone calls, and meetings at the FSC. About one-third of the case managers reported that they conducted home visits with all families; the remainder met at home with at least some of their families.

Case managers spent as much time on families' basic needs and personal issues as they spent on literacy and employment needs. Case managers most often rated families' ***basic needs*** as the primary topic on which they spent time. Literacy, employment, and personal issues were all among the top five topics discussed with families. Half of the case managers indicated that ***transportation*** and ***child care*** issues required their attention as well. While dealing with such issues is an accepted part of good case management (and it would be almost impossible to deal with other topics in isolation), it clearly reduced the time available to deal with the three topics that were the focus of the program.

Effects of the FSC on Participants' Use of Services

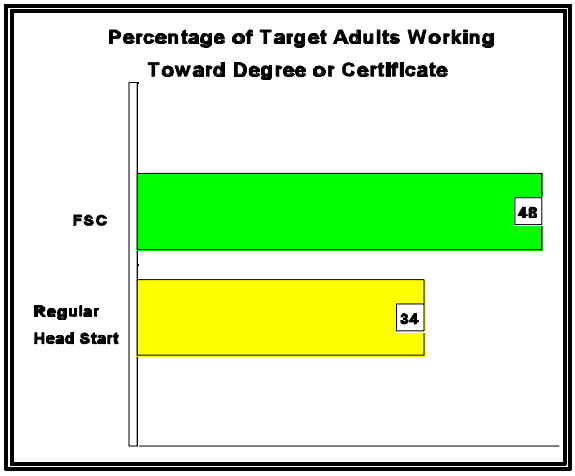
Most of the services to which FSC participants were referred were available to all Head Start families. The results from the second follow-up show greater use of services by program participants than by families in the control group.

More FSC adults participated in educational programs or employment services than did adults in regular Head Start. FSC adults participated more in:

- General Education Development (GED) preparation (17 percent versus 11 percent),
- Adult Basic Education (ABE) classes (seven percent versus three percent),
- computer instruction (eight percent versus four percent),
- employability classes (nine percent versus four percent),
- job training (19 percent versus 15 percent), and
- assisted job search (five percent versus two percent).

More than half of the adults in the FSCs participated in at least one of these services.

Adults in FSCs were more likely than those in regular Head Start to report that they were working toward a diploma or degree (48 percent versus 34 percent). This finding may have implications for participants' future employment prospects. However, there were no differences between the groups in actual diplomas or degrees attained during the time frame of this evaluation.



A greater proportion of FSC adults than adults in regular Head Start participated in some type of drug program (11 percent versus 5 percent). In general, participation in drug programs was low across all FSC projects, which could either reflect a lower incidence of substance abuse problems than initially hypothesized or a greater difficulty in identifying or acknowledging these problems. Again, this also could be attributed to the self-selection of the study sample.

Barriers to the use of services offered by community agencies were likely to be logistical. Scheduling that did not meet parents' needs, services that were too far away, and a lack of transportation or child care were all cited as barriers to the use of available services. In addition, project directors cited limited slots for employment services as a barrier.

Effects on Participants' Literacy, Employment, and Substance Abuse

FSC families, compared with families in regular Head Start, received more attention from case managers and participated more in educational and employment services that could help them move toward self-sufficiency in the future. However, ***these activities did not translate into measurable impacts in the areas of literacy, employment, or substance abuse during the time of the evaluation.*** There are several possible explanations for this absence of long-term program impacts.

Differences in participation rates in services may not have been sufficient to effect changes. Although there were reported differences between FSC and regular Head Start families in terms of participation in services, these differences may not have been sufficient to effect changes in program impacts. Moreover, participation levels in terms of frequency or intensity of service receipt may have been too low to lead to meaningful differences in programmatic outcomes.

Regarding substance abuse services, we cannot say with any certainty whether the low participation in these services indicates that there was little need for these services or a reluctance to admit problems in this area. It is possible that parents with young children are unwilling to disclose the problem either to independent researchers or to case managers associated with their child's Head Start program, and that a different approach to offering these services needs to be examined. Project staff also may have needed more training in this area in order to talk effectively with parents about substance abuse.

Economic self-sufficiency is difficult to achieve, particularly in a short time period. A second explanation for the lack of long-term impacts is that following families for only one year after leaving the program is too short a time span to realize an increase in indicators of economic self-sufficiency (e.g., an increase in wages or reduction in public assistance). Evidence from other evaluations also suggests that it is extremely difficult to achieve substantial impacts on income, employment, and skill levels. Where these types of programs have been effective, the benefits are not seen until two or three years after enrollment.

It is important to note that the FSCs were not designed as employment programs, and were thus unlikely to achieve, in the short term, even the limited success of such programs. Nevertheless, the relevance and importance of employment services for this population is borne out by parents' own assessment of their needs, by their use of employment services, and by the current political climate with respect to welfare reform.

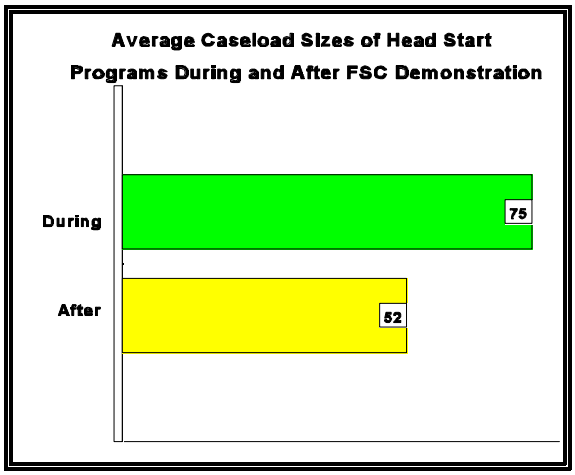
The quality of services from community agencies will vary. In programs such as the FSC, where the focus of case management is to broker services, the program does not have control over the services that clients receive, and it is hard to ensure quality. The challenge of relying on community services was supported by comments from FSC program staff, who indicated a number of barriers to the use of community services.

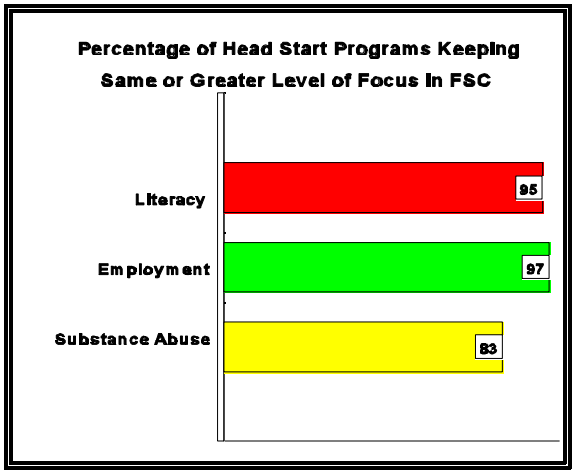
Findings of the Integration Study: Reported Effects of the FSCs on Head Start Programs

An additional component of the national evaluation included studying the extent to which the FSCs were integrated into regular Head Start programs after the demonstration had ended. This integration study examined how the FSC case manager, as well as services in literacy, employment, and substance abuse, were incorporated into Head Start at the end of the three-year demonstration period. Information was obtained from FSC or Head Start Staff through (1) telephone interviews to the 61 projects that received continued funding to integrate the FSC, and (2) site visits to a sample of five Head Start programs.

The staff and services of the FSC were successfully integrated into local Head Start programs after the three-year demonstration ended. Although not always a smooth or simple process, integration of the FSC into the regular Head Start program seems to have occurred in such a way as to maintain a focus on case management as well as on literacy, employment, and substance abuse. The process also has given Head Start staff a chance to modify the original strategies chosen, incorporating what worked and changing those components that did not work well in their sites, to address the needs of families in their programs more effectively.

Regardless of the particular integration approach used, caseloads in Head Start programs that had an FSC have been reduced. Some programs reduced the caseloads of all Head Start case managers; others instituted a two-tiered approach with special case managers for families most in need or maintained the FSC to keep caseloads low for a subset of social service staff.





Most programs still focus on literacy, employment, and substance abuse. In a number of programs, these services to families have been expanded or are now open to a larger proportion of families than before. However, there has tended to be a reduction in support services, such as ***transportation*** and ***child care***, as programs try to serve more families with only a modest increase in funds.

The FSC demonstration has increased the visibility of Head Start in the community. Increased collaboration with other agencies in the community has helped to heighten perception of Head Start as a provider of services to families rather than as simply an early childhood program.

While the FSCs had limited effects on outcomes for families, Head Start staff reported a number of positive organizational changes resulting from the FSC, including:

- improved case management through increased training, reduced caseloads, and additional staff;
- expanded Head Start services to include literacy, employment, and substance abuse as well as support groups and other on-site activities;
- strengthened community collaboration to provide services to Head Start families and improved access to community services;
- stronger family focus in terms of available services and philosophical approach;
- increased coordination among Head Start components and staff through reorganization of roles and hiring additional staff;
- increased parent involvement and participation in on-site activities and greater awareness of community resources; and
- improved reputation of the Head Start program in the community as a service provider to children and families.

All of these can be seen as resulting in more responsive programs that operate more collaboratively and effectively in their communities.

Chapter One
Introduction

The Head Start program operates on the principle that a child's development is best addressed by strengthening the family's capacity to be the primary nurturer and educator of its children. Toward that end, the program offers a comprehensive set of services that includes early childhood education, health and nutrition, parent involvement, and social services to primarily low-income children and their families. In this respect, Head Start operates as a two-generation program in striving to simultaneously address the needs of both parents and their children.

Over the past several years, there has been a growing concern that many Head Start families experience high unemployment or underemployment, have low literacy skills, and are dependent on alcohol or drugs. These complex and often interrelated problems are likely to interfere with a family's ability to nurture their children and provide a positive home environment. In addition, it was suspected that the traditional set of Head Start services are inadequate to address these problems.

The Family Service Center (FSC) demonstration projects were initiated in 1990 to enable Head Start programs to provide a more comprehensive set of services to address problems of low literacy, employability, and substance abuse among Head Start families. The identification and treatment of substance abuse, in particular, was a new focus for Head Start. The FSC projects were intended to build on and expand services in the three focus areas by collaborating with other community agencies and organizations.

A secondary goal of the FSCs was to increase the ability of Head Start families to achieve self-sufficiency. This objective is consistent with other federal initiatives for welfare reform (e.g., to reduce reliance on public assistance and increase participation in the work force) that were underway at the time that the FSCs began and have come into the forefront of federal reform initiatives as the impacts of the FSC are being analyzed and reported. The goals of the FSC also are consistent with current federal initiatives for family support programs. Thus, the FSCs offer information on program practices and program effects that continue to be relevant to federal and state policy makers and program practitioners.

Family Service Center Demonstration Projects

The FSCs were three-year demonstration projects funded by grants from the Administration on Children, Youth and Families (ACYF) within the U.S. Department of Health and Human Services (DHHS). All Head Start grantees were eligible to apply for the funds.

Two key features of an FSC project were (a) collaborative efforts with community organizations, and (b) intensive case management that included a needs assessment and integrated services for families. In the FSC grant announcement, the program goals were described as developing innovative approaches to:

- identify problems of Head Start families;
- train staff to understand and recognize families' needs;
- motivate family members to seek necessary help and address their own problems;
- provide needed services directly or link families with appropriate services in the community; and
- support families as they work towards solving their problems.

Detailed information about services provided either directly by the FSC, or through collaboration with community agencies, is provided in Chapter Three of this report.

A total of 66 FSC projects were funded by ACYF over three fiscal years.[1] The first FSC projects were funded in September 1990 (Wave I projects). At that time, approximately $2.5 million was awarded to 13 Head Start agencies to implement FSC projects. In September 1991, $7.8 million was awarded to institute an additional 28 projects (Wave II). In September 1992, $6.4 million was distributed to 25 additional projects (Wave III). In each of the three waves of projects, the average grant was $250,000 a year for three years.[2]

The FSC projects were located in 36 states throughout the country and included projects associated with Migrant Head Start and Head Start programs on Indian Reservations. Within states, the projects were located in urban and rural areas. The location of projects across the country is shown in Exhibit 1.1. A list of Head Start grantees implementing a Family Service Center appears in Appendix A of this report.

Evaluation of the FSC Projects

Two types of evaluation activities were specified for the FSC projects: (a) local evaluations conducted by third-party evaluators hired by individual FSCs; and (b) a national evaluation of all projects.

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1 One project did not receive funds to continue into its second year of operation, reducing the number of operational FSCs to 65.

2 In addition, a special demonstration grant for $3 million was awarded in 1992 to serve families in Los Angeles County. This project was not included in the national evaluation.

Exhibit 1.1

HEAD START FAMILY SERVICE CENTER DEMONSTRATION PROJECTS

Local Evaluations

Each FSC grantee was required to hire a third-party evaluator to conduct an evaluation responsive to the specific demonstration project and to submit an annual evaluation report to ACYF. Wave I grantees were given considerable freedom in designing their local evaluations and many focused on formative issues and collaborative feedback to program staff. For Wave II and III projects, ACYF specified that evaluation activities should include both formative and summative information about process and outcome variables.

In addition to their local evaluation responsibilities, local evaluators in Wave I and II projects participated as members of a consortium to plan the national evaluation. Data collection for the national evaluation was the responsibility of the local evaluators in Wave I, II, and III projects.

National Evaluation

On September 30, 1991, Abt Associates Inc. was awarded a contract to conduct a national evaluation of the FSC projects. The responsibilities of the national contractor include: working with the consortium of local evaluators to decide on a common set of variables and data collection measures; overseeing data collection for the national evaluation; analyzing the data and preparing summary reports to ACYF; and providing technical assistance to local evaluators.

The primary objectives of the national evaluation are to:

- describe the services and activities of the FSCs as well as the process of implementing these demonstration projects; and
- assess the impact of the FSCs on participating families, with particular focus on employability, substance abuse, and adult literacy.

To address the first objective, the national evaluation collected information from project directors and case managers about program services and implementation issues. To assess program impact, in-person interviews and a literacy test were administered to families who were randomly assigned to the FSC or to a control group. More detailed information about the evaluation design and data collection instruments is presented in Chapter Two of this report.

Conceptual Model for the FSC Demonstration Projects

To design and carry out an evaluation of a complex social program such as the FSC, it is helpful to develop a conceptual model of the program that suggests the way in which outcomes are hypothesized to emerge from FSC activities. The formulation of such a model

is key to developing research questions, preparing a meaningful evaluation design, and performing relevant analyses.

In the model presented in Exhibit 1.2, a set of activities that comprise the program processes lead to several types of program outcomes. Characteristics of families, the community, and the program itself mediate both program processes and outcomes. Examples of measurable indicators are provided for each major set of variables shown in the model.

Contextual Variables

The FSCs operated within the context of Head Start programs and the communities in which they were located. Each of these environments could affect program implementation and program impacts. For example, if a community had limited services to treat substance abuse, the FSC was likely to have a difficult time finding placements for the adults they served and, consequently, there may have been few adults who received services in this area. As another example, Head Start programs that had the space to locate FSC services in the same facility as the classrooms for children may have seen greater participation by parents than an FSC that was housed in a separate location. Local economic conditions also could have affected both adults' need for employment services and likelihood of finding employment.

In addition to the community and the program, the characteristics of the families in Head Start and the Family Service Center also may have affected service delivery and program impact. For example, the employment history of FSC participants was likely to be related to employment outcomes—adults who had never worked may have had a more difficult time finding employment than adults who had been employed recently. The education level, family structure, and level of basic skills are other contextual variables that could mediate program impact.

Program Processes

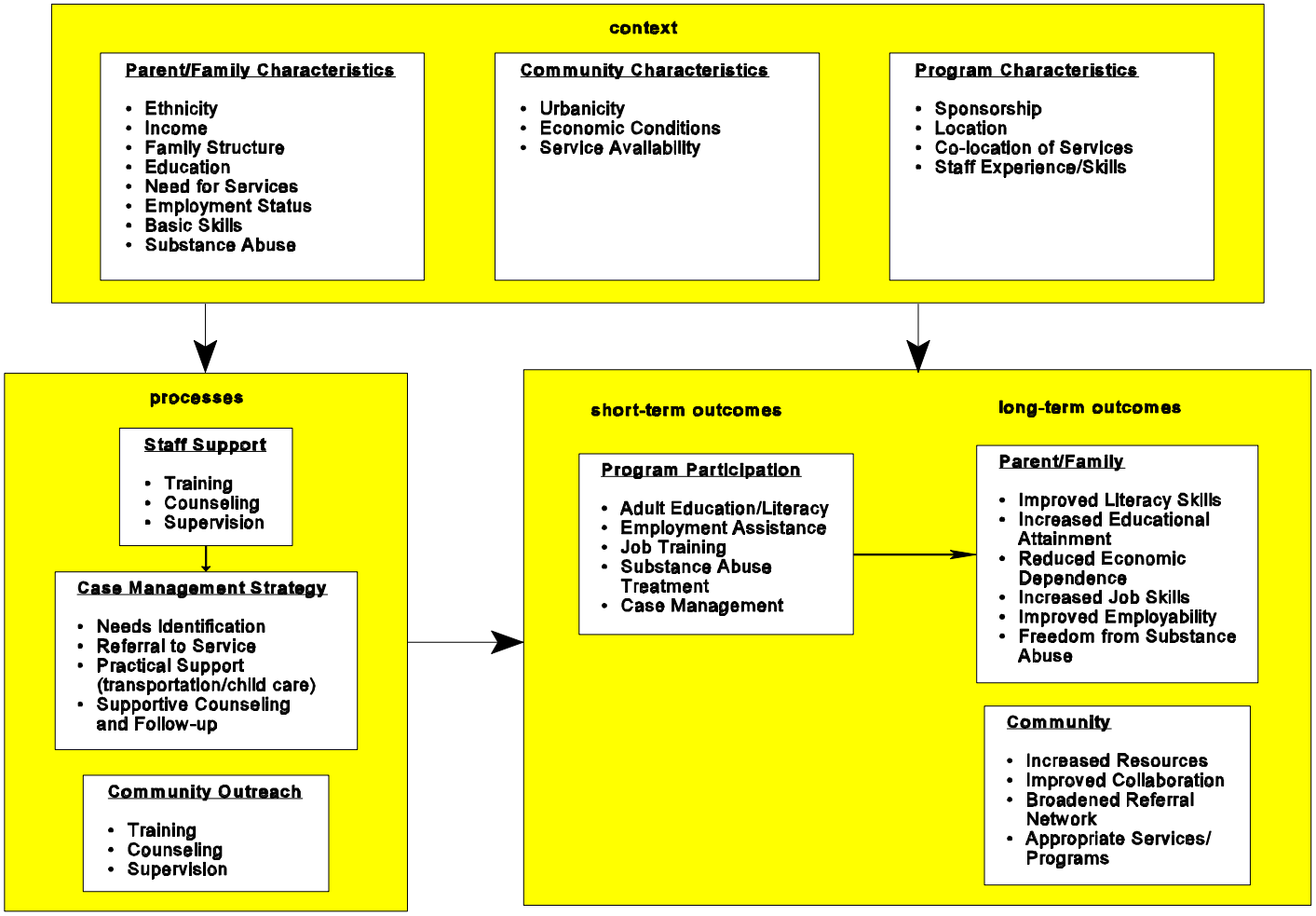
The program processes or activities of the FSC included staff support, case management, and community outreach. Examples of staff support included: training to increase staff awareness and knowledge of literacy, substance abuse, and employment needs and services; and supervision to help them work more effectively with families.

Case management strategies were the core program processes of the FSC demonstration model. Activities included needs assessment, referral to services, support services such as transportation and child care, as well as individual counseling and follow-up.

FSCs were encouraged to collaborate with local community agencies to provide services to families. Thus, outreach activities within the community were another category of program processes central to the FSC model. This included developing effective partnerships with the

Exhibit 1.2

CONCEPTUAL MODEL FOR HEAD START FAMILY SERVICE CENTERS



local organizations that provided literacy training, substance abuse prevention programs, and employment training. If appropriate services were not available within the community, advocacy for the development of services might have been necessary.

Program Outcomes

The FSC services and activities were intended to produce a series of program outcomes. In the short term, we expected to see a number of what might be called "participation outcomes." These outcomes could be used to document the success of the project in providing, either directly or through referral, the needed services for families in adult education, employment assistance, job training, and treatment of substance abuse. There are also contextual variables, such as the adult's recognition of need for services, which could affect the likelihood that program processes would lead directly to participation in these services.

Finally, success at achieving short-term service outcomes may have led to long-term outcomes for families and communities. For Head Start parents, long-term outcomes included: improved literacy skills and educational attainment; increased economic self-sufficiency; improved job skills and employability; and freedom from substance abuse.

The model also lists a number of possible impacts of the Family Service Centers on the communities in which they operated, such as: increased service availability for families; improved collaboration among agencies; a broadened referral network; and the availability of services and programs to meet the needs of Head Start parents. Measuring these community-level variables across all FSC projects was not part of the national evaluation. However, anecdotal evidence of these impacts was collected during site visits to a subset of FSC projects.

Organization of the Report

This report focuses on the Wave III projects that began operation during the 1992–1993 program year.[3] The report is organized as follows. The design of the national evaluation is

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3 Although the FSCs were implemented in three waves of projects, this report only focuses on the experimental design results from the final cohort of programs. The Wave I and II projects, on the other hand, were not required to systematically implement random assignment in their evaluation designs. A subset of Wave II projects (10 sites) did institute a randomized design; however, baseline data for these projects were not collected until after random assignment had been conducted. Results from these 10 projects were not significantly different from those reported here for Wave III. Due to the above consideration as well as the differential timing between Waves II and III, results from the second wave are not integrated into the body of this report, but are reported on in Appendix B: Summary of Findings from Interim Reports, Wave I and II Projects.

discussed in Chapter Two. Chapter Three describes the FSC programs and services across projects during their second year of operation. Chapter Four describes the characteristics of participating families at program entry. Effects on program participation and outcomes in literacy, employment, and substance abuse among adults in Wave III projects are presented in Chapter Five. The process of integrating the Wave I, II, and III FSCs at the end of the demonstration period into local Head Start programs is discussed in Chapter Six.

Chapter Two
Design of the National Evaluation

This chapter describes the methods used to collect and analyze data from Wave III projects for the national evaluation. (See previous footnote on Waves I and II.) The research questions guiding the evaluation are presented in the first section of the chapter, followed by a discussion of the research design. Next, the data collection instruments and methods are described. The last part of the chapter presents our analytic approach.

Research Questions for the National Evaluation

Three primary research questions guided the design and implementation of the evaluation:

- What were the strategies used, problems encountered, and solutions found when Head Start agencies and other community agencies cooperated in implementing a Family Service Center (FSC) model?

- Were families who participated in a Head Start FSC more likely to identify and address the problems of substance abuse, low literacy, and unemployment than similar families who attended a regular Head Start program?

- Did families who participated in a Head Start FSC experience significant benefits from doing so compared with similar families who attended a regular Head Start program?

The first question focuses on program processes. Included under this question are the type of collaborations that the FSCs initiated with community agencies, the types of services offered, and barriers to program implementation and service delivery experienced by the FSCs. Within the broader question are several more specific lines of inquiry that guided the study, including:

- How were families recruited for the FSCs?

- How were case managers assigned? What was the average caseload size of the FSC case managers? What was the focus of the case management services in the FSCs?

- What services did the FSCs provide directly and for what services were families referred to collaborating agencies?

- What were the types of agencies with which the FSCs collaborated?

- Were there formal or informal agreements between Head Start and collaborating agencies?

- What were the barriers to collaboration with other agencies?

- Did families in the FSCs need services that could not be provided?

The second research question addresses participation issues. Specifically, were families in the FSCs more likely than regular Head Start families to enroll in classes or receive services in literacy, employment, and substance abuse? In order to answer this question, a reference group is needed to determine what types of participation would be expected from families attending regular Head Start programs.

The third primary research question focuses on program impacts associated with each of the three service delivery areas. Specific questions include the following:

- Were FSC participants more likely to be employed than adults in regular Head Start? Did employed FSC participants have higher wages after participation than employed adults in regular Head Start?

- Did FSC participants show an increase in functional literacy skills after participation compared with adults in regular Head Start? Did FSC participants show an increase in frequency and amount of reading compared with adults in regular Head Start?

- Did FSC participants show a decrease in activities and problems associated with substance abuse compared with adults in regular Head Start?

These questions represent ambitious goals for the FSCs, particularly since most families would have participated in the program for only one year. To answer these impact questions required a control group of families from regular Head Start.

Evaluation Design

All of the Wave III projects implemented a randomized design in which interested families were randomly assigned to the FSC or regular Head Start (the control group). The requirement for a randomized design was stipulated in the grant application for the Wave III FSCs. It is important to point out that for this evaluation, the control group was not denied services (i.e., it was not a "no treatment" control group). Rather, the question of interest is whether FSC participants experienced benefits compared with families who were in regular Head Start, to see if the FSCs made a difference beyond the regular services being offered by the participating Head Start programs. Thus, members of the control group enrolled their children in Head Start and family members could participate in all activities regularly available

to Head Start children and their parents, as well as FSC-like services available in the community.

The function of a control group is to provide a measure of what would have happened in the absence of the FSC demonstration. For example, suppose we have pre-test and post-test data on adults who participated in the FSC for one year. Without a control group that did not participate in the FSC, it is difficult to attribute any observed changes in the participants to the FSC. There may have been other factors besides the program that led to the changes (e.g., maturation of the participants, events in the community, etc.).

The challenge for an evaluation of this type is to ensure that the treatment group (the group that participates in the FSC) and the control group (the group that does not participate) are statistically comparable to each other at the start of the program. If this is not the case, then pre-existing differences between the groups might lead to differences in an outcome measure. For example, a control group that has a higher education level than the program group might be expected to do better on some of the outcome measures. However, if the two groups are comparable at the beginning of the program, observed differences in outcome measures can be attributed to the FSC within known confidence intervals.

From a research design perspective, the best method of constructing a control group is by random assignment. This is the only way to ensure that families in the program and control groups are similar at the start of the study. When individuals are assigned to groups on a random basis, the expected characteristics of the participants, on average, will not differ statistically in any systematic or unmeasured way from nonparticipants. Thus, randomized experiments are the preferred method to produce unbiased estimates of program impact (barring any events that may undermine the random assignment process).

The payoff for the evaluation is that randomized studies are seen as scientifically superior to non-randomized studies and, therefore, the results have more credibility and greater impact. For example, although the Perry Preschool Project had a relatively small sample size, it provided Congress with convincing evidence about the effectiveness of early childhood programs precisely because it was a randomized study.

Random Assignment Process

The process of randomly assigning families to the FSC or to regular Head Start was carried out by Abt Associates in collaboration with the local evaluators at each site. The initial steps, undertaken by the Head Start staff, included: determining which families would have children enrolled in Head Start; explaining the nature of the FSC to them; and recruiting families who were interested in the FSC to participate in the random assignment process and the national evaluation.

Senior staff from Abt Associates met with Head Start and FSC staff on-site at each project to discuss their recruitment plans and to answer questions about the national evaluation. In addition, discussions were held about the steps in the random assignment process and how these would be operationalized at each site.

It is important to point out that the families recruited for the FSC were not a random sample of families in Head Start. Projects could make their own decisions about which families to recruit. For example, some projects chose to offer the FSC services in only one or two Head Start centers served by the grantee. Other projects opened the FSC to all Head Start centers and referred families who had needs in literacy, employment, or substance abuse to the FSC. In all cases, half of the recruited families were assigned to the FSC and half to regular Head Start, so that the two groups of interest to the study can be considered comparable at the start of the evaluation. In addition, adults in both the FSC and regular Head Start groups could be considered highly motivated to receive services in literacy, employment, or substance abuse. Thus, the results from this self-selected evaluation sample cannot be generalized to the total Head Start population.

An interview to gather baseline data was conducted with all potential participants, before the random assignment, to ensure that responses were not influenced by the respondent's knowledge of the assignment. Names of potential participants were sent to Abt; their assignment to treatment and control groups was randomly determined through a computerized procedure that also took into account stratification variables (e.g., center location, in the case of sites with multiple centers).

Once an adult was randomly assigned, the same adult was considered to be part of the national evaluation and interviewed at both the first and second follow-ups, regardless of whether the adult was still in the FSC or Head Start at the time. This approach was taken to maintain the integrity of random assignment. If we had removed from the evaluation sample FSC participants who had dropped out of the program, there would be no way to determine which matching members of the control group should also be dropped from the study. More importantly, all families were followed in order to answer the policy question, “What is the impact of a Family Service Center if implemented as part of Head Start?” If only those families who participated fully in the program were included in the impact analyses, we would be answering a different policy question, “What is the maximum potential of the FSC if everyone fully participated?” The first policy question is the more pertinent one for a program such as the FSC, where participation is voluntary and variability in participation is expected. The second question is more theoretical and less likely to be realized by an actual program.

Data Collection Measures

To obtain information to address the research questions, the national evaluation involved a multi-method design that included the following types of data collection instruments:

- an interview with each participating parent;
- a functional literacy test administered to each participating parent;
- observation of project activities by a member of Abt's staff;
- a questionnaire for the FSC project director;
- a questionnaire for the FSC case manager; and
- interviews with other staff at the FSC, Head Start, and collaborating agencies.

The first two sources of data provided family-level information. The last four categories provided information about program services and FSC implementation issues.

Family Information

Parent Interview

In-person interviews with FSC participants and adults in the control group were a major source of information for the evaluation of FSC projects. Two versions of the parent interview were developed:

- Baseline Parent Interview to be administered prior to random assignment; and
- Follow-up Parent Interview to be administered at two time points after random assignment.

The baseline and follow-up parent interviews were designed to capture key components of the conceptual model, including information on context, process, and outcome variables. Exhibit 2.1 links family-level context and outcome variables from the conceptual model with the variables included on the parent interview forms.

The parent interviews were translated into Spanish by Abt staff. For other languages (e.g., Hmong), translation took place at the local project. The respondent for these interviews was the adult identified by the FSC staff as the primary person to receive FSC services; although multiple family members could receive FSC services, only one adult in each family was interviewed. Several questions also were asked about the spouse/partners of the target adults.

Exhibit 2.1

Content of Parent Interviews

Questions/Variables	Baseline Interview	Follow-up Interview
Parent/Family Characteristics		
Target adult, relationship to Head Start child	✓	✓
Date of birth of adults and children	✓	✓
Gender of adults and children	✓	✓
Ethnicity of target adult and spouse/partner	✓	
Marital status of target adult	✓	✓
Type of housing	✓	✓
Home ownership	✓	✓
Homelessness	✓	✓
Availability of transportation	✓	✓
Total family income	✓	✓
Public assistance and insurance received	✓	✓
Need for services	✓	
Education/Literacy		
Education/degrees of adult and spouse/partner	✓	✓
Reading behavior of target adult	✓	✓
Employment		
Employment of target adult	✓	✓
Wages and earnings	✓	✓
Pre-employment experiences	✓	✓
Health and Substance Abuse		
Health of target adult and spouse/partner	✓	✓
CES-D Depression Scale for target adult	✓	✓
Drug/alcohol usage in last month	✓	✓
Past drug/alcohol usage	✓	✓
Present and past treatment for alcohol/drug use	✓	✓
Participation in Literacy, Employment, Substance Abuse Services/Programs		
Prior participation	✓	
Current participation	✓	✓
Type of services		✓
Frequency and duration of attendance		✓
Reason for leaving		✓
Case Management Services		
Meeting with social worker/case manager		✓
Frequency of contact		✓
Topics addressed		✓
Perception of relationship		✓

Functional Literacy Test

The Comprehensive Adult Student Assessment System (CASAS) was administered to the same target adults in the program and control groups to assess their functional literacy skills.

There are two approaches commonly used to test the basic educational skill levels of adults: the use of academic measures, such as the Tests of Adult Basic Education (TABE); and the use of functional measures such as the CASAS. Because of the FSC's focus on self-sufficiency as well as improved adult literacy skills, the functional approach was believed to be more appropriate for this study.

The CASAS was selected for this evaluation for two other reasons: its breadth of measurement and its ability to measure adult skills over a wide range of abilities. The CASAS measures competencies in five areas: consumer economics; government and law; occupational knowledge; community resources; and health. The CASAS also assesses skills across four levels: beginning literacy (Level A); basic literacy (Level B); intermediate literacy (Level C); and high school level (Level D). Further, there are alternate forms for each level, so that different forms could be used for the baseline and follow-up testing to reduce "test effects." Each test form consists of 24-38 items and is designed so that most students will finish in 40-60 minutes.[1] The test measures functional literacy in English; there is no Spanish version of the instrument. In this evaluation, adults who did not read English well enough to complete sample test items were exempted from the test.

Program Information

Staff Questionnaires

To obtain program-level information from all FSCs, two questionnaires were developed: a Project Director Questionnaire and a Case Manager Questionnaire. Each FSC project director or project coordinator was asked to complete the Project Director Questionnaire to provide information about the number and qualifications of staff, staff training and support, the number of FSC participants, types of services provided, and collaborative arrangements with local community agencies. All of the FSC case managers were asked to fill out the Case Manager Questionnaire to describe their roles and responsibilities, such as caseload size, type and frequency of contacts with families, and service referral practices.

Site Visits

To collect more in-depth information from a subset of projects, site visits were made to 15 FSC projects to learn first-hand about the FSC services and staff. Two-person teams from Abt Associates spent approximately two days on site observing program activities and interviewing staff from the FSC, Head Start, and community agencies providing services to FSC families.

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1 Scaled scores range from approximately 150-260 and are based on item difficulty levels using Rasch measurement models.

Projects were selected to represent diversity in geographic region, urbanicity, staffing patterns, and service delivery models. Five projects were visited during each phase of the evaluation. In the spring of 1992, three Wave I projects and two Wave II projects were selected for site visits. The following spring Abt staff visited one Wave I project and four Wave II projects. In the spring of 1994, five Wave III projects were visited by Abt staff.

Development of Data Collection Instruments

All of the data collection instruments were developed in several stages at the start of the evaluation. Discussions about the variables to be investigated were held with the consortium of local evaluators in Wave I and II projects. Draft instruments were then sent to Wave I and II project directors and local evaluators for review, and revisions made based on their comments. The instruments were then reviewed by the evaluation's Technical Advisory Panel, staff at ACYF, and finally the federal Office of Management and Budget (OMB) which must approve all federal data collection efforts.

Data Collection Methods

Family-Level Information

The local evaluators served as the liaison with Abt Associates for data collection, sending completed interviews and CASAS test scores to Abt on a weekly basis for data processing.

The baseline and follow-up parent interviews and the CASAS literacy tests were administered by independent data collection staff hired by the local evaluators and paid through the FSC's local evaluation budget. To ensure the confidentiality of responses to the interview, it was stressed that the data collectors should not be affiliated with Head Start or the FSC. Further, the information obtained through the interview was not to be shared with any program staff. These guidelines were adopted to increase the validity of the data and the likelihood that respondents would speak truthfully about sensitive issues, such as use of drugs and alcohol.

The local evaluators and data collectors in Wave III projects were trained by Abt staff during a two-day training session in August 1993. The first day of training focused on general interviewing techniques, procedures for data quality control, suggestions for contacting families, a question-by-question review of the interviews, and role-playing exercises. Details on administering and scoring the CASAS literacy test were discussed during the second day of training. Refresher training sessions were held in March of 1994 and March of 1995. Local evaluation staff attended these two-day meetings to review data collection procedures.

Study participants were interviewed individually. The first choice for the location of testing was the respondent's home. If it was necessary to find another location, the interviewing was

done at the Head Start center, a site familiar to those in both the program and control groups. To reimburse adults for their time and any child care or transportation costs, each respondent was paid $15 after completing each interview (baseline and follow-up).

Staff Questionnaires

The Case Manager and Project Director Questionnaires were self-administered surveys mailed to Wave III FSC project staff in the second year (1994) of their three-year demonstration grant. The Project Director Questionnaire was sent to the FSC director or coordinator at each site. The names of case managers in each site were determined through discussions by Abt staff with the FSC directors. The questionnaires were mailed to the case managers with postage-paid envelopes included for direct return to Abt Associates.

Schedule of Data Collection

The schedule of data collection in Wave III projects for the national evaluation is shown in Exhibit 2.2. Baseline data collection from individual respondents spanned the period from August 1993 through January 1994. The first follow-up data collection period began in April 1994 and was completed in July 1994. The second follow-up data collection period began in April of 1995 and was completed in August of 1995. Within a project, each data collection period lasted approximately four to eight weeks.

This schedule was followed in each of the projects except the FSC that was operated by a Migrant Head Start program, where services were provided April through August. In that site, baseline data were collected in the spring of 1994 and the first follow-up was conducted in the fall of 1994. The second follow-up matched the schedule of the other sites and took place in the late spring and summer of 1995.

Exhibit 2.2

Schedule of Data Collection in Wave III Projects

	Fall 1993	Spring 1994	Spring 1995
Site Visits		✓	
Parent Interview	✓	✓	✓
CASAS Literacy Test	✓	✓	✓
Project Director Questionnaire		✓	
Case Manager Questionnaire		✓	

Analytic Approach to Assessing Program Effects

As discussed at the beginning of this chapter, the primary question about the effects of the FSC focused on the difference between families who participated in the FSC and those in regular Head Start. Thus, in order to examine program impacts, the behaviors and characteristics of the program families from the follow-up interview (i.e., after program involvement) were compared with those of the control group families.[2]

Analytic Sample

The impact analyses presented in this report were based on families in 24 Wave III projects who had data from both the baseline and second follow-up parent interviews.[3] One site, which was included in the original sample, was dropped from the analyses due to both a very small sample with data at baseline and second follow-up (n=14) and differential response rates between the program and control groups. Exhibit 2.3 shows the number of families in the program and control groups for each site and overall in the analytic sample. Across the 24 sites, the sample size for the impact analyses was 1462 adults, which included 747 program families and 715 control families. Projects were required to have 80 families in their sample for the national evaluation. In a few projects, this was not possible due to a small population served by Head Start.

Overall, baseline and second follow-up data were available for 79 percent of the program group and 74 percent of the control group. As can be seen from Exhibit 2.3, several sites were able to interview more than 80 percent of their original sample. In addition, in most sites the response percentages were quite similar for the program and control groups.[4] Only three projects had response rates below 60 percent in the program and/or control groups. The response rate without these three projects was 80 percent in both program and control groups.

Maintaining high response rates for both FSC and control group families was a key factor in looking at impacts over time. If the response rates dropped below an acceptable level, the

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2 Some of the families originally assigned to the program group dropped out of the FSC or only minimally participated (13 percent). This situation would tend to attenuate (or reduce) estimated program effects. Consequently, we retained all families with follow-up data in these analyses. Appendix C outlines an approach for adjusting effects for nonparticipants, together with site-level and overall nonparticipation rates.

3 Findings from the first follow-up parent interviews can be found in Appendix B: Summary of Findings from interim Reports, Wave III Projects.

4 It must be noted, however, that one-third of the sites had more than a 10 percent difference between program and control group response. Moreover, the direction of higher response rates was typically toward the program group.

Exhibit 2.3

Percent of Original Sample with Baseline and Second Follow-up Data

	Program			Control		
FSC Project	**Original Sample Size**	**Sample with Baseline and Follow-up Data**	**Percent of Original Sample**	**Original Sample Size**	**Sample with Baseline and Follow-up Data**	**Percent of Original Sample**
1	41	30	73%	38	26	68%
2	41	37	90%	39	30	77%
3	43	28	65%	44	22	50%
4	38	23	63%	37	18	49%
5	28	26	93%	28	19	68%
6	42	37	88%	38	32	84%
7	40	29	73%	40	24	60%
8	40	26	65%	40	26	65%
9	40	30	75%	40	30	75%
10	40	32	80%	40	33	83%
11	37	15	41%	37	14	38%
12	30	25	83%	30	28	93%
13	40	35	88%	39	34	87%
14	40	32	80%	40	34	85%
15	40	28	70%	40	28	70%
16	40	37	93%	40	37	93%
17	46	39	85%	50	41	82%
18	40	36	90%	40	31	78%
19	41	40	98%	42	42	100%
20	40	32	80%	40	30	75%
21	41	36	88%	40	30	75%
22	38	32	84%	38	33	87%
23	40	30	75%	40	32	80%
24	43	32	74%	43	41	95%
Totals	949	747	79%	943	715	74%

question arises as to whether the remaining sample still represented the original sample of families recruited to the study. Of greater concern was differential attrition—that is, if response rates dropped differentially for the FSC and control groups, resulting in two different (noncomparable) groups of families. If the difference was sufficiently large, it could call into question the claims that the program and control groups were statistically comparable and that program impacts were necessarily unbiased.

To examine the first question, i.e., whether the analytic sample at second follow-up differed from the initial sample at baseline (on those characteristics that were measured), one-sample t-tests were computed on the differences between characteristics of those interviewed at baseline (n = 1892) and second follow-up (n = 1462). The baseline measures examined for these analyses included education level, employment status, income level, government assistance, employability activities, and reading behaviors. Differences were computed both for the overall sample and for the individual samples within each site. When all 24 projects were combined, none of the differences on these baseline measures was statistically significant at the 0.05 level. At the individual project level, only three out of the 37 variables examined showed any significant differences, in a total of four sites. These results indicated that the analytic sample at second follow-up was statistically comparable to the original baseline sample.

To examine the second question of whether there was still equivalence in the second follow-up analytic sample between individuals in the program and control groups, t-tests on the differences between the program and control groups in each of the 24 sites were conducted on a subset of baseline variables used in the impact analyses. These variables included education status, use of drugs and alcohol, public assistance received, literacy skills and behaviors, employability skills, and family demographics such as marital status, household size, and age of respondent. The results of the t-tests are summarized in Appendix D of this document. To guard against the possibility of committing a Type I error due to conducting so many statistical tests on the same data, we applied a more stringent significance level of .003 (.05 divided by 15 tests), and this resulted in only five statistically significant differences across the 24 projects. These results suggest that the program and control groups available for the impact analyses were still statistically comparable.

Statistical Model

To estimate the impact of the FSC across the 24 sites, standard multiple regression models were used because the FSC evaluation was based on an experimental design. A separate regression analysis was conducted for each outcome variable using a set of baseline covariates to both increase the precision of the analytic estimates and to adjust for any differences between the program and control groups. For continuous variables, an ordinary least squares (OLS) model was used, while dichotomous outcomes were modeled using logistic regression. The specific regression models used are described in more detail in Appendix E.

Dependent Variables

Two types of outcome variables were examined for this report. The first set of variables relate to program participation and are considered short-term outcomes of the FSC program. The other type of outcomes focus on literacy, employment, and substance abuse behaviors and milestones.

In the conceptual model presented earlier in this report, participation in FSC services is shown as the necessary precursor for long-term outcomes in literacy, employment, and substance abuse. If program families did not participate more than control families in literacy classes, for example, it is unlikely that we would see differences in their literacy skills. It is also more reasonable to expect program effects on participation than on indices that are harder to change, such as employment status or wages.

The participation information used as dependent variables in the regressions included the following:

- participation in adult education and employability classes;
- participation in substance abuse services;
- whether the respondent learned about these classes through Head Start or the Family Service Center; and
- case management (meeting with a case manager from Head Start or the FSC, frequency of contact, topics discussed).

Outcome information on literacy, employment, and substance abuse included the following:

- educational attainment (receipt of a high school diploma or GED, receipt of a postsecondary degree or certificate);
- CASAS functional literacy levels;
- reading activities at home (regularly read newspapers, magazines, books);
- employment (employed, average hourly wage, average monthly earnings);
- pre-employment experience (answered newspaper advertisement, went on job interview);
- public assistance (receipt of cash benefits, amount of benefits, receipt of other public assistance); and

- alcohol and drug use (five or more drinks in one sitting, use of drugs past 30 days).

All of these outcomes were available for the target adults. In addition, a subset were also asked about spouse/partners: participation in services; educational attainment; employment; and alcohol and drug use.

Two types of variables were computed to estimate program impacts. The first type reflected participation or status at the second follow-up (approximately 19 months after baseline). These variables included employment status at second follow-up, literacy levels at second follow-up, use of drugs and alcohol in the 30 days prior to the second follow-up, and receipt of government assistance in the year prior to the second follow-up. The second type of variable reflected cumulative effects from baseline through second follow-up for those variables where the presence of a behavior among the program group anytime during the period would be a positive outcome of the FSC, such as working towards a degree, participating in educational classes, or meeting with a case manager. Participation in classes or services and case management were examined only as cumulative variables because the FSC program services often were quite minimal in the time between the first and second follow-ups.[5] Cumulative variables also were calculated when it made sense to average across the full evaluation period, such as average monthly earnings and average AFDC benefits. Variables relating to the respondent's spouse/partner were examined only at second follow-up, because there could be different partners at each data collection period.

Covariates

A set of baseline covariates was included in the regression model to help adjust for any differential attrition between the two groups in our analysis sample and to increase the precision of our impact estimates. Random assignment will ensure comparability only across large numbers, and the analytic sample for this report had small numbers of program and control families in some sites. Another reason to include covariates is to increase the precision of the impact estimates by reducing some of the observed variance in the outcome variables, thus increasing the statistical power of the analyses.

The covariates included baseline characteristics of the respondents that were thought to be related to the outcomes. The covariates used were the following:

- age of respondent in years;
- household size;

5 FSC programs had the option of providing services to participants (a) only for the year that their child was in Head Start, or (b) extending services beyond this year. Examining the data, it appeared that few projects selected this latter option. Thus, participation in classes between the first and second follow-up was quite minimal, making these variables meaningful only as cumulative indicators.

- marital status (married or living with a partner, divorced, separated, widowed or single never married);
- average monthly earnings prior to random assignment;
- household income;
- education level;
- high depressive symptoms; and
- CASAS literacy level measured at recruitment.

These same covariates were used in all of the regressions. In addition, for a subset of outcomes, a baseline measure of the outcome (e.g., employment status) was available and included. Missing data for any of these variables were inputed via a mean substitution method.[6] No attempt has been made to interpret the coefficients of the covariates.

In addition to these baseline covariates, the analysis took into account the differential amount of time that had elapsed between the date of random assignment (when treatment began) and follow-up interviews. Across respondents in this sample, the average number of days between random assignment and the second follow-up was 583 with a standard deviation of 67. This variable controls for differences in outcome measures due to length of follow-up, without regard to treatment status. Thus, it controls for differences in the follow-up period both within and between groups.

6 The site-level mean covariate was substituted for any individual family in that site which had missing data for that variable. Mean substitution is a conservative method of data imputation because it reduces the variation in the covariate value. For the purposes of this evaluation, however, it was an acceptable way of including all cases with outcome data in our regression analyses.

Chapter Three
Description of FSC Programs and Services

This chapter describes the Family Service Center program activities, services, and staff. Information includes the characteristics of the Head Start grantees; staff training and support; approaches to case management; types of services provided directly and through collaborations with local agencies; and the number of families involved in the Family Service Center.

Information was drawn from questionnaires completed by project directors and case managers in the 25 Wave III FSCs. Full descriptions of five Wave III projects visited in 1994 can be found in Appendix F of this report.

Staff Questionnaires

Data on program characteristics, activities, staff and services across all FSCs were collected through Project Director Questionnaires and Case Manager Questionnaires completed by staff in the 25 Wave III FSCs. Project Director Questionnaires were received from staff in all but one of the 25 projects. Across the projects, there were 71 case managers; completed Case Manager Questionnaires were received from 65 case managers (92 percent), with representation from all 25 projects.

Size and Type of Grantee

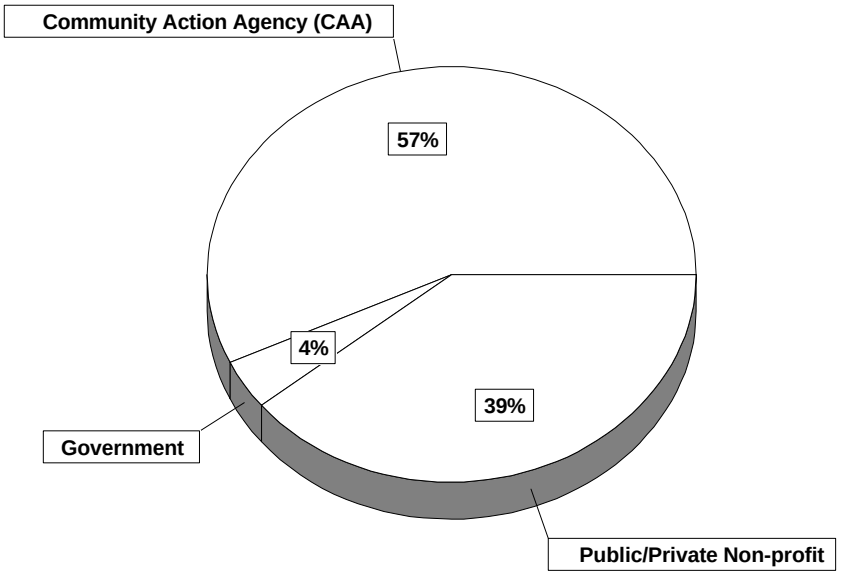
Exhibit 3.1 displays the types of grantees that operated Wave III FSCs. The majority of the FSCs (57 percent) functioned under the auspices of a community action agency (CAA). Public or private non-profit organizations were grantees for 39 percent of the FSCs. Only one of the FSCs was affiliated with a government agency. This breakdown differed somewhat from data on all Head Start delegate agencies. Data on more than 1,700 Head Start delegate agencies from the 1992–1993 Program Information Report (PIR) indicated that 36 percent of Head Start programs were run by community action agencies, 21 percent by school districts, and 33 percent by non-profit agencies.[1]

The Head Start programs operating FSCs ranged from small projects with only 40 children to fairly large programs that served more than 2,000 children. The average total funded enrollment for Head Start programs with Wave III FSCs was 631 children; the median was

1 The Program Information Report is a database on Head Start enrollment and demographics based on self-reported data from all Head Start grantee agencies.

407 children. Data from the 1992–1993 PIR show that Head Start grantees with an FSC were larger, on average, than other Head Start grantees. The average total funded enrollment for all Head Start programs from the PIR was 332 children, with the median at 214.

Exhibit 3.1: Types of Grantees Operating FSCs during 1993-94 Program Year



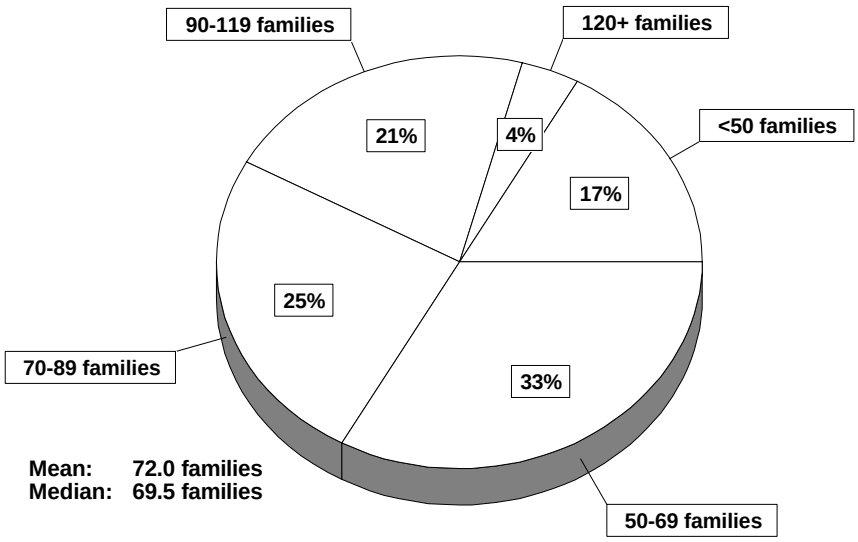
Source: Project Director Questionnaire; n = 24 FSCs.

Exhibit 3.2 shows the number of families that were served by Wave III FSCs during the 1993–1994 program year. A third of the FSCs reported having between 50 and 69 participating families; only one project (four percent) served more than 120. The average number of participating families was 72, with a median of 70. These figures represent the total number of families involved in the FSC over the course of the year, not necessarily the number of active participants at any given time during the year (i.e., average caseloads varied throughout the year due to families dropping out or enrolling in the program).

Staff

The number of staff at Head Start programs with Wave III FSCs ranged from 9 to 925, with a mean of 137 (median 88). Head Start programs operated by community action agencies averaged 86 total staff members. Staff size at the Head Start projects did not vary much in relation to community size.

Exhibit 3.2: Number of Families Participating in FSCs during 1993-94 Program Year

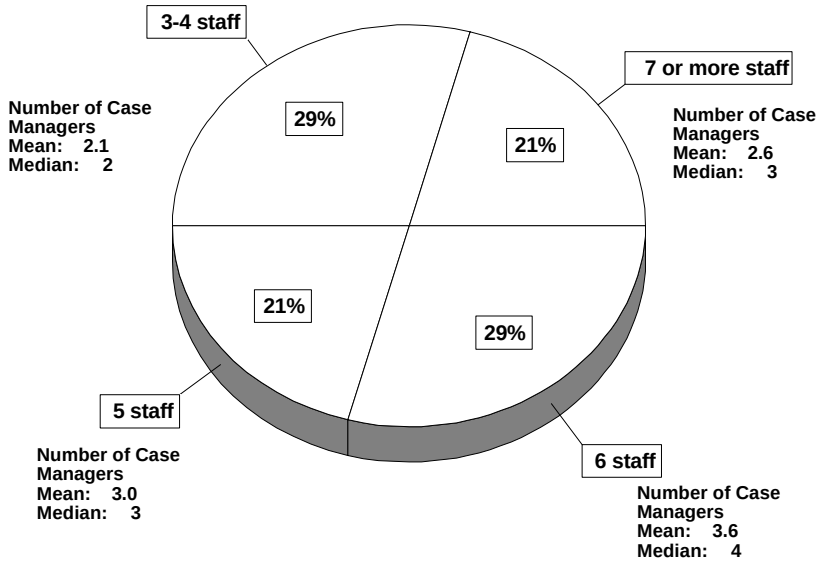


Source: Project Director Questionnaire; n = 24 FSCs.

The average number of staff in FSCs associated with these Head Start agencies was between five and six people. Almost a third of the FSCs (29 percent), however, operated with only three to four staff members. Exhibit 3.3 displays the total number of FSC staff members along with the average number of case managers for the various staff configurations. Most projects employed three to four case managers, almost regardless of how many other staff members worked for the FSC. The smallest projects with three to four staff had an average of two case managers.

The education level of the case managers tended to be at the college level. More than half of the case managers (57 percent) had a bachelor's degree. A small proportion (12 percent) had master's degrees. Seventeen percent of case managers completed associate degrees and another 15 percent attended, but did not complete, a two-year program. The majority (65 percent) of case managers were trained in social work.

Exhibit 3.3: Size of FSC Staff and Average Number of Case Managers



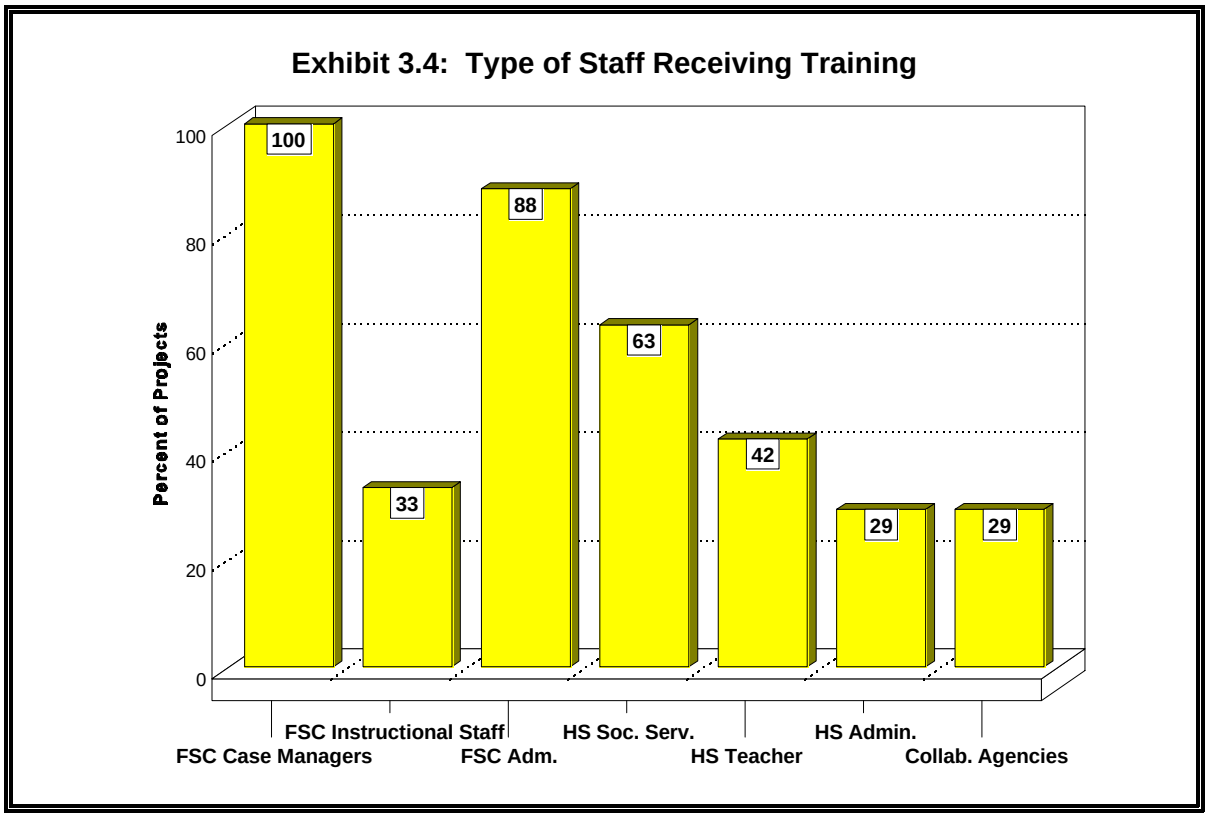
Source: Project Director Questionnaire; n = 24 FSCs.

Staff Training and Support

The majority of FSCs (71 percent) provided training to their staff on a regular basis, as well as on an as-needed basis (83 percent). More than half of the projects (54 percent) indicated that they held training sessions at the start of the FSC project.

Exhibit 3.4 shows the types of staff members that were typically trained by FSCs. All of the projects trained their FSC case managers; 88 percent also trained the administrative staff. More than half of the FSCs (63 percent) included Head Start social service staff in their training sessions.

The topics of these training sessions covered a wide range of subject matter (Exhibit 3.5). Nearly all of the FSCs provided inservice training on methods and strategies in case management, including developing rapport with families, the importance of cultural sensitivity, and specific referral mechanisms among social service agencies in the community. The majority of FSCs also trained their staff in how to recognize substance abuse problems, what treatment alternatives were available to those with a problem, and how to deal with the staff's personal attitudes on the subject. Topics related to adult literacy and employability also were covered in the training sessions of many FSCs. Over two-thirds of the programs had training sessions lasting no longer than a half-day, with many lasting only an hour or two (38 percent).



Source: Project Director Questionnaire; n = 24 FSCs.

The frequency of regularly scheduled training sessions varied quite a bit among FSC projects. More than a third (37 percent) of the projects held training sessions once a month, eight percent had regularly scheduled weekly inservice, and four percent offered inservice training only once or twice a year.

In addition to inservice training, FSC projects also conducted staff meetings. The majority of projects (63 percent) held separate meetings for FSC staff and also had joint staff meetings with Head Start; 38 percent of projects always had separate staff meetings for FSC staff. During staff meetings, most projects discussed all of the following topics: individual families and their progress toward personal goals; strategies for improving collaboration with community agencies; staff attitudes and values; and program policies.

More than half of the projects (58 percent) held weekly staff meetings. Twenty-one percent met every two weeks, and the remaining 21 percent met once a month. Staff meetings lasted between one and two hours in 46 percent of the FSCs. Twenty-one percent of the FSCs had one-hour staff meetings.

Exhibit 3.5

Type of Inservice Training Provided by FSC

Topic of Inservice Training	Percent of Programs
Case Management	
How to work effectively with families (e.g., developing trusting relationship)	88%
Referral options and processes	92
Cultural sensitivity	71
Helping families negotiate for public services (e.g., public housing, food stamps, AFDC, energy assistance)	75
Recognizing and reporting child abuse	92
Crisis management	58
Adult Literacy	
Recognizing reading difficulty in adults	46
Methods of teaching adults to read	38
Stages of reading development	21
Employment/Employability	
How to help adults improve employability skills (e.g., resume writing, interviewing skills)	83
Employment and training opportunities	83
How to develop job clubs or job banks	29
Assessing skills and interests	83
Volunteer and training opportunities	75
Substance Abuse	
Recognizing substance abuse problems	92
Methods of treating substance abuse problems	71
Staff attitudes about and experiences with substance abuse	72

Source: Project Director Questionnaire; n = 24 FSCs.

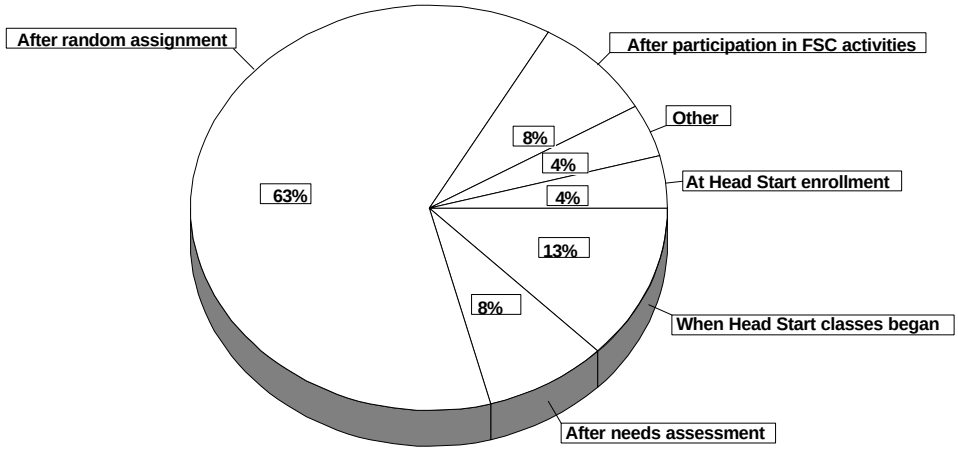
When asked about the types of supervision and professional support provided to FSC staff, all project directors reported using group meetings as well as individual meetings with each staff member. Three-quarters of the directors also supervised their staff by observing classes or program activities. In addition, 63 percent of the projects provided peer support groups for staff.

Family Recruitment, Selection, and Assignment

The staff questionnaires also revealed that parents were typically told about the FSC when they enrolled their child in Head Start, and then again during parent meetings at the Head Start center. Most projects also distributed brochures or other written materials to Head Start families, often by Head Start teachers or social service staff. All interested families were told that there would be a "lottery" to randomly assign people to the FSC or to regular Head Start, where they could receive Head Start services but not additional FSC services.

The majority of projects (63 percent) assigned case managers to FSC participants as soon as the random assignment process was completed (Exhibit 3.6). A few projects (13 percent) waited until the beginning of Head Start classes to assign a case manager. Eight percent of the sites waited to assign a case manager until a needs assessment had been done, and another eight percent waited until participation began in FSC activities.

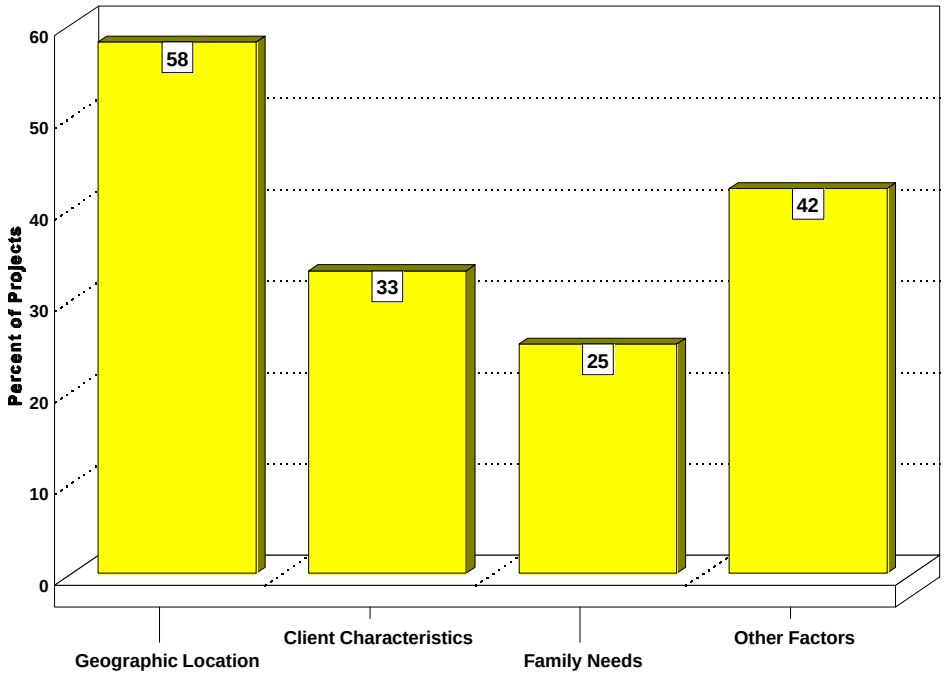
Exhibit 3.6: When Families Were Assigned to Case Managers



Source: Project Director Questionnaire; n = 24 FSCs.

Exhibit 3.7 illustrates the multiple methods that FSCs used to assign families to case managers. Nearly 60 percent of the projects made the assignment based on the geographic location of the family, so that case managers could work with families from a particular neighborhood or Head Start center. One-third of projects tried to match the race/ethnicity, language, or cultural characteristics of families; 25 percent assigned the case manager based on a family's needs. However, 42 percent did not consider family characteristics at all, preferring to assign families to case managers on some other basis.

Exhibit 3.7: Method of Assigning Families to Case Managers



Source: Project Director Questionnaire; n = 24 FSCs.

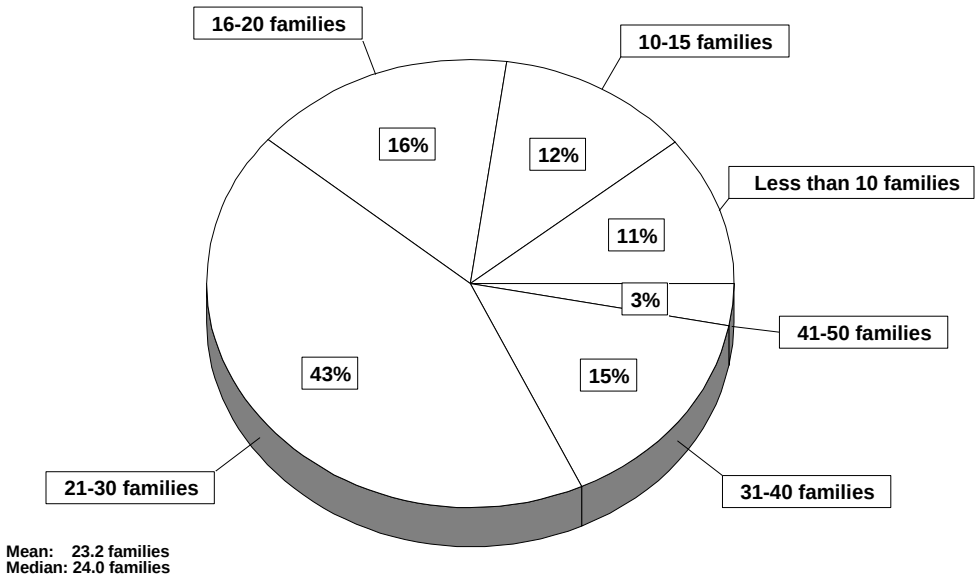
Case Management Practices

Staff who took on case management responsibilities in the FSC had different titles across projects. Over half of the people (58 percent) who responded to the Case Management Questionnaire (n=65) identified themselves as case managers, while another 32 percent indicated that they were family advocates or social service supervisors. Eight percent of the case managers identified themselves as the FSC coordinator with additional program responsibilities.

Seventy percent of the respondents worked full time as case managers, and the remaining 30 percent reported they also had supervisory or administrative duties. Exhibit 3.8 shows how caseload sizes varied among those case managers who spent more than half of their time on

case management. The average caseload among these case managers was 23 families (median of 24 families). Nearly 40 percent had 20 or fewer families in their caseloads. Only three percent of the case managers had more than 40 families in their caseload.

Exhibit 3.8: Average Size of Caseload for FSC Case Managers

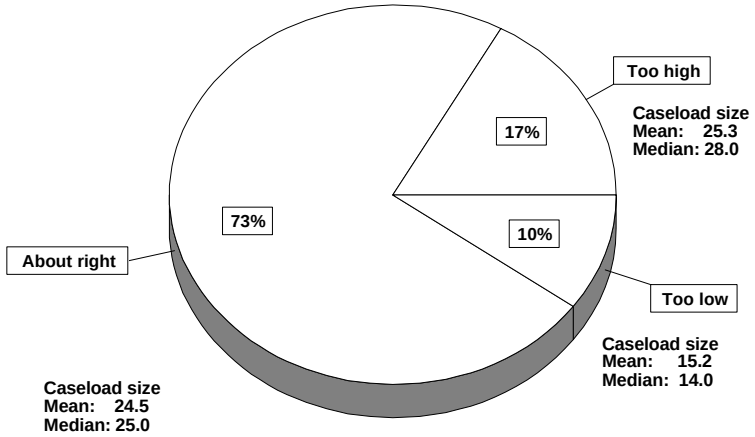


Source: Case Manager Questionnaire; n = 59 case managers who spent more than half time on case management.

The majority of case managers (73 percent) were satisfied with the size of their caseloads. This group served 25 families on average (Exhibit 3.9). Among those who believed that their caseload was too large (17 percent), their average caseload size was also 25 families. The 10 percent of case managers who reported that their caseloads were too low provided services to an average of 15 families.

In addition to their FSC caseload, 62 percent of case managers also spent some of their time working with non-FSC families (Exhibit 3.10). Most did so only upon request or as part of a meeting or parent group that was open to all Head Start families. Among these case managers, 76 percent worked with five or fewer non-FSC families, although 14 percent reported working with 20 or more non-FSC families. These families may or may not have been members of the national evaluation control group.

Exhibit 3.9: Perception of Caseload Size by Case Managers



Source: Case Manager Questionnaire; n = 59 case managers who spent more than half time on case management.

Approaches to Case Management

Nearly a third of the case managers conducted home visits with all of the families in their caseload; another 63 percent conducted home visits with some families (Exhibit 3.11). Fewer than half of the case managers (43 percent) reported that they had telephone contact with all families. Individual meetings at the FSC were used by nearly all of the case managers (97 percent) to work with all or some of the families in their caseload.

Over a third (37 percent) of the FSC families had in-person contact with their case managers on at least a weekly basis (Exhibit 3.12). In contrast, FSC case managers reported seeing an average of 22 percent of their caseload on a monthly basis and 15 percent less than monthly.

Forty-two percent of case managers met with families for 30 to 60 minutes (Exhibit 3.13). A third of the case managers had client contacts that were up to 90 minutes. Only three percent met for 15 minutes or less.

FSC case managers were asked to rate the top five topics that took up the most time in their work with families (Exhibit 3.14). Employment and literacy were rated by case managers as the primary work they did with families. More than 60 percent of case managers also rated families' basic needs and personal needs as priorities. These four topics also were most often rated number one by case managers. The fact that half of the case managers listed child care

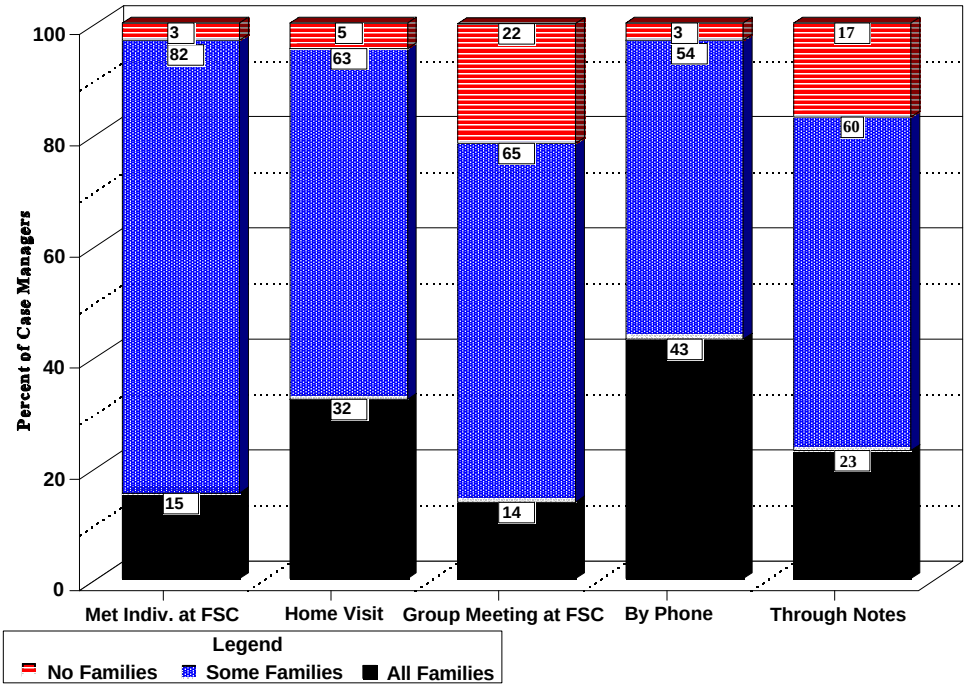
Exhibit 3.10

Services Provided to Non-FSC Head Start Families by Case Managers

Involvement with Non-FSC Families	Percent of Case Managers
Worked with Non-FSC Families	
Yes	62%
No	38
Type of Work With Non-FSC Families[a]	
Non-FSC Head Start families are part of caseload	26
Not part of caseload but would do individual work with non-FSC Head Start families upon request	69
Led or organized parent groups and workshops for FSC families in which non-FSC Head Start families were included	62
Number of Non-FSC Families Served[a]	
1	14
2-5	62
6-10	8
11-19	3
20 or more	13

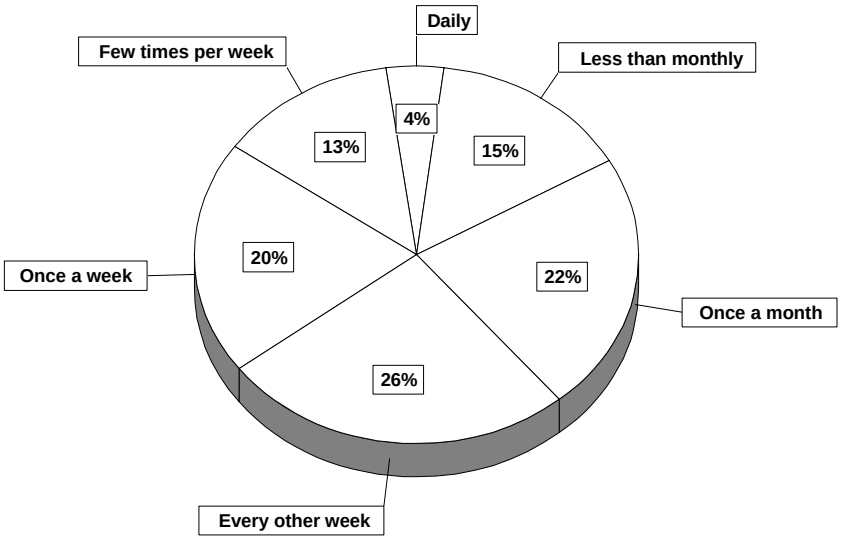
Source: Case Manager Questionnaire; n = 65 case managers.
[a]Includes only those case managers who worked with non-FSC families (n = 40).

Exhibit 3.11: Type of Contact FSC Case Managers Had with Families



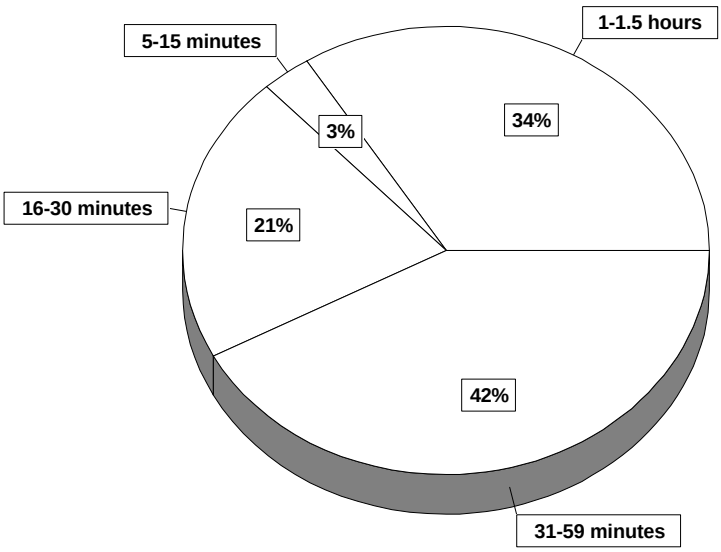
Source: Case Manager Questionnaire; n = 65 case managers.

Exhibit 3.12: Frequency of In-Person Contact Case Managers Had with Families

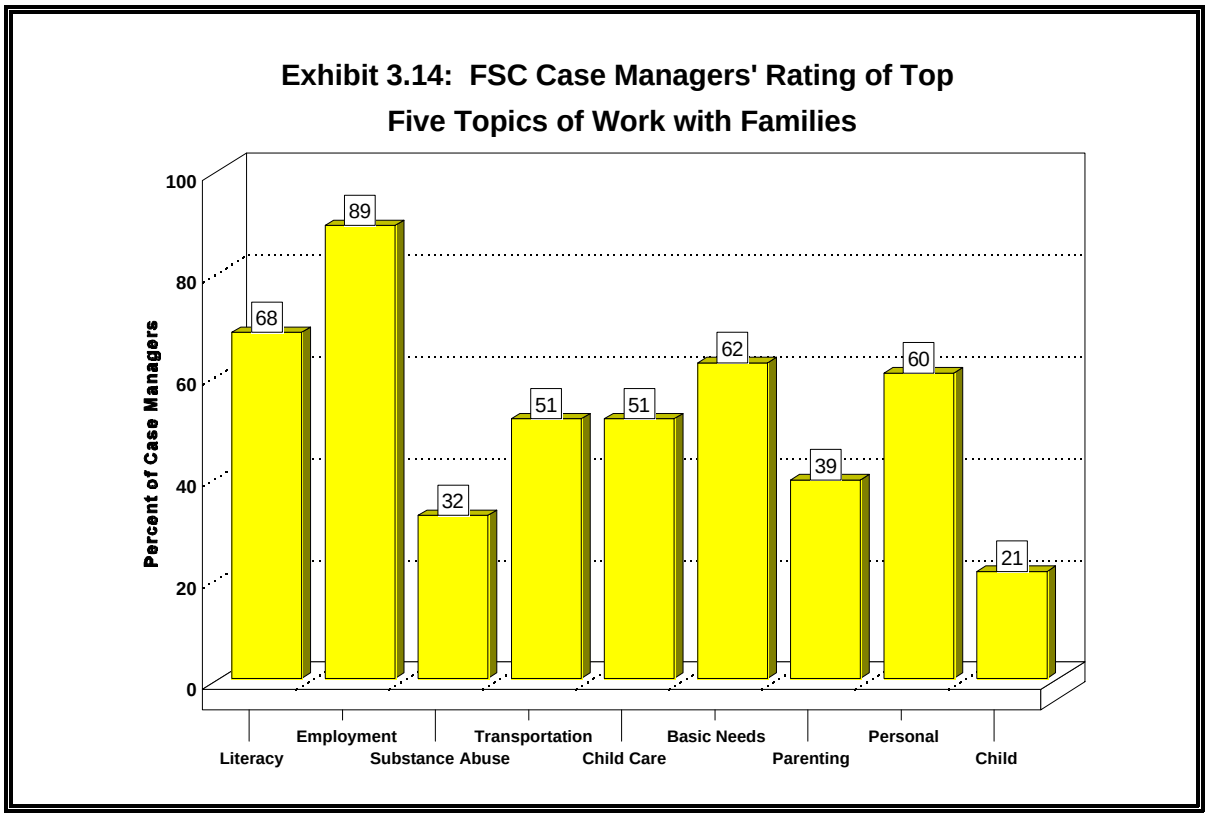


Source: Case Manager Questionnaire; n = 65 case managers.

Exhibit 3.13: Typical Length of Meetings with Families



Source: Case Manager Questionnaire; n = 65 case managers.



Source: Case Manager Questionnaire; n = 65 case managers.

and transportation among the top five topics in their work with families suggests that these logistical issues competed for case managers' time to address employment, literacy, and substance abuse needs. Substance abuse was less likely to be the main focus of case management, with only 32 percent of case managers listing it among the top five topics discussed with families.

Identification of Needs, Referrals, and Follow-up

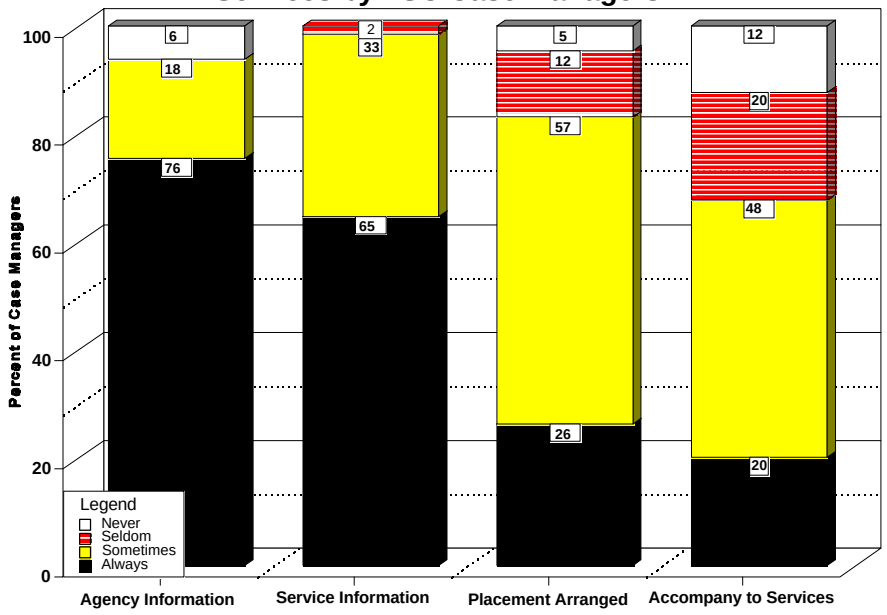
Case managers were asked about their work helping families get services in literacy, employment, and substance abuse. To identify families' needs in each of the three areas, case managers in nearly all projects relied on individual needs assessments and adults' self-referral. Approximately half of the projects got referrals from Head Start teachers and social workers. Formal assessments or tests were used by 71 percent of case managers to identify needs in adult literacy and by 46 percent of the case managers to identify needs or options in employment.

Once needs were identified, the next step was to refer adults to services offered either at the FSC or collaborating agencies. There were different ways that this referral could have taken place. For example, the case manager could have simply told an adult about a class that might be available and provided general information, such as the name of the agency. A more specific referral would have included detailed information about the service, such as the time

of the class or name of a contact person. Another level of referral would have been to arrange with the direct service provider for a placement or service slot for the individual. The case manager might have even accompanied an adult to the first session or to an orientation meeting.

Exhibit 3.15 describes how often these different approaches were used to refer FSC participants to literacy services. In general, the proportion of case managers who stated they "always" used a type of referral decreased as the individual involvement increased. For example, 76 percent of the case managers reported that they always gave out general information about agencies when a family member was in need of literacy services, while just 26 percent always arranged for a placement, and only 20 percent always accompanied the person to the class.

Exhibit 3.15: Referral Practices for Literacy Services by FSC Case Managers

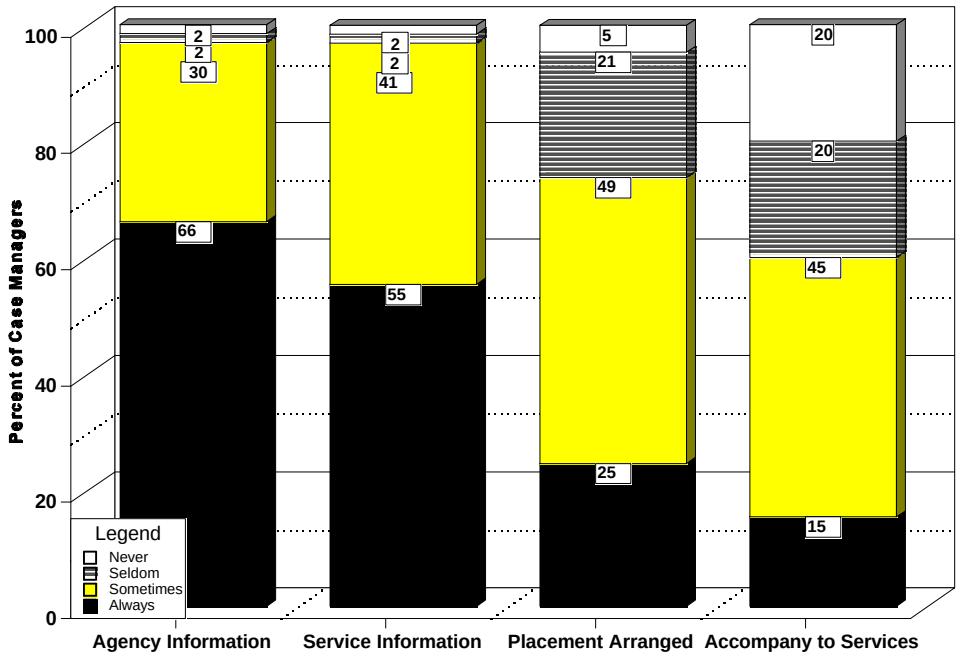


Source: Case Manager Questionnaire; n = 65 case managers.

Looking at the frequency of the "never" category also provided information about the process of referral for literacy services. For example, five percent of case managers never arranged for an individual placement, and 12 percent never accompanied participants to the first class or orientation. Taken together, these results suggest that the FSC case managers were more likely to provide general referral information to families than to secure a placement for an individual family member or provide specific service information to the participant.

There were similar patterns for referrals to employment (Exhibit 3.16) and substance abuse (Exhibit 3.17) services. Specific information or referrals for these services appeared to be less common than for literacy services, with referrals for substance abuse services being the least common of the three. For example, compared with the three-fourths of case managers who always gave out agency information for literacy services, two-thirds always did so for employment services, and 45 percent always did so for substance abuse services.

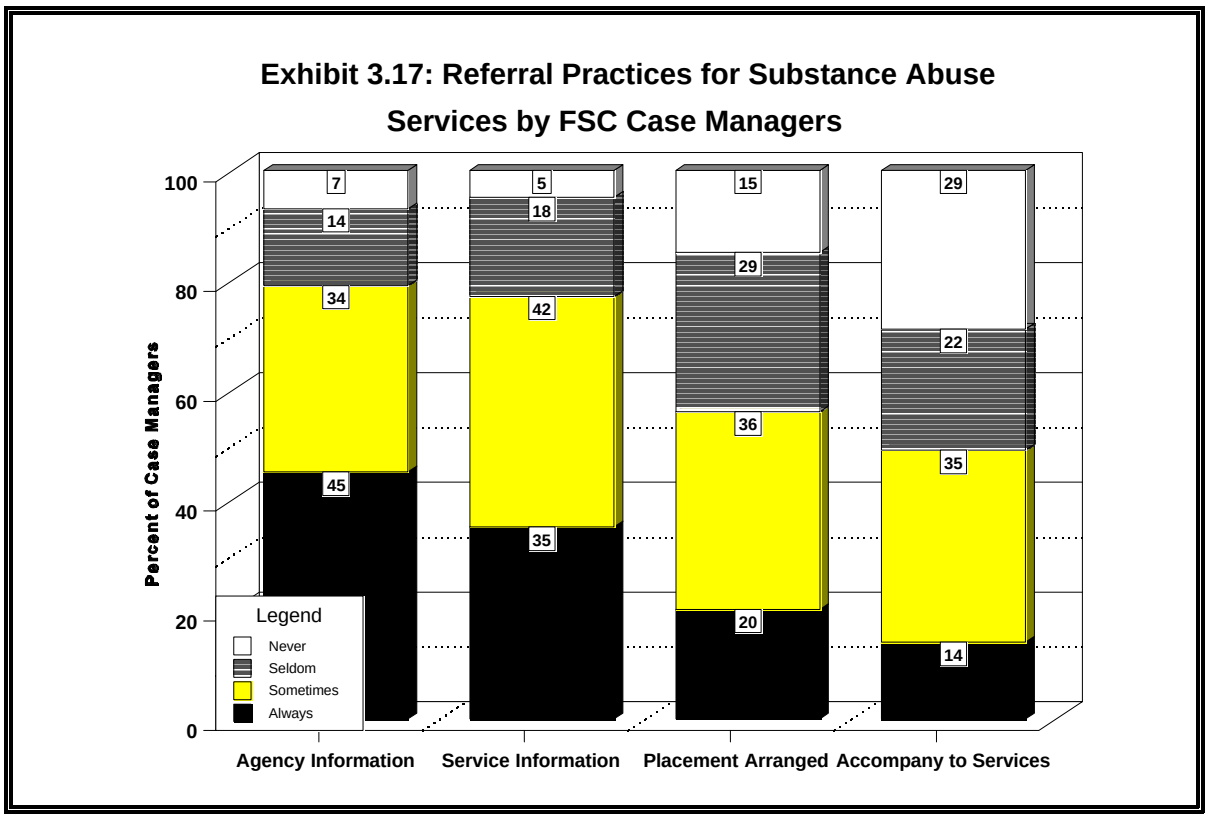
Exhibit 3.16: Referral Practices for Employment Services by FSC Case Managers



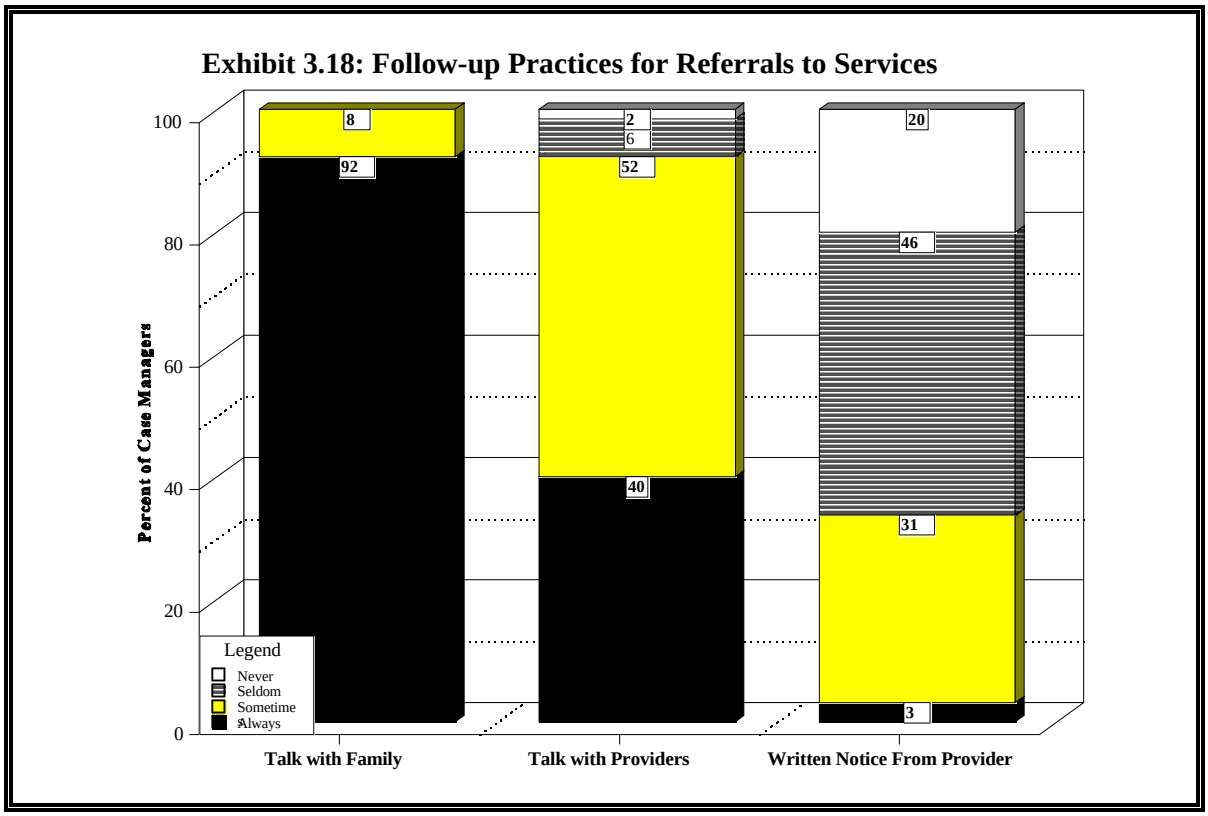
Source: Case Manager Questionnaire; n = 65 case managers.

Once a referral was made, nearly all case managers (92 percent) talked with the FSC participant to see if he or she was successful in obtaining the service (Exhibit 3.18). Forty percent of case managers would speak with the provider to see if the adult followed through with the referral. Only three percent of the case managers indicated that the direct service provider always provided written follow-up about referrals.

Beyond the initial follow-up, case managers also may have tracked their clients' attendance or progress in services. Seventy percent of case managers indicated that they kept records of attendance in services for all of the families in their caseload (Exhibit 3.19). However, for close to 80 percent of the case managers, this information was generally obtained by talking with family members. As was the case for referral practices, attendance information was less frequently obtained from the service provider. Approximately 21 percent of case managers



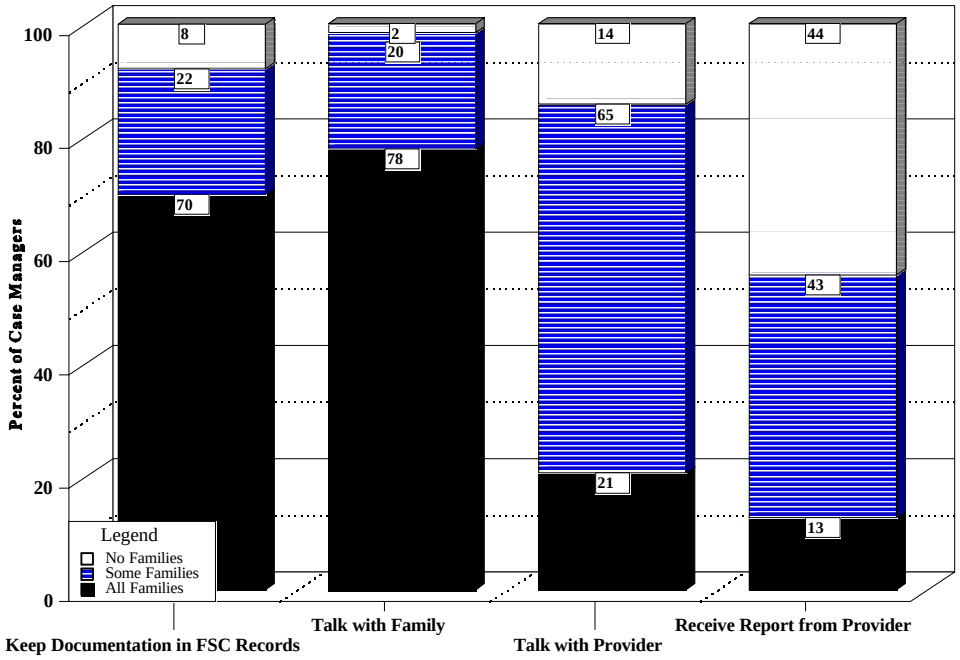
Source: Case Manager Questionnaire; n = 65 case managers.



Source: Case Manager Questionnaire; n = 65 case managers.

talked with service providers about all of their families, although 65 percent did so for some of the families in their caseload. Less than 13 percent of the case managers received attendance information for all families directly from the provider.

Exhibit 3.19: Tracking Attendance in Services by FSC Case Managers



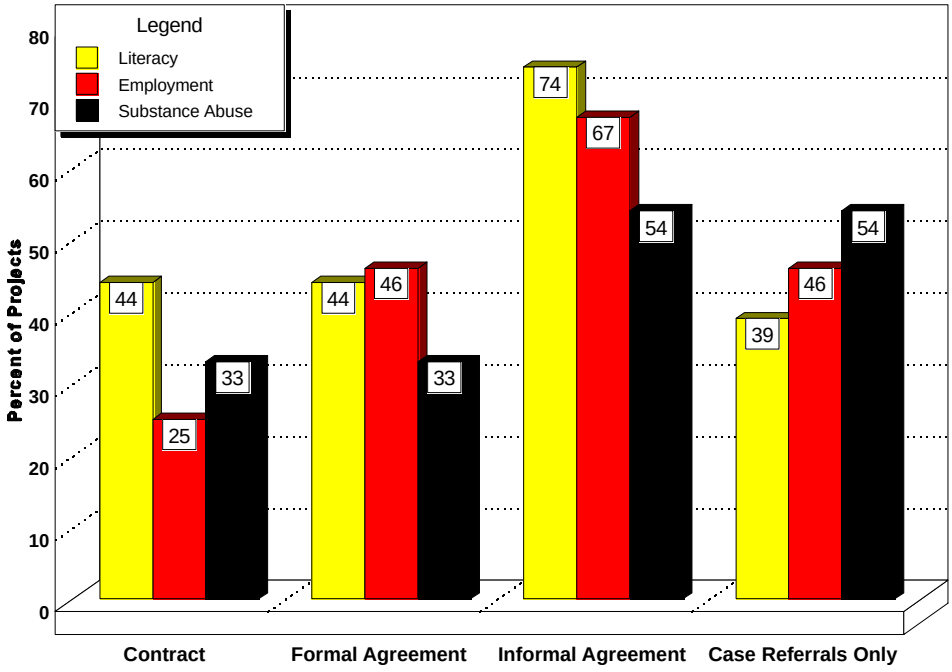
Source: Case Manager Questionnaire; n = 65 case managers.

Collaboration with Outside Agencies

An important component of case management is collaboration with staff from community agencies. For the FSC, this was particularly crucial because many of the services were provided by collaborating agencies. Exhibit 3.20 shows the type of institutional agreements the FSCs had with their collaborative partners to ensure that families received the services they needed. The most common arrangements were informal agreements. Nearly three-quarters of the projects had informal agreements with agencies to provide literacy services; two-thirds had informal agreements to provide employment services; over half provided substance abuse services through informal agreements. On the other hand, only between a third and a half of projects had formal agreements with collaborating agencies; between 25 and 44 percent had contracts for services provided to FSC families.

Joint staff meetings to discuss services were the most typical type of contact between case managers and staff from collaborating agencies: 92 percent of the case managers reported that they participated in such meetings at least on a quarterly basis (Exhibit 3.21).

Exhibit 3.20: Relationships of FSC to Collaborating Agencies



Source: Project Director Questionnaire; n = 24 FSCs.

Approximately 90 percent of case managers had joint staff meetings at least quarterly with collaborating agencies to discuss individual families, with 57 percent doing so more than once a month. Interagency group meetings occurred at least once a month for 40 percent of the case managers.

When asked how often they contacted service providers (including contacts over the telephone and in writing), case managers reported even more frequent communication (Exhibit 3.21). This appeared to be especially true with regard to literacy providers, with whom 37 percent of the case managers had contact on a weekly basis. Communication with employment service providers was slightly less common, with a quarter of the case managers reporting contacts on a weekly basis. Collaboration with substance abuse providers appeared to be the least frequent of the three service areas: 21 percent of case managers reported no contact. However, this could have been due to lower incidence of problems in substance abuse than in literacy or employment.

Project directors were asked about possible barriers to collaboration with service agencies. About half of the project directors pointed to scheduling problems and lack of transportation or child care as barriers to the delivery of services in each of the three service areas (Exhibit 3.22). Less common were problems with the particular content of the services offered,

Exhibit 3.21

Frequency and Type of Contact Between Case Managers and Staff at Collaborating Agencies

Type of Contact	Frequency of Contact by Case Managers				
	More than once a month	Once a month	Every other month	Quarterly	Not at all
Joint staff meetings to discuss services	31%	32%	5%	24%	8%
Interagency group meetings (more than one provider)	12	28	14	28	18
Joint membership on advisory panel	6	23	9	23	39
Joint staff meetings to discuss individual families	57	15	3	14	11
Type of Service Provider	**Weekly**	**Bi-weekly**	**Monthly**	**Less than monthly**	**Not at all**
Literacy	37%	16%	25%	14%	8%
Employment	25	21	22	21	11
Substance abuse	8	9	24	38	21

Source: Case Manager Questionnaire; n = 65 case managers.

Exhibit 3.22

Barriers to Collaboration with Service Agencies

Barrier	Percent of Projects by Service Area		
	Literacy	Employment	Substance Abuse
Limited number of openings at collaborating agency	26%	50%	25%
Level of classes too high	26	21	0
Level of classes too low	13	4	0
Curriculum content did not match families' need	30	38	25
Lack of bilingual staff	39	38	33
Services inaccessible or too far away	43	46	25
Child care not available during class time	48	38	25
Schedule did not meet family needs	57	46	33
Communication problems with staff at collaborating agency	13	29	17

Source: Project Director Questionnaire; n = 24 FSCs.

although more than 20 percent of project directors indicated that literacy and employment classes were taught at a level that was too high for FSC clients. Approximately 30 percent of the project directors reported that communication with staff at employment agencies was a problem. However, fewer project directors reported that collaboration was hindered by communication problems between staff members of the FSC and collaborating agencies that provided literacy or substance abuse services.

Literacy, Employment, and Substance Abuse Services

Through collaboration with outside agencies and FSC service staff, arrangements were made for FSC families to participate in literacy, employment, and substance abuse services.[2] Project directors were asked where FSC services were held and who provided them. More than 90 percent of projects offered some services at collaborating agencies, although close to two-thirds or more of projects also offered services on-site at the Head Start or FSC center (Exhibit 3.23). Consistent with the location of services, staff from collaborating agencies were more likely than FSC staff to provide literacy, employment, or substance abuse services. There was a greater proportion of FSC staff involved with employment services than for literacy or substance abuse. Volunteers were most likely to be used to provide literacy services; approximately two-thirds of projects used volunteers for literacy, which was more than double the prevalence of volunteers for employment or substance abuse services.

In most projects, there was a wide range of literacy services available (Exhibit 3.24). More than 90 percent of the project directors indicated that services were available to adults in adult basic education (ABE), GED preparation, courses for college credit, tutoring, and family literacy services. Nearly as many projects (88 percent) offered English-as-a-second-language (ESL) classes. Literacy services were most frequently provided through community colleges (Exhibit 3.25). More than half of the FSCs also collaborated with local school districts, vocational schools, or JTPA for the provision of literacy services.

The majority of FSCs also made available an array of employment services (Exhibit 3.26). All of the project directors reported that services were available in pre-employment skills, skills assessments and interest inventories, and career awareness. Nearly all FSCs also provided job search assistance to participating adults. Approximately 83 percent of projects arranged for internships or volunteer placements. Three-quarters of the FSCs provided job placement assistance as well. These employment services were provided by a variety of agencies (Exhibit 3.27). In addition to the agencies that provided literacy services, such as JTPA and local schools and colleges, FSCs also collaborated with state and local employment offices for

2 Project directors were asked to estimate the number of families who participated in each of these service areas during the 1993–1994 program year. Due to the potential unreliability of these data, estimates of family participation in services are based on participants' self-report and reported in Chapter Five.

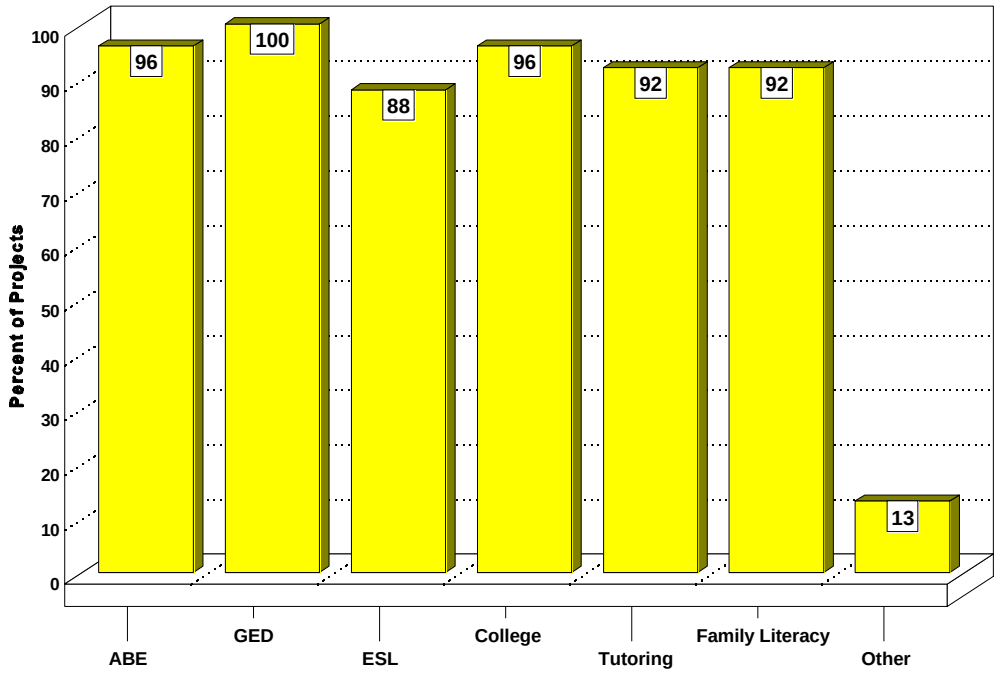
Exhibit 3.23

Location of FSC Services

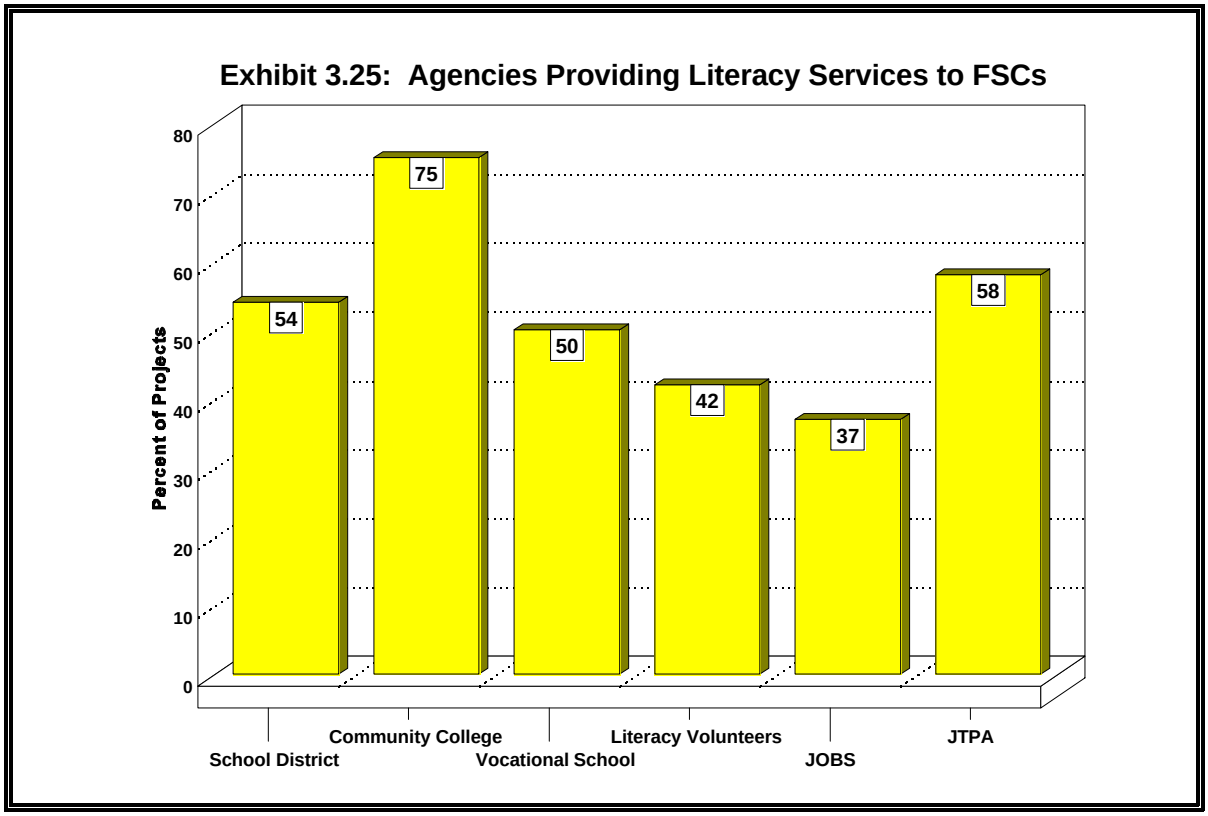
Service Characteristics	Percentage of Projects by Service Area		
	Literacy	Employment	Substance Abuse
Location of Services			
At collaborating agency	92%	96%	100%
At Head Start or FSC Center	83	79	63
In participant's home	54	46	37
At local community building (e.g., school, church)	83	58	71
Type of Staff			
Staff from collaborating agencies	96	96	96
FSC staff	42	92	46
Head Start staff other than FSC	12	21	17
Outside consultants	42	46	54
Volunteers	67	12	25

Source: Project Director Questionnaire; n = 24 FSCs.

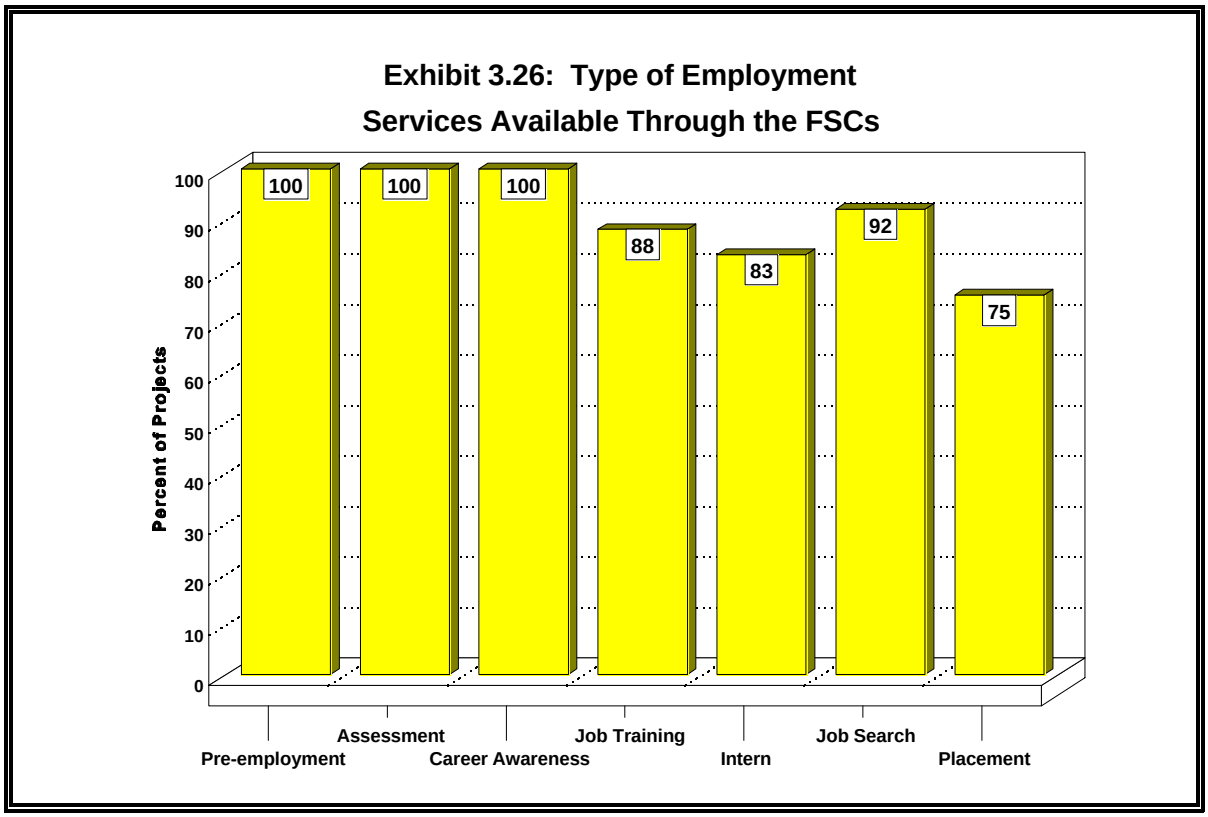
Exhibit 3.24: Type of Literacy Services Available Through the FSCs



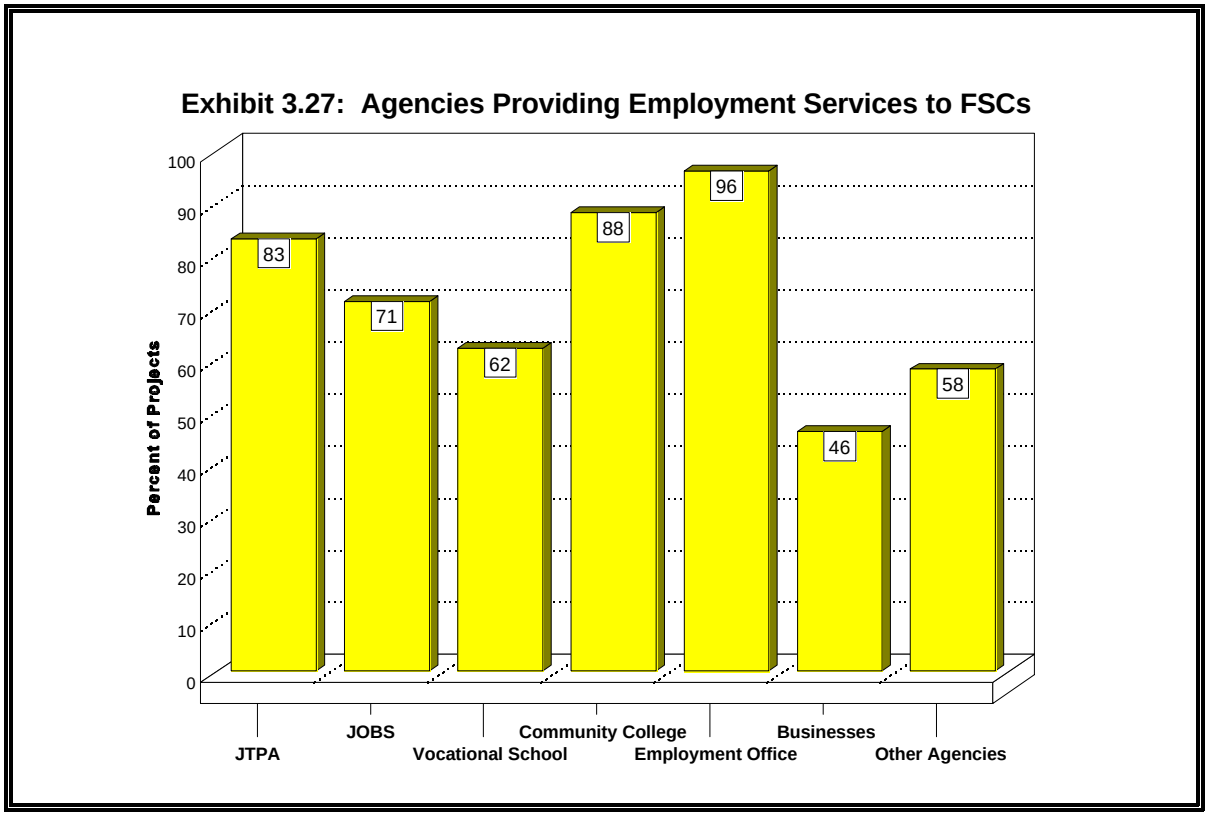
Source: Project Director Questionnaire; n = 24 FSCs.



Source: Project Director Questionnaire; n = 24 FSCs.



Source: Project Director Questionnaire; n = 24 FSCs.



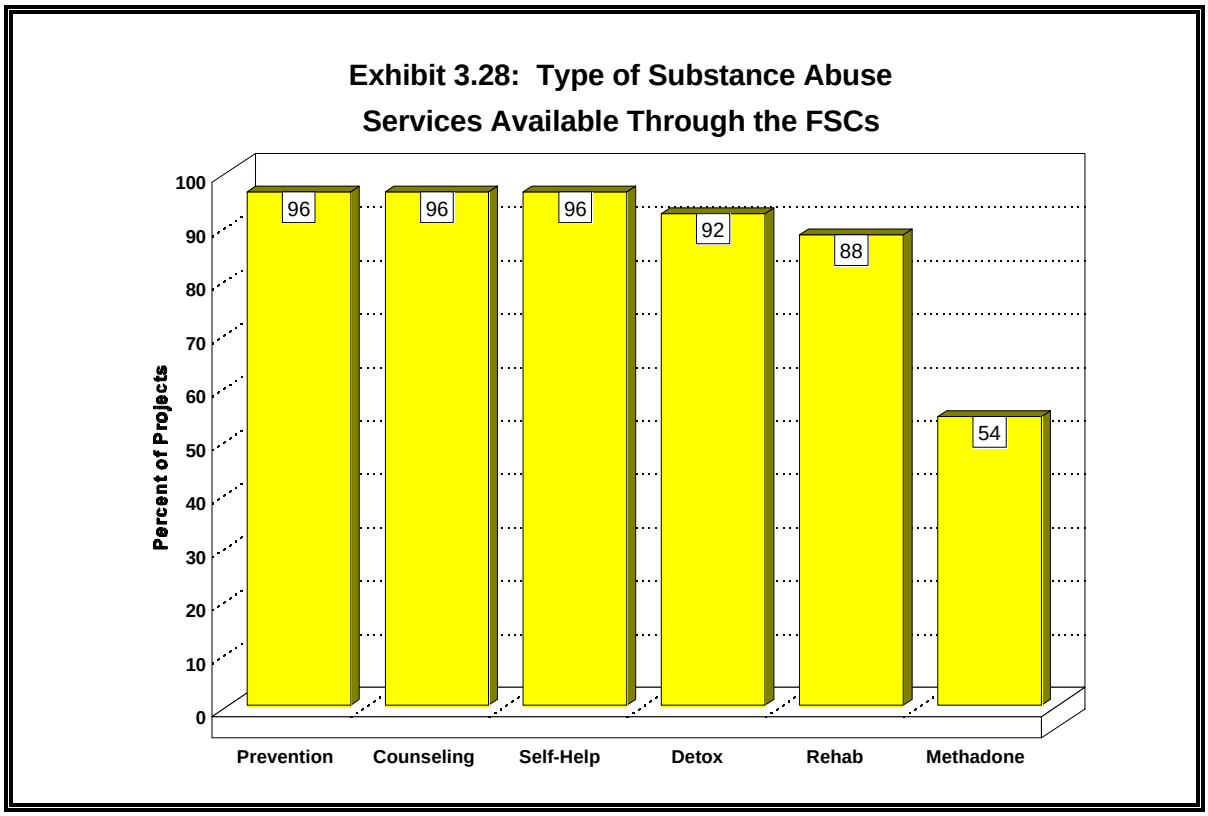
Source: Project Director Questionnaire; n = 24 FSCs.

employment services. Forty-six percent of projects worked with local businesses to develop employment or training opportunities for FSC families.

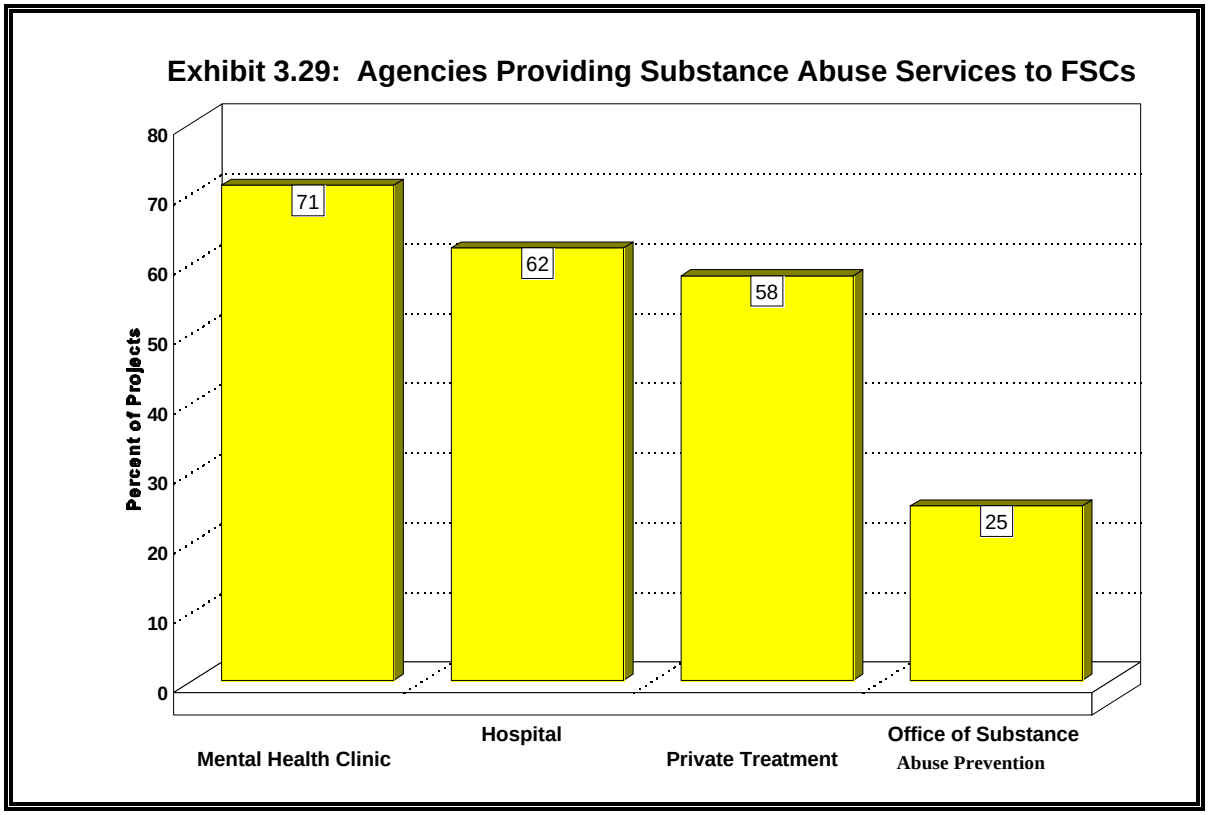
Although few FSC families were reported to participate in substance abuse services, most project directors indicated that these services were available. Nearly all projects offered self-help groups such as Alcoholics Anonymous (Exhibit 3.28). More than 95 percent of projects also had the capacity to provide substance abuse education and prevention (targeted to adults) as well as individual or family counseling. Approximately 90 percent of projects had arrangements to offer residential detoxification or residential rehabilitation programs.

Mental health clinics were most commonly used to provide substance abuse services (Exhibit 3.29). In addition, more than half of the FSCs offered substance abuse services through referrals to local hospitals or private treatment facilities. One-quarter of the FSCs had a federally funded Office of Substance Abuse Prevention (OSAP) substance abuse program in their area.

Case managers were asked if there were services needed in employment, literacy, or substance abuse that they could not provide. Thirty-five percent of case managers identified unmet needs in employment services, 28 percent mentioned needs in literacy, and 14 percent listed needs for substance abuse services (Exhibit 3.30). Employment was the area most likely to have service needs that the FSC could not provide. A common reason cited for unmet needs



Source: Project Director Questionnaire; n = 24 FSCs.



Source: Project Director Questionnaire; n = 24 FSCs.

in all service areas was lack of available on-site services: six percent of case managers indicated a need for on-site GED classes; 12 percent of case managers indicated that on-site employment services were needed; and five percent indicated that on-site substance abuse services were needed. Case managers also noted that lack of transportation and child care were impediments to receiving services from outside agencies.

Exhibit 3.30

Unmet Service Needs Identified by FSC Case Managers

Unmet Needs	Percent of Case Managers
Literacy	28%
On-site GED training	6
Transportation	6
Pre-GED classes	5
Tutorial help	5
Bilingual staff	2
No services for clients with developmental disabilities	2
Unspecified needs	3
Employment	35
On-site services	12
On-the-job training and employment opportunities	8
Transportation	5
Special training areas	5
Bilingual staff	2
Unspecified needs	5
Substance Abuse	14
On-site services	5
Child care	2
More staff training	2
Community services	2
Unspecified needs	5

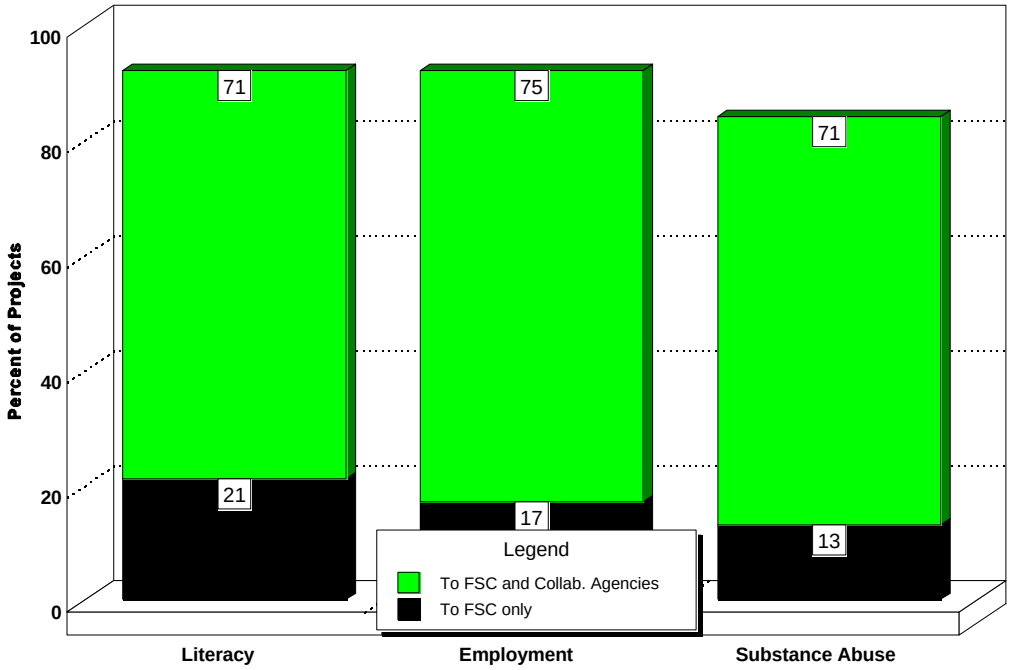
Source: Case Manager Questionnaire; n = 65 case managers.

Support Services

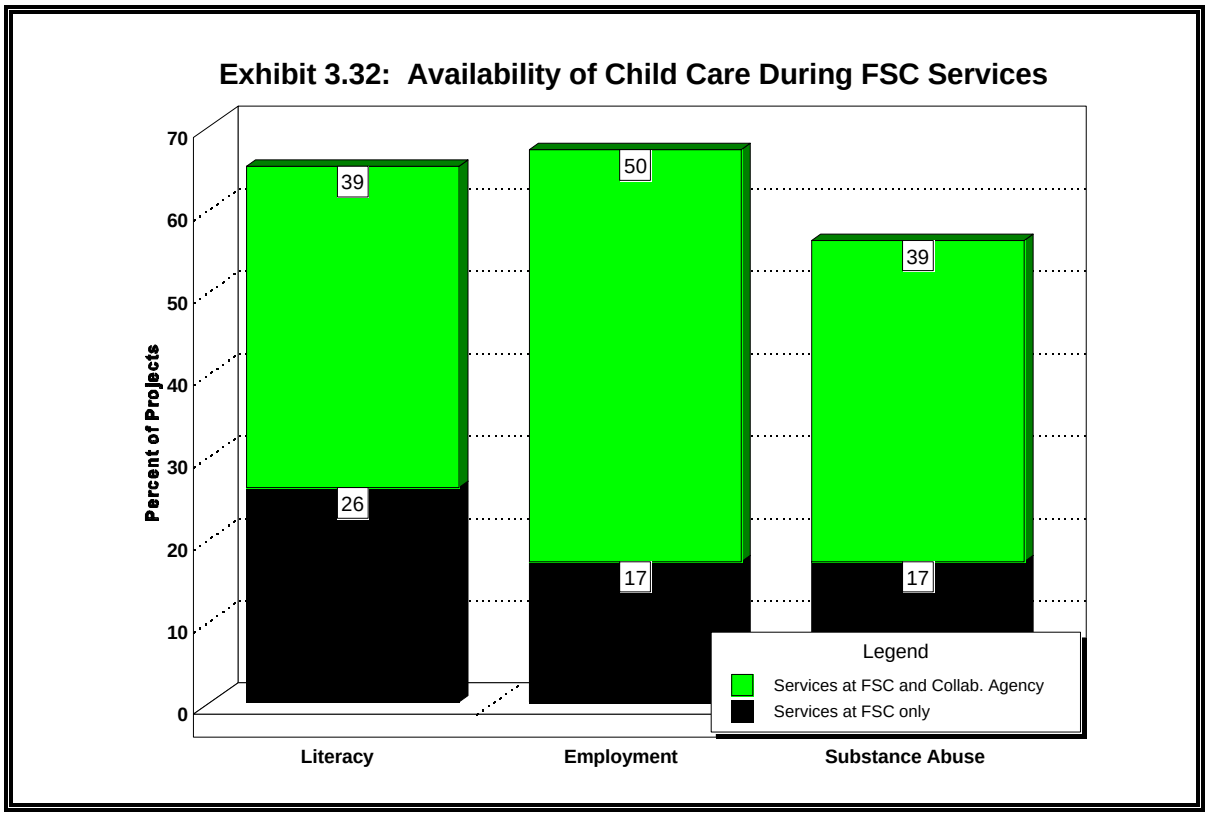
Support services such as transportation and child care were important to ensuring that families could participate in FSC activities, and most projects tried to provide these services. The majority of projects offered transportation to FSC activities held either at the FSC or the collaborating agencies (Exhibit 3.31). Thirteen to 21 percent of projects only provided transportation when activities were at the FSC. No transportation was offered for substance abuse services in 17 percent of the projects, and for literacy and employment activities in eight percent of the projects.

Approximately 40 to 50 percent of projects always offered child care for services held either at the FSC or at a collaborating agency (Exhibit 3.32). Thirteen percent of projects never offered child care while parents attended literacy or employment services; and 17 percent did not provide child care for substance abuse services.

Exhibit 3.31: Availability of Transportation to Attend FSC Services



Source: Project Director Questionnaire; n = 24 FSCs.

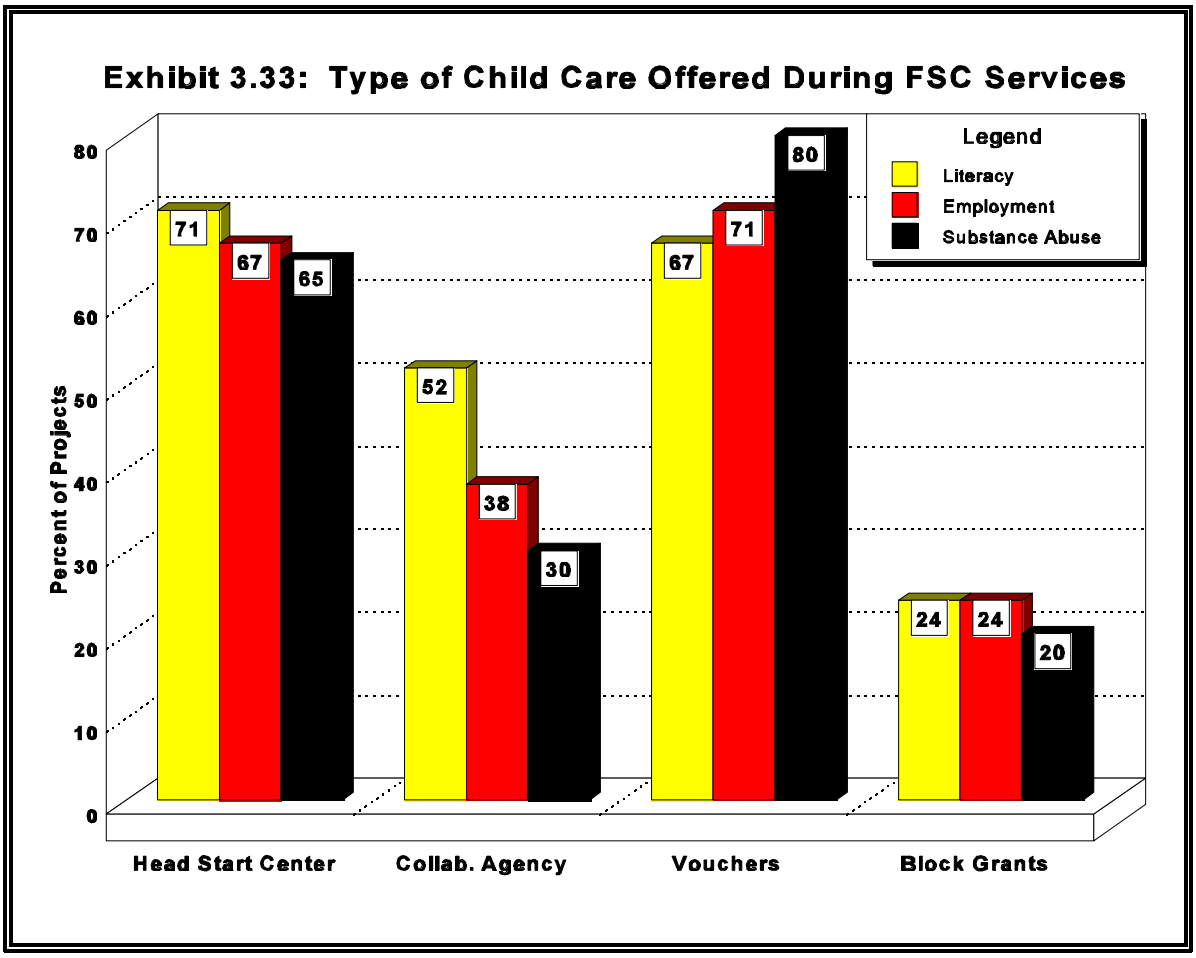


Source: Project Director Questionnaire; n = 24 FSCs.

Child care was more likely to be offered for preschool-age children than for either infants or school-age children. For example, virtually all of the FSCs that offered child care did so for children ages three or four. In addition, approximately 90 percent offered child care for one- or two-year-olds during the various FSC services. For children less than a year old, between 80 and 85 percent of projects offered child care while parents were attending FSC activities. For school-age children, 60 to 70 percent of projects offered child care during literacy, employment, or substance abuse services.

The location of child care was more likely to be at the Head Start center than at collaborating agencies (Exhibit 3.33). Between 65 and 70 percent of projects offered child care at Head Start while parents attended literacy, employment, or substance abuse services. Thirty to 52 percent of projects provided child care at the collaborating agencies. Between 65 and 80 percent of projects gave parents vouchers for private child care, while a much smaller percentage utilized Title XX, block grants, or other publicly funded slots.

As an additional incentive to participate, a third to a half of the projects provided meals or translators during literacy, employment, and substance abuse services.



Source: Project Director Questionnaire; n = 24 FSCs.

Chapter Four
Description of FSC Participants at Program Entry

This chapter presents descriptive information about FSC participants prior to program entry. Data are restricted to individuals in the 24 Wave III projects who were randomly assigned to the program group for the national evaluation. In this way, the information can be used by program practitioners and policymakers to describe the FSC participants. In addition, the sample is restricted to those respondents with data at the second follow-up, so that the sample matches the program group included in the impact analyses reported in Chapter Five. The total sample is, therefore, 747 FSC participants, an average of 31 per site.

Family Characteristics

This first section describes the family composition and individual characteristics of the target adult participating in the FSC. The target adult in this case was the person identified by the FSC staff as the primary recipient of FSC services.

Age, Gender, and Ethnicity of Target Adults

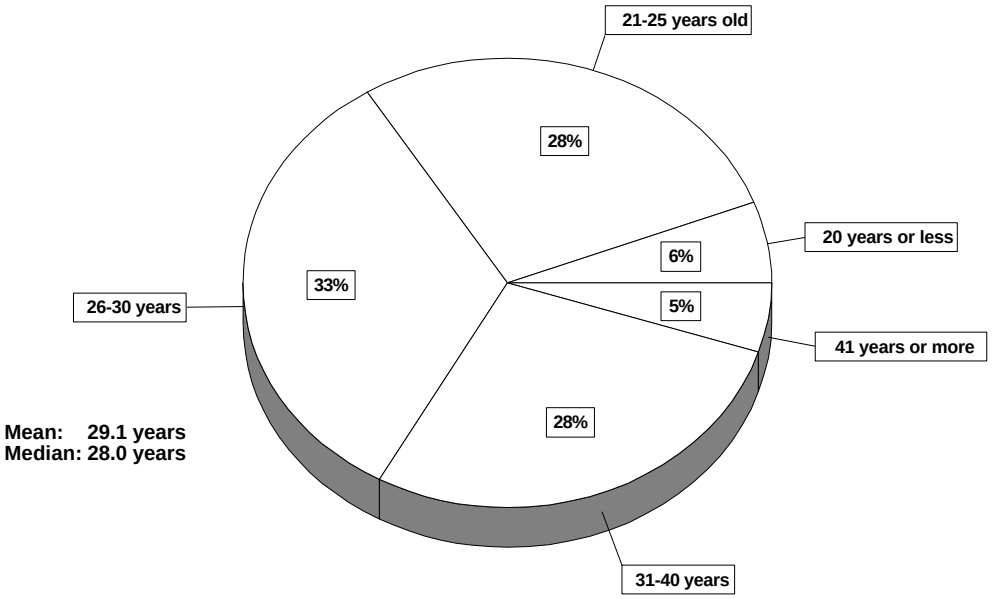
Nearly all (94 percent) of the target adults interviewed were female. Only six percent of target adults were male.

The mean age of the target adults was 29 years (Exhibit 4.1). The largest proportion of adults were between 21 and 30 years of age, with 28 percent between 21 and 25 years of age and 33 percent between 26 and 30 years of age. Only six percent of target adults were 20 years of age or younger, and five percent were 41 years of age or older.

Thirty-nine percent of program participants were white, 35 percent were African-American, and 21 percent were Hispanic (Exhibit 4.2). Across all projects, two percent of FSC participants were Native Americans and three percent were Asian. Less than one percent of participants indicated an ethnicity of "other" to reflect a mixed racial heritage.

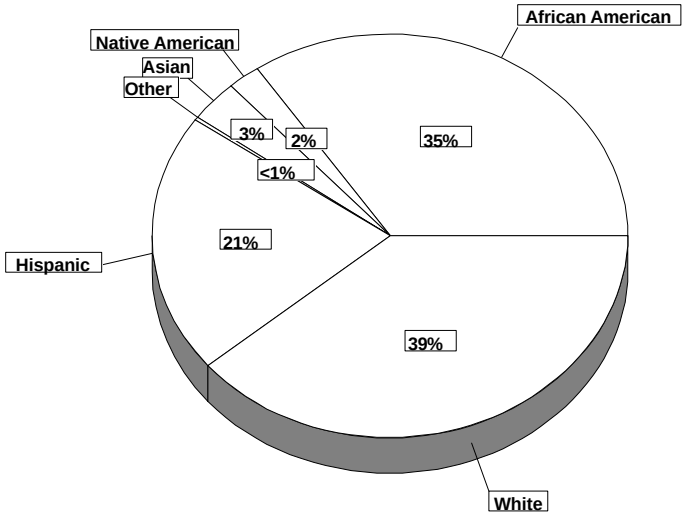
The ethnic characteristics of adults in the Wave III FSCs were quite similar to the ethnicity of families across all Head Start programs. Data from the 1992–1993 Program Information Report (PIR) indicated that 34 percent of all Head Start participants were white, 38 percent were African-American, 21 percent were Hispanic, four percent were Native American, and three percent were Asian.

Exhibit 4.1: Age of FSC Participants at Baseline



Source: Baseline Parent Interview; n = 747 FSC participants in 24 Wave III projects.

Exhibit 4.2: Ethnicity of FSC Participants

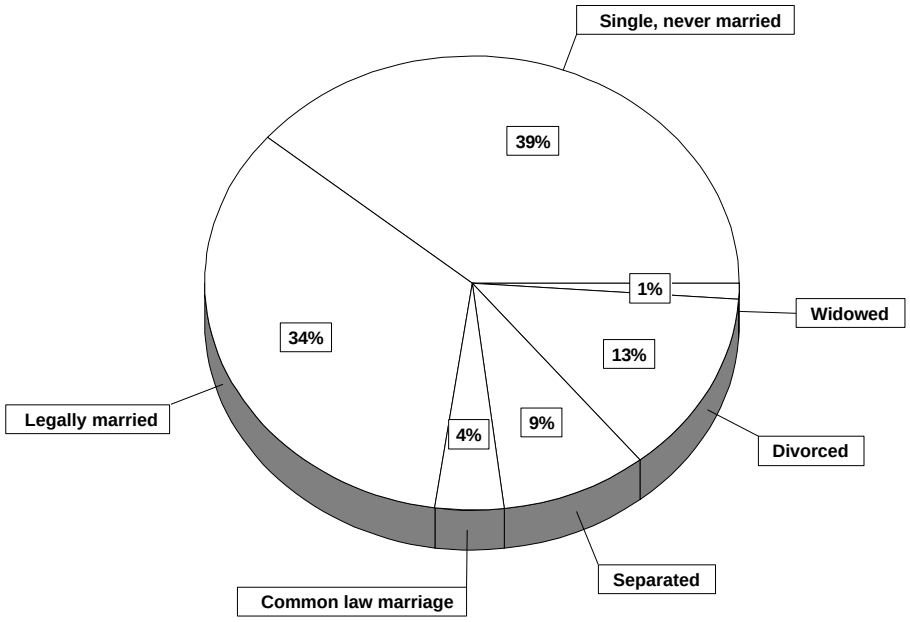


Source: Baseline Parent Interview; n = 747 FSC participants in 24 Wave III projects.

Family Composition

Approximately 39 percent of target adults indicated that they were single and had never been married; one-third of the participants were currently legally married; and 13 percent were divorced (Exhibit 4.3).

Exhibit 4.3: Marital Status of FSC Participants at Baseline

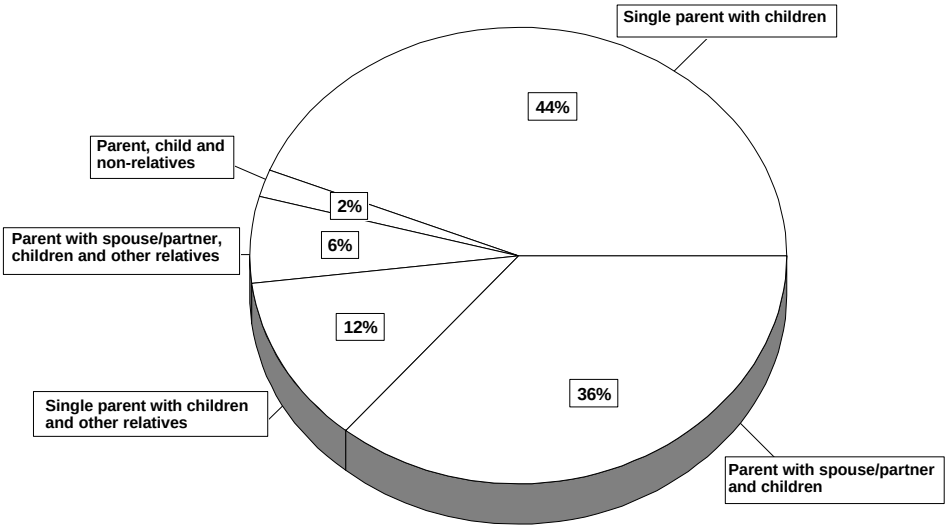


Source: Baseline Parent Interview; n = 747 FSC participants in 24 Wave III projects.

Forty-four percent of the households were composed of a single adult with children (Exhibit 4.4), which is consistent with the marital status reported above. More than a third of the FSC participants (36 percent) lived with their children and a spouse/partner, while another six percent lived with their children, a spouse/partner, and other relatives.

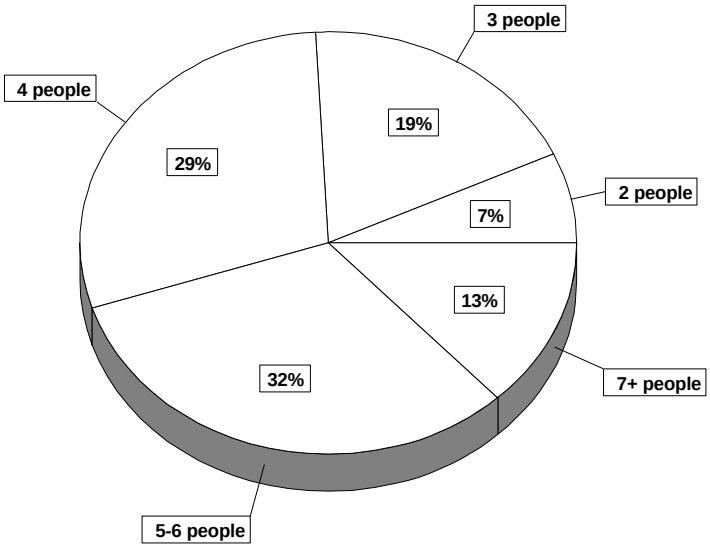
The total household size among FSC participants included five people, on average (Exhibit 4.5). Forty-four percent of households had one adult, and 42 percent had two adults. The definition of an adult given for data collection was any individual at least 16 years of age. Thus, households could include adult children of the FSC participant. FSC households had an average of three children who were younger than 16 years of age: 15 percent had one child; a third had two children; 28 percent had three children; and 13 percent had four children.

Exhibit 4.4: Family Configuration of FSC Participants at Baseline



Source: Baseline Parent Interview; n = 747 FSC participants in 24 Wave III projects.

Exhibit 4.5: Total Household Size Among FSC Participants at Baseline



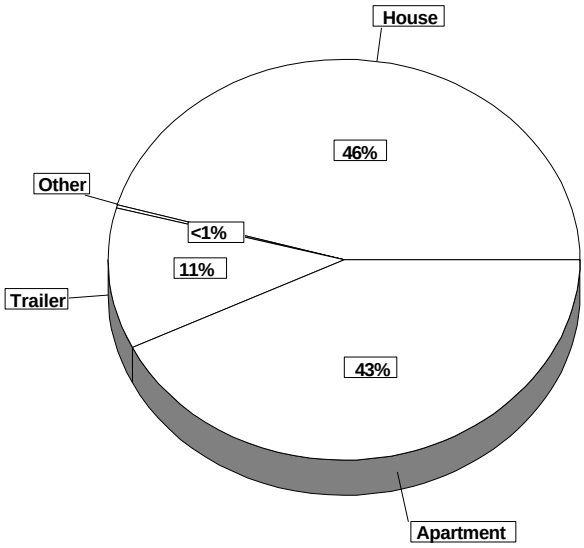
Mean: 4.7
Medium: 4.0

Source: Baseline Parent Interview; n = 747 FSC participants in 24 Wave III projects.

Type of Residence and Availability of Transportation

Close to half of FSC participants (46 percent) lived in a house, another 43 percent lived in apartments, and 11 percent lived in trailers (Exhibit 4.6). Regardless of where they lived, the majority (78 percent) of FSC participants rented rather than owned their residences.

Exhibit 4.6: Type of Residence of FSC Participants at Baseline



Source: Baseline Parent Interview; n = 747 FSC participants in 24 Wave III projects.

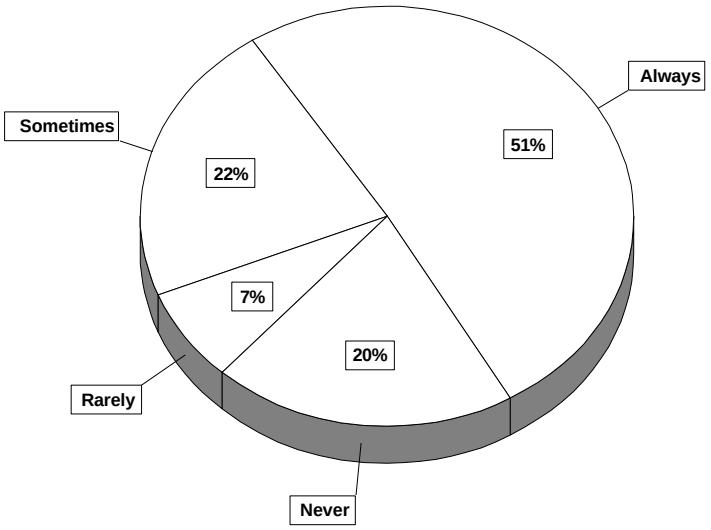
In the year prior to program entry, five percent of FSC families had been homeless. Families tended to be homeless for an average of 10 weeks (median of five weeks), although the length of homelessness ranged from 1 to 52 weeks.

Approximately half of the target adults always had the use of a car, and 22 percent sometimes had the use of a car (Exhibit 4.7). At the other extreme, 20 percent never had the use of a car. In addition, approximately two-thirds of the participants (62 percent) indicated that they had a valid driver's license.

Self-Report of Need for FSC Services

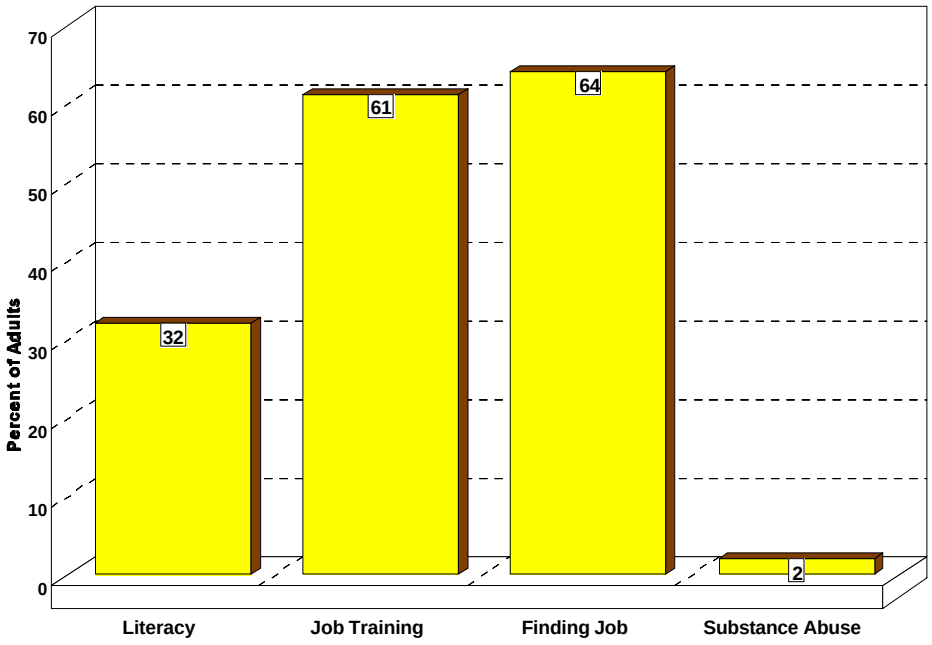
Target adults were asked about their own need, as well as that of other family members for services in literacy, employment, and substance abuse. As Exhibit 4.8 shows, more than half of the respondents indicated that they needed help with training for a job (61 percent) or help

Exhibit 4.7: Availability of Car Among FSC Participants at Baseline



Source: Baseline Parent Interview; n = 747 FSC participants in 24 Wave III projects.

Exhibit 4.8: Target Adult's Self-Report of Need for FSC Services at Baseline

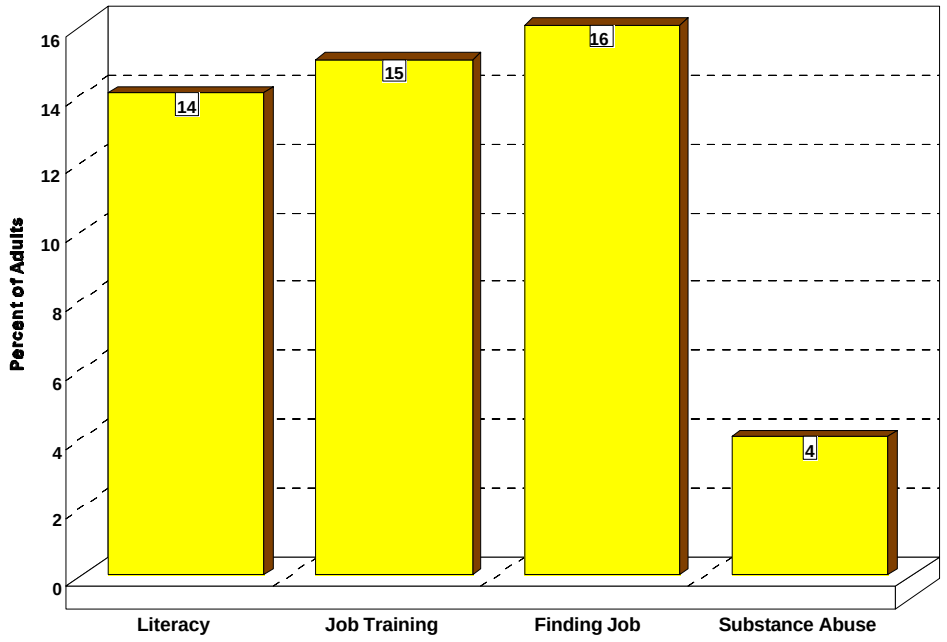


Source: Baseline Parent Interview; n = 747 FSC participants in 24 Wave III projects.

finding a job (64 percent). These figures closely match the percentage of target adults who had not been employed in the year prior to baseline (53 percent). Thirty-two percent needed help in literacy (defined as "reading skills" on the interview), which approximates the 27 percent of adults whose CASAS score indicated they read below the high school level. Less than two percent identified a need for help with alcohol or drug problems. This self-reported figure is close to the percentage of target adults reporting recent drug use (three percent), but below what might have been estimated from the percentage of target adults who drank more than five drinks in one sitting in the past month (11 percent), suggesting that respondents did not consider their alcohol use a problem.

Regarding all other adult members of the household, respondents indicated that 14 percent needed help with reading skills, approximately 15 percent with employment-related issues (job training or help in finding a job), and four percent with alcohol or drug problems (Exhibit 4.9).

Exhibit 4.9: Target Adult's Self-Report of Need for FSC Services by Other Family Members



Source: Baseline Parent Interview; n = 747 FSC participants in 24 Wave III projects.

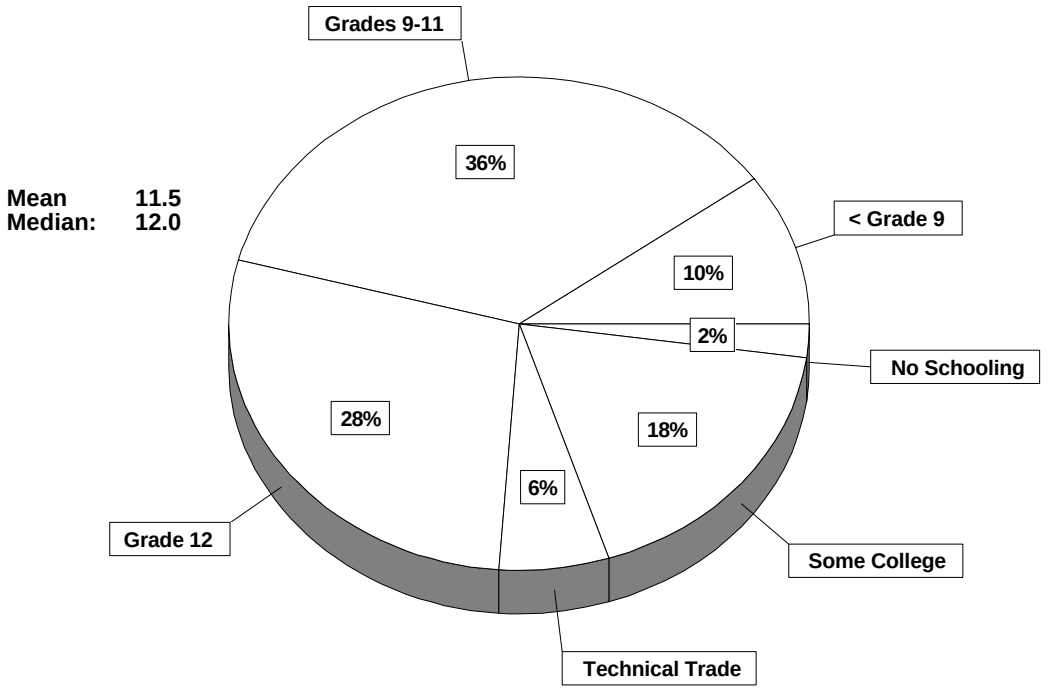
The household members needing help tended to be the respondent's spouse/partner. For example, among those identified as needing help with reading skills, 83 percent were either the husband, wife, or partner of the target adult. Similarly, 80 percent of those identified as needing job training and 79 percent of those needing help finding a job were spouse/partners. Of the small proportion of household members identified as needing help with a substance abuse problem, 74 percent were the spouse/partner and 15 percent were the parent of the respondent.

Combining across the four areas of need, we found that 23 percent of the respondents noted a need for themselves in only one area, 34 percent in two areas, 22 percent in three areas, and less than one percent in four areas. More interesting is the finding that 21 percent did not report any need for themselves, and 18 percent did not report any need for themselves or any other member of their family. These results suggest that Head Start parents might have been interested in the additional support of the FSC, although not necessarily help in literacy, employment, or substance abuse; this possibility fits with the reports by case managers that they spent a good deal of time talking with families about personal issues and basic needs. Other possible interpretations include that adults were reticent to indicate their real needs to the interviewers who were part of the evaluation rather than the Head Start program, or that parents were not clear about the purposes of the FSCs.

Educational Attainment

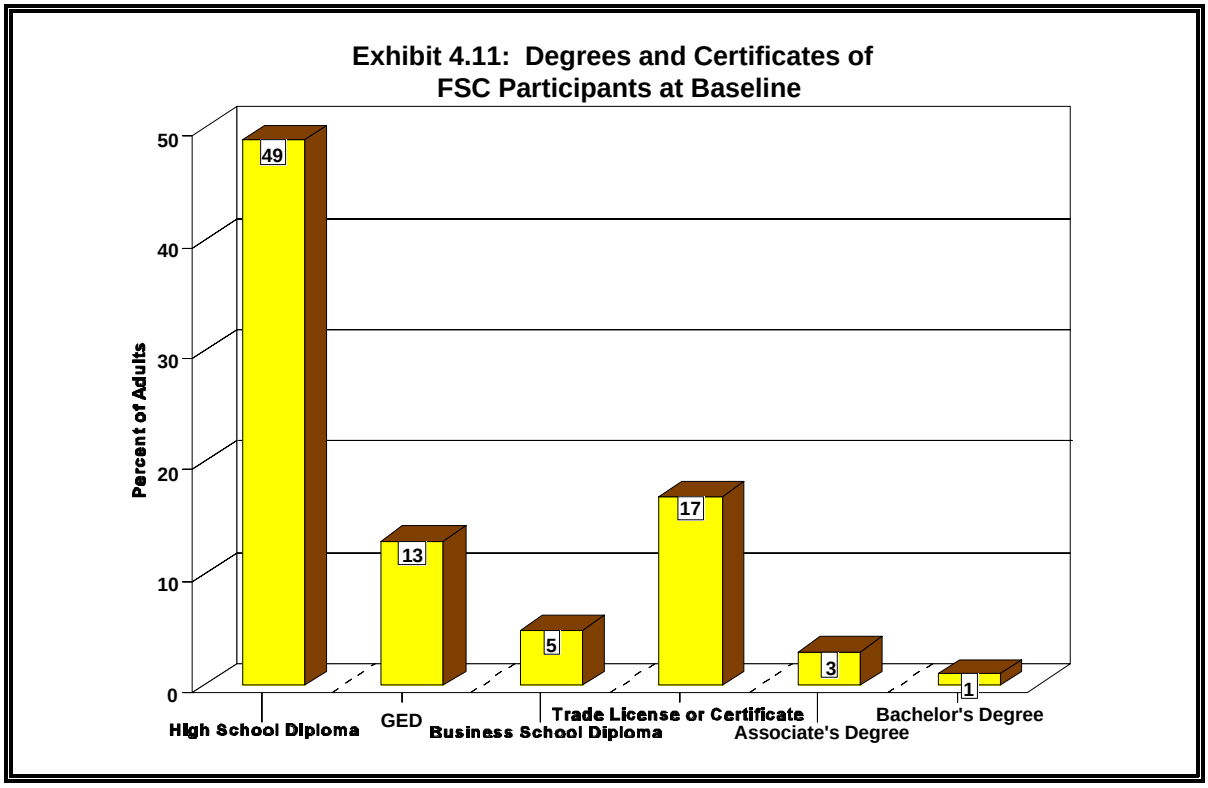
The average education level among FSC participants was approximately 12 years of schooling. More than half of the FSC participants had a twelfth grade education or higher: 28 percent of adults had completed twelfth grade; six percent have attended postsecondary trade or technical school; and 18 percent had some college experience (Exhibit 4.10). At the other extreme, 10 percent had less than a ninth grade education, and

Exhibit 4.10: Highest Grade Completed by FSC Participants at Baseline



Source: Baseline Parent Interview; n = 747 FSC participants in 24 Wave III projects.

approximately two percent had no formal schooling. Eleven percent of adults completed the majority of their formal schooling outside of the United States. In contrast, according to the Digest of Education Statistics, 81 percent of persons 25 and older have a high school diploma, with the median years of school completed equal to 12.9 (National Center for Education Statistics, 1995).



Source: Baseline Parent Interview; n = 747 FSC participants in 24 Wave III projects.

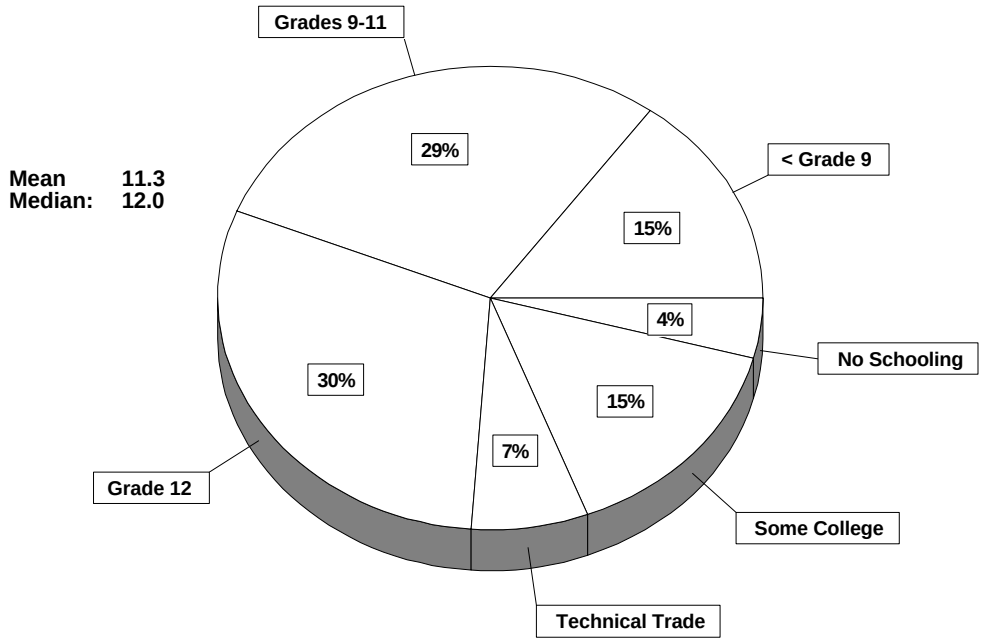
Commensurate with this level of education among FSC participants, almost half of target adults had a high school diploma and 13 percent had a GED certificate (Exhibit 4.11). Seventeen percent had a trade license or certificate and five percent had a business school diploma. Less than five percent had an associate's or bachelor's degree.

For adults with a spouse or partner, the average educational attainment of the spouse/partner was 11 years of schooling (Exhibit 4.12). More than half of the spouse/partners had a twelfth grade education or higher: 30 percent had completed twelfth grade; seven percent had attended postsecondary trade or technical school; and 15 percent had attended some college. Fifteen percent of spouse/partners had less than a ninth grade education, and four percent had no formal schooling. Seventeen percent of the spouse/partners completed their formal education outside of the United States.

Among spouse/partners, about half had a high school diploma (49 percent) and 14 percent had a GED certificate. Twenty-three percent had a trade license or certificate and three percent

had a business school diploma. As with the target adults, less than five percent had an associate's or bachelor's degree.

Exhibit 4.12: Highest Grade Completed at Baseline by Spouse/Partners of FSC Participants

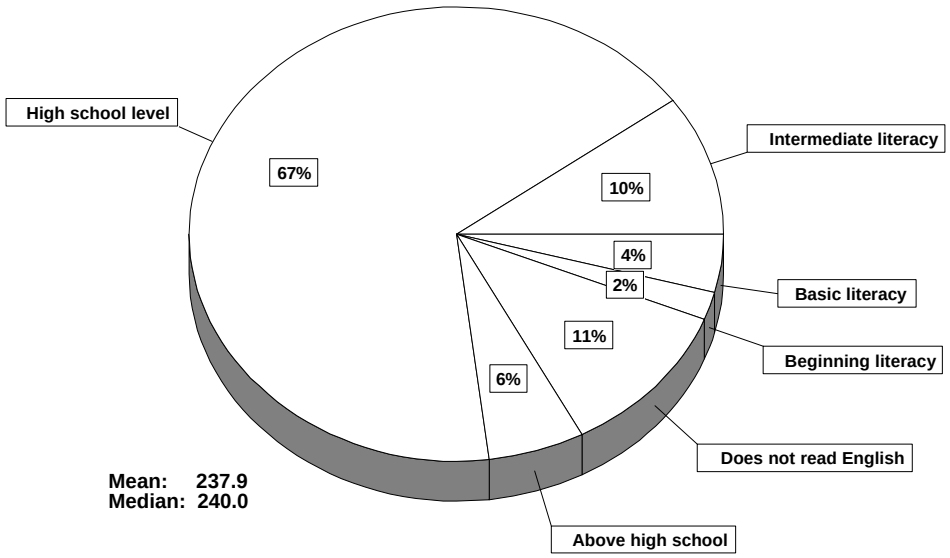


Source: Baseline Parent Interview; n = 342 spouse/partners in 24 Wave III projects.

To assess the functional literacy level of target adults, the CASAS test of functional literacy was administered. Prior to program entry, two-thirds of the FSC participants scored at the high school level on the CASAS and six percent scored above the high school level (Exhibit 4.13). Two percent of the adults read at a beginning literacy level, and 11 percent did not read English well enough to be tested on the CASAS. These results suggest that for the FSC participants, levels of educational attainment and functional literacy were quite similar to each other.

Another indication of adults' literacy level was the extent to which they read at home. To assess the reading habits of FSC participants, a series of questions were adapted from a survey developed for the California Adult Learner Progress Evaluation Process (CALPEP) run by the California Library Association. The list included a variety of materials that people might read at home in addition to books, such as mail, religious materials, and magazines. As Exhibit 4.14 shows, the most frequent types of materials that FSC participants read on a daily basis at home included letters or bills (74 percent); notes from school (61 percent); and books for themselves or their children (64 percent). Less than half of the FSC participants read a newspaper on a regular basis. More than three-quarters of the FSC participants (77 percent) read either books, newspapers or magazines on a regular basis.

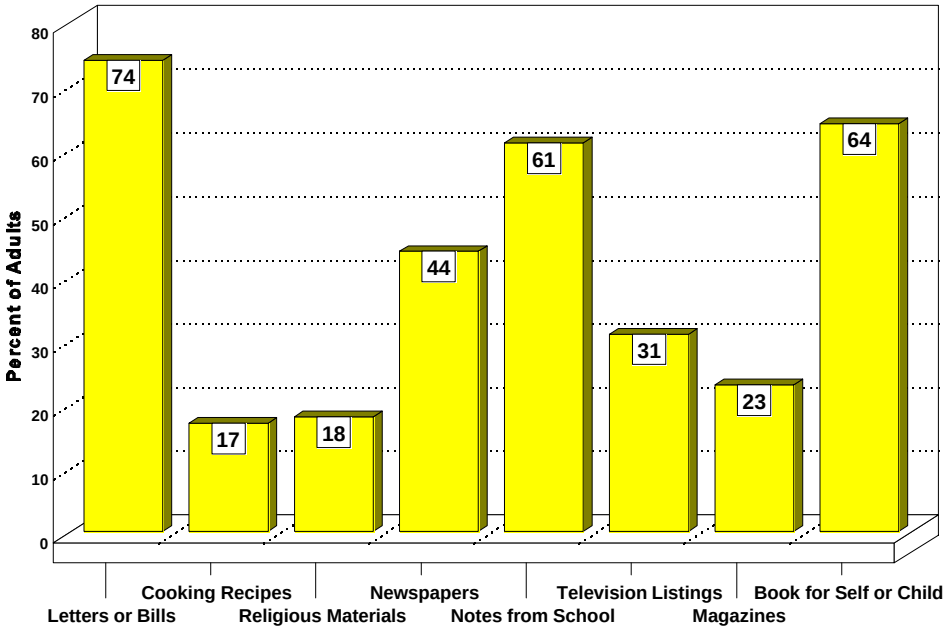
Exhibit 4.13: Baseline Scores on CASAS Functional Literacy Test



Source: Baseline Parent Interview; n = 747 FSC participants in 24 Wave III projects.

Employment History

Exhibit 4.14: Regular Reading Activities by FSC Participants at Baseline



Source: Baseline Parent Interview; n = 747 FSC participants in 24 Wave III projects.

This section describes the employment experiences of the FSC target adult, followed by more limited information about the employment history of their spouse/partners.

FSC Participants

The Baseline Parent Interview asked detailed information about employment history (e.g., jobs, hours of employment, weekly pay) for all jobs in the year prior to the interview. In this way, we were able to get a more typical measure of baseline employment than if questions were asked only about current employment status.

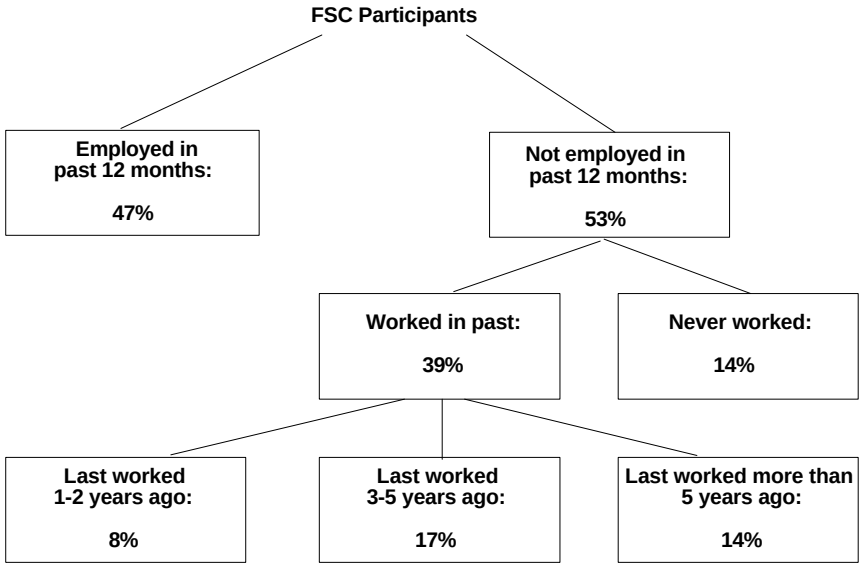
Among the FSC target adults, a little less than half had worked sometime during the 12 months prior to the baseline interview (Exhibit 4.15). Fourteen percent of target adults had never worked, and 39 percent had worked sometime in the past, generally more than two years ago.

When target adults were employed, they worked an average of 32 hours per week (Exhibit 4.16). Thirty-two percent worked between 35 and 40 hours a week and another third worked between 20 and 34 hours a week. The average hourly wages of the employed adults were $5.34, with a median of $5.00. Thirty percent of employed adults made between $4.00 and $5.00 an hour, and a quarter reported an hourly wage less than $4.00 (Exhibit 4.17). Nationally, the average minimum wage was $4.25 during this period, indicating that a great number of FSC participants were employed at a minimum level of subsistence.

Another way to look at income was to consider the average monthly earnings of target adults, whether they were working or not, in order to get an indication of the potential contribution made to household income from FSC participants' employment. For the FSC adults, the average monthly earned income was $190, with the median at zero.

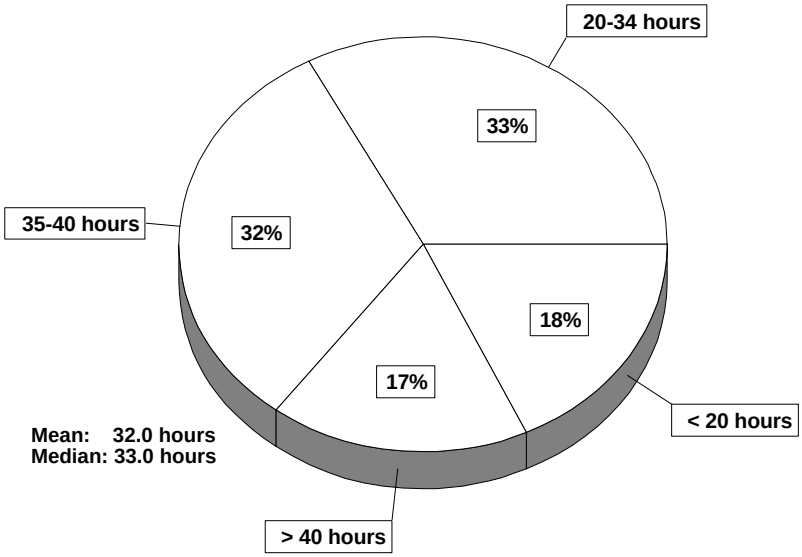
To get information about pre-employment skills, the interview inquired about the target adult's job-related experiences, such as writing a resume, answering a newspaper advertisement about a job, or writing a letter about a job. As Exhibit 4.18 shows, 79 percent of FSC participants went on a job interview sometime in the past, 54 percent answered a newspaper advertisement for a job, 53 percent went to an employer to ask about an unadvertised job, 56 percent received instruction about how to look for or apply for a job, and 64 percent had a clear idea of the type of job they want.

Exhibit 4.15: Employment Status of FSC Participants at Baseline



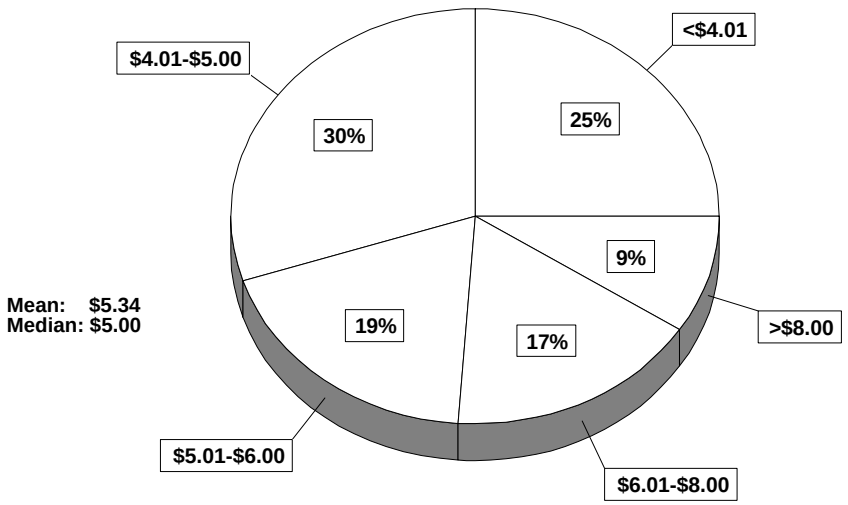
Source: Baseline Parent Interview; n = 747 FSC participants in 24 Wave III projects.

Exhibit 4.16: Average Hours Worked by FSC Participants at Baseline



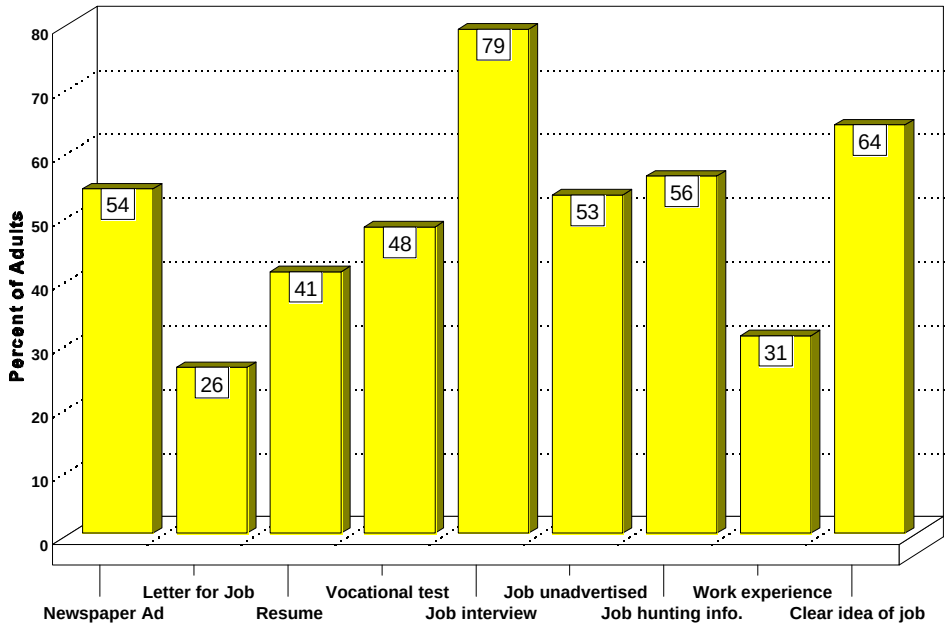
Source: Baseline Parent Interview; n = 340 employed adults in 24 Wave III projects with data on hours worked.

Exhibit 4.17: Average Hourly Wage for FSC Participants at Baseline



Source: Baseline Parent Interview; n = 340 employed adults in 24 Wave III projects with data on wages.

Exhibit 4.18: Pre-Employment Skills of FSC Participants at Baseline



Source: Baseline Parent Interview; n = 747 FSC participants in 24 Wave III projects.

Spouse/Partners

A subset of the employment questions were asked about the spouse/partners of the target adults. Among adults who identified a live-in partner, two-thirds of the spouse/partners were employed at baseline. Only three percent of the spouse/partners had never worked. Seventeen percent of spouse/partners had worked in the past two years, which was more than double the proportion of target adults with recent work experience.

The average hourly wages of employed spouse/partners was $7.73, with a median of $6.25, more than $2.00 higher than the average hourly wage of target adults.

Prior Participation in Educational Programs and Services

FSC participants were asked about their experiences in educational programs or services related to literacy and employment, since leaving school. To gain some understanding of the prior participation in FSC-like services, respondents were asked to indicate whether they had ever attended classes and, if so, whether they had completed these classes.

The most prevalent type of instruction was in adult education: over a third of target adults had taken adult education classes (e.g., classes in reading, writing, or math) since leaving school; 19 percent indicated that they had completed these adult education classes; and nine percent had not completed the classes (Exhibit 4.19). Twenty-three percent of target adults had taken classes to prepare for a high school equivalency or GED test, with 14 percent completing these courses (Exhibit 4.19).

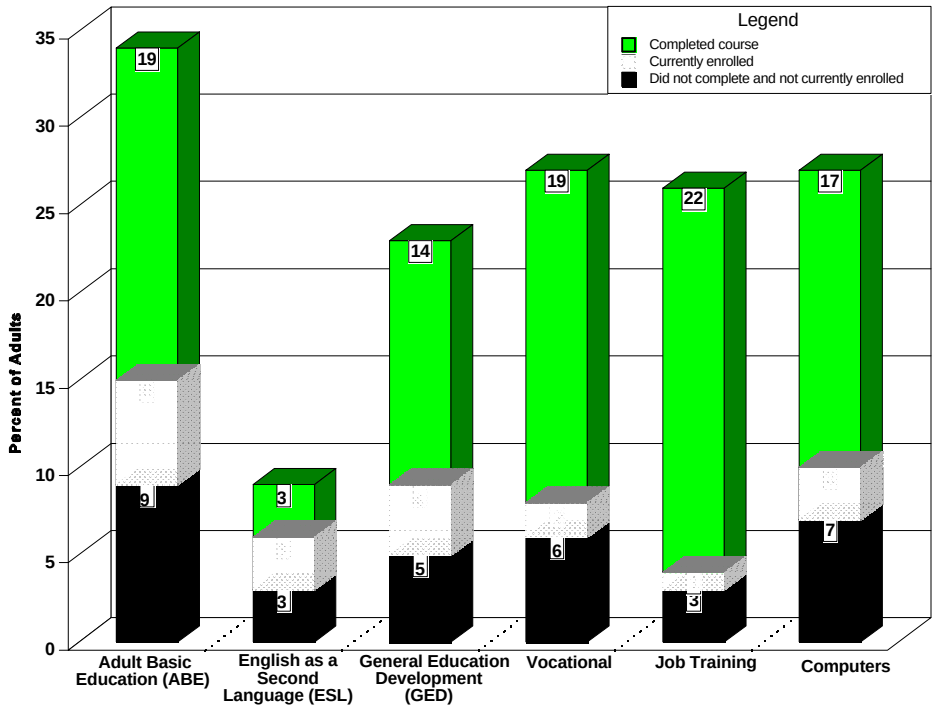
Compared with adult education classes, there appeared to be a higher completion rate for vocational training or help looking for a job. For example, 27 percent of FSC participants indicated that they had received vocational training in the past, with 19 percent completing the course (Exhibit 4.19). A quarter of target adults had taken a course in how to look for a job, with 22 percent completing the course. However, it is likely that this type of instruction was of shorter duration than adult education classes such as GED preparation.

Income

Seventy percent of families in the FSC received Aid to Families with Dependent Children (AFDC) or other cash welfare, and more than 80 percent participated in the food stamp and Medicaid programs (Exhibit 4.20). Because Head Start has income eligibility requirements, we would have expected the majority of FSC participants to have had low incomes and to have received public assistance.

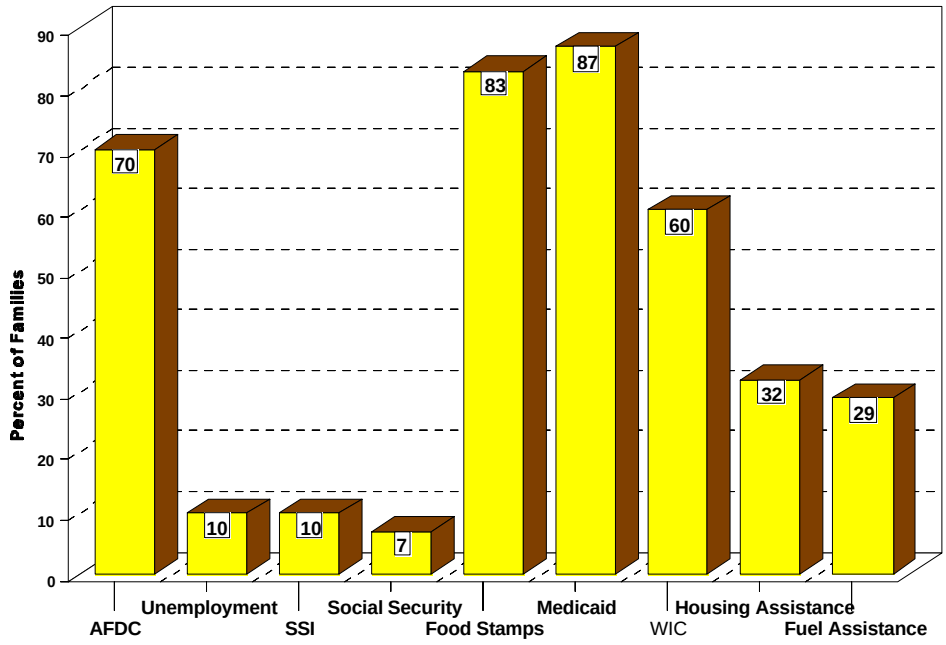
When families received AFDC, they were likely to do so for most of the year (mean of 11 months, median of 12 months), with an average amount per month of $417 (Exhibit 4.21).

Exhibit 4.19: Prior Educational Experiences of FSC Participants



Source: Baseline Parent Interview; n = 747 FSC participants in 24 Wave III projects.

Exhibit 4.20: Public Assistance Received by FSC Participants at Baseline



Source: Baseline Parent Interview; n = 747 FSC participants in 24 Wave III projects.

When the amount of public assistance received by each family was summed across categories, FSC families received an average monthly amount of $444.

For 62 percent of the FSC participants, household income for 1992 was less than $9,000 per year: 29 percent of the families had an annual income between $3,001 and $6,000; 20 percent had an income between $6,001 and $9,000; and 13 percent reported less than $3,000 in income (Exhibit 4.22).

Health Indicators

Two types of health indicators were included in the Baseline Parent Interview: an overall health rating and a depression scale. FSC participants also were asked to report on their use of cigarettes during the past month.

Overall Health

Target adults were asked to rate their own health and the health of their spouse/partners. Four percent of the adults rated their own health as "poor" and another 19 percent rated their health as "fair"; only a quarter rated their health as "excellent" (Exhibit 4.23). The target adults gave similar ratings for their spouse/partner's health: four percent "poor," 12 percent "fair," and over a quarter were rated as having "excellent" health.

Sixteen percent of target adults indicated that they had a physical condition that prevented or limited their ability to work. They indicated that slightly more of their spouse/partners (24 percent) had chronic health problems that might have limited their capacity to work. The target adults were asked whether they had any chronic illnesses that might have made it difficult to participate in Head Start; the answer was "yes" for four percent of target adults and six percent of the spouse/partners.

Use of Cigarettes in the Past Month

Forty percent of target adults had smoked cigarettes during the preceding month, with the majority of those smoking on all 30 days in the month. This prevalence of smoking is much higher than among the general population, where estimates from the 1991 Household Survey indicate that 27 percent of adults in the United States smoke (National Institute on Drug Abuse, 1991). When the NIDA data are restricted to young women, their figures rise to 31 percent of women aged 26-34 who smoke and 32 percent of women aged 18-25 who smoke.

In comparison, approximately half of the spouse/partners had smoked cigarettes in the past month, with nearly all having done so every day.

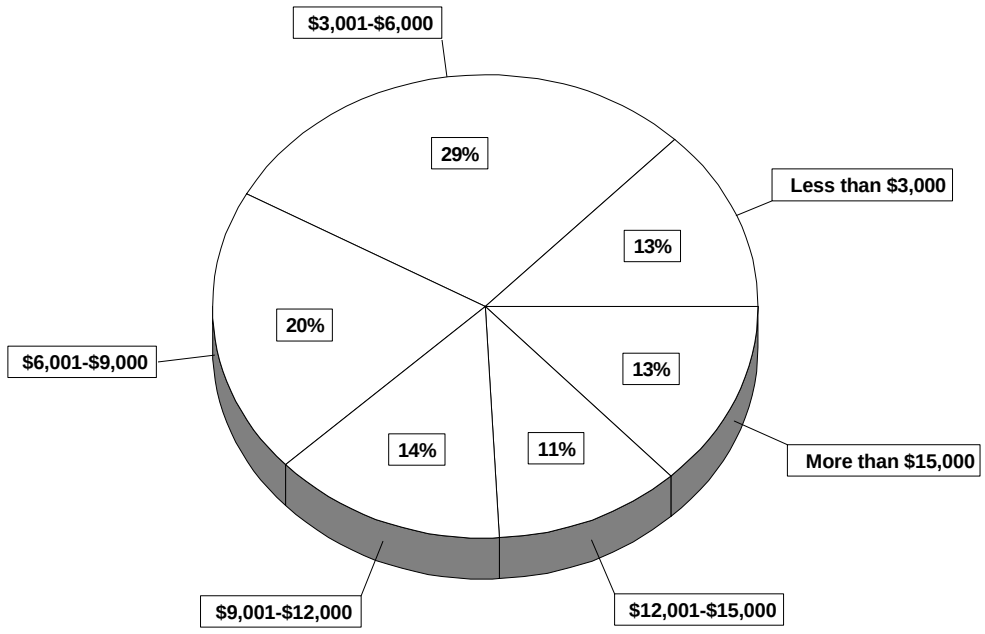
Exhibit 4.21

Duration and Amount of Public Assistance Received by FSC Participants During Previous Twelve Months

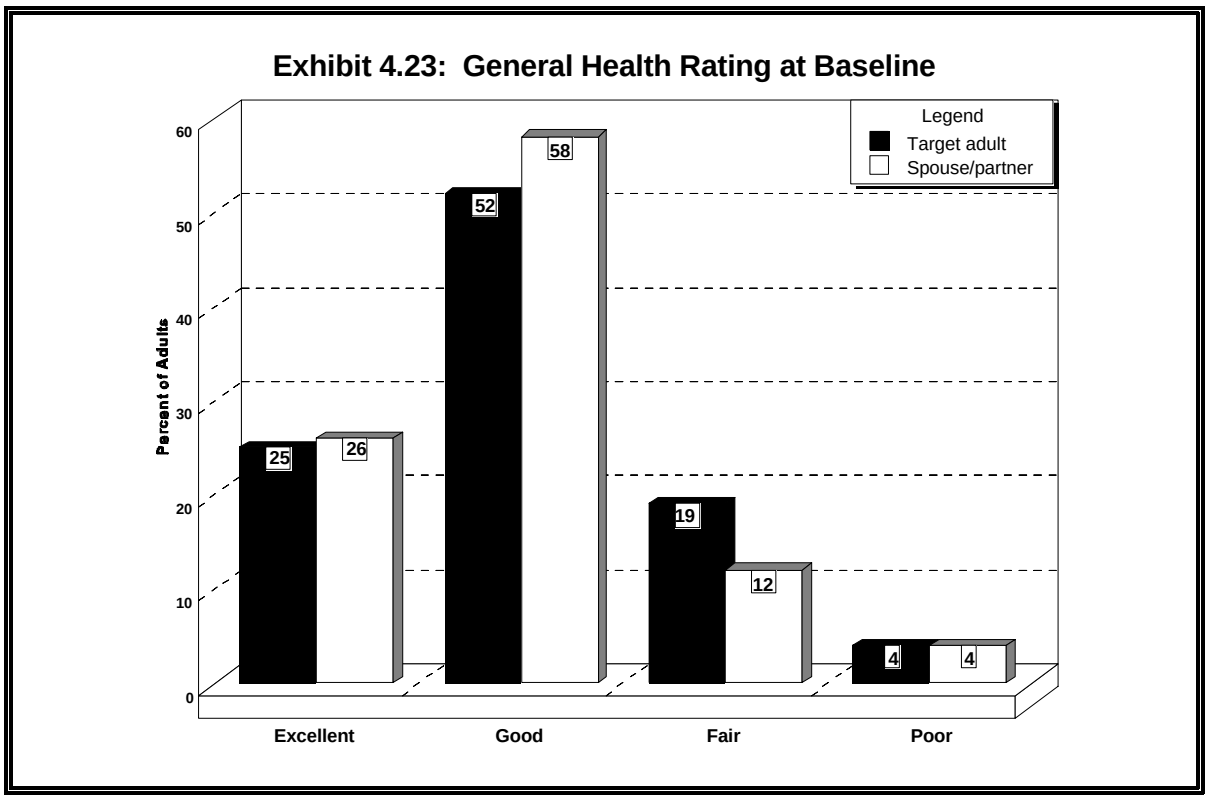
Type of Public Assistance	Average Monthly Amount among Those Who Received Benefit			
	n	Mean	sd	Median
AFDC/Cash welfare	450	$417	$191	$403
Unemployment Insurance	74	$420	$258	$362
Supplemental Security Income	72	$442	$234	$434
Social Security, Retirement, Disability	50	$481	$375	$404
Total public assistance	589	$444	$286	$403

Source: Baseline Parent Interview; FSC participants in 24 Wave III projects who received public assistance.

Exhibit 4.22: Annual Household Income of FSC Participants at Baseline



Source: Baseline Parent Interview; n = 747 FSC participants in 24 Wave III projects.



Source: Baseline Parent Interview; n = 747 FSC target adults and 342 spouse/partners in 24 Wave III projects.

Depression

Depression is a potential mediating variable for program impacts in this evaluation, particularly in employment and drug use. Adults who are clinically depressed are not likely to take full advantage of program services and participate in training or treatment programs. In addition, psychiatric problems, specifically depression, have been more consistently predictive of treatment outcomes in substance abuse than the severity of an alcohol or drug problem (McLellan et al., 1984). Also, adults who are depressed are unlikely to work on a regular basis. Depression among the target adults was measured by the Center for Epidemiologic Studies Depression Scale (CES-D) developed by Radloff (1977)[1]. This instrument is one of the most frequently used measures of depression cited in the psychological literature. The adult depression scale is used as both an outcome variable in this evaluation as well as an explanatory variable for other outcomes.

For the FSC target adults, the average CES-D score was 15. Based on the criteria of 16 or higher, 39 percent of target adults reported high depressive symptoms at baseline. These

1 The 20 items on the CES-D include statements such as "I felt that everything I did was an effort," "I had crying spells," and "I enjoyed life." Respondents were asked to indicate how often they experienced each feeling during the past week. Items are rated on a four-point scale where "0" indicates "rarely or none of the time, less than one day" and "3" means "most or all of the time, five to seven days." Positive items are reversed to create a total score ranging from 0 to 60. A total score of 16 or higher is considered to be indicative of high depressive symptoms (Hall et al., 1985).

results are slightly lower than those reported by Hall and her colleagues (1985), who found that 48 percent of low-income mothers with young children had scores above the cut-off on the CES-D.

Use of Drugs and Alcohol

The Baseline Parent Interview included a series of questions about alcohol and drug use, one of the three target areas of the FSC projects. The questions were adapted from the Addiction Severity Index (ASI), a structured interview designed to be administered by a trained technician (rather than a clinician) as a diagnostic screening measure at treatment admission and for assessing change at follow-up intervals of one month or longer (McLellan et al., 1985). The full index assesses problems in seven areas related to treatment outcomes in alcohol or drug use: medical condition; employment; alcohol use; drug use; illegal activity; family relations; and psychiatric condition. Questions were asked about the number, extent, and duration of problem symptoms in the patient's lifetime and in the past 30 days. The measure has been shown to have good test-retest reliability, high concurrent validity, and appropriateness for various populations.

Only questions on the subscales for drug and alcohol use were used for this evaluation. Because the instrument is intended to be used at treatment intake, the tone of some questions assume alcohol and drug use. Many of the FSC directors and evaluators objected to these questions and felt that the full subscale resulted in too many inquiries about substance abuse. Thus, the questions included in the parent interview represented only a subset of the questions on the full ASI; in addition, we modified several questions to first determine use before asking about the extent or duration. However, questions remained direct in their approach to use of drugs and alcohol to encourage respondents to answer truthfully, rather than with a socially acceptable answer.

Use of Alcohol in the Past Month

A third of the FSC participants reported having had something to drink in the past 30 days (Exhibit 4.24). This figure is somewhat less than the prevalence of drinking among the general population, based on estimates from the 1991 Household Survey that 51 percent of the U.S. population aged 12 and older have had a drink in the last month (National Institute on Drug Abuse, 1991). When NIDA data are restricted to young women, the figures rise slightly to 53 percent among those 26-34 years old and 58 percent among those 18-25 years old. Among FSC participants, nine percent have had something to drink on five or more days in the month prior to the baseline interview. These reported differences between general population use and FSC participants may be due to under-report of alcohol use.

Eleven percent of target adults reported that they had five or more drinks in one sitting at least once during the past month, with two percent doing so on five or more days in the prior month (Exhibit 4.24).

The target adults reported a much higher prevalence of drinking among their spouse/partners than they reported for themselves. Among spouse/partners, 47 percent were reported to have had something to drink in the past 30 days, with 20 percent drinking on five or more days in the month (Exhibit 4.25). Similar to the results reported for FSC participants, the percentage of spouse/partners having had anything to drink in the past month was lower than the estimate for young males from the 1991 Household Survey, which reported that approximately 70 percent of males between the ages of 18 and 34 have had something to drink in the past month. One-quarter of the spouse/partners were reported to have had five or more drinks at one time or in one sitting in the past month, with eight percent having done so on five or more days in the month (Exhibit 4.25).

Use of Drugs in the Past Month

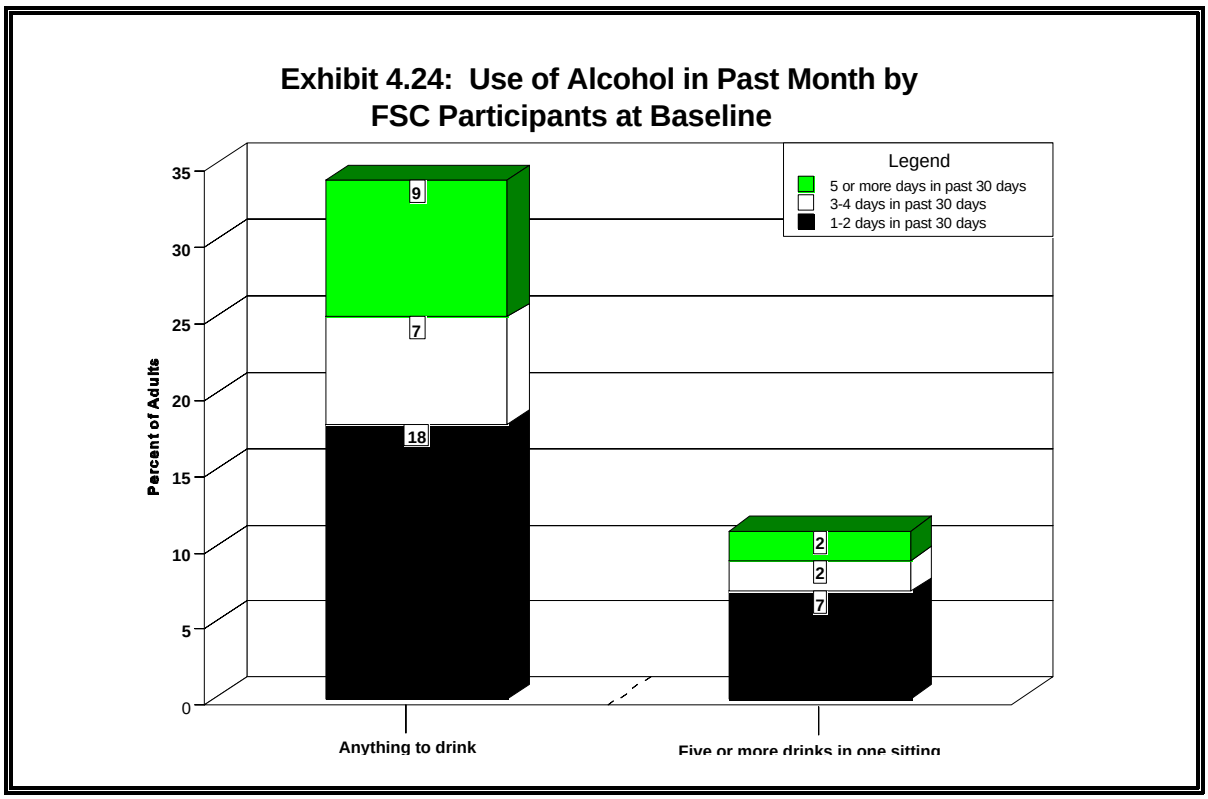
Marijuana was the most frequent drug used in the month prior to the baseline interview, used by three percent of target adults and four percent of the spouse/partners. Among the target adults, marijuana was used an average of eight days out of the month, with a median of three days. Among spouse/partners, marijuana was used an average of 10 days, with a median of seven. Less than one percent of the respondents and spouse/partners reported using amphetamines, cocaine, crack, inhalants, sedatives or painkillers without a prescription in the past month. There was no reported use of hallucinogens or heroin in the past 30 days by the FSC participants or their spouse/partners.

To look at multiple drug use, we calculated the number of different drugs reported for each respondent or spouse/partner. The results suggested that most FSC participants were not using multiple drugs. In other words, the percentages of drug use reported generally represented different individuals, not the same individuals using all of the drugs listed. Among the FSC participants, 97 percent did not use <u>any</u> drug, three percent reported using one drug (most often marijuana), and less than one percent reported using two or three different drugs (generally marijuana and some other drug). For the spouse/partners, 96 percent did not use <u>any</u> drug, four percent used one drug (most often marijuana), and less than one percent report use of three different drugs (generally marijuana and some other drugs).

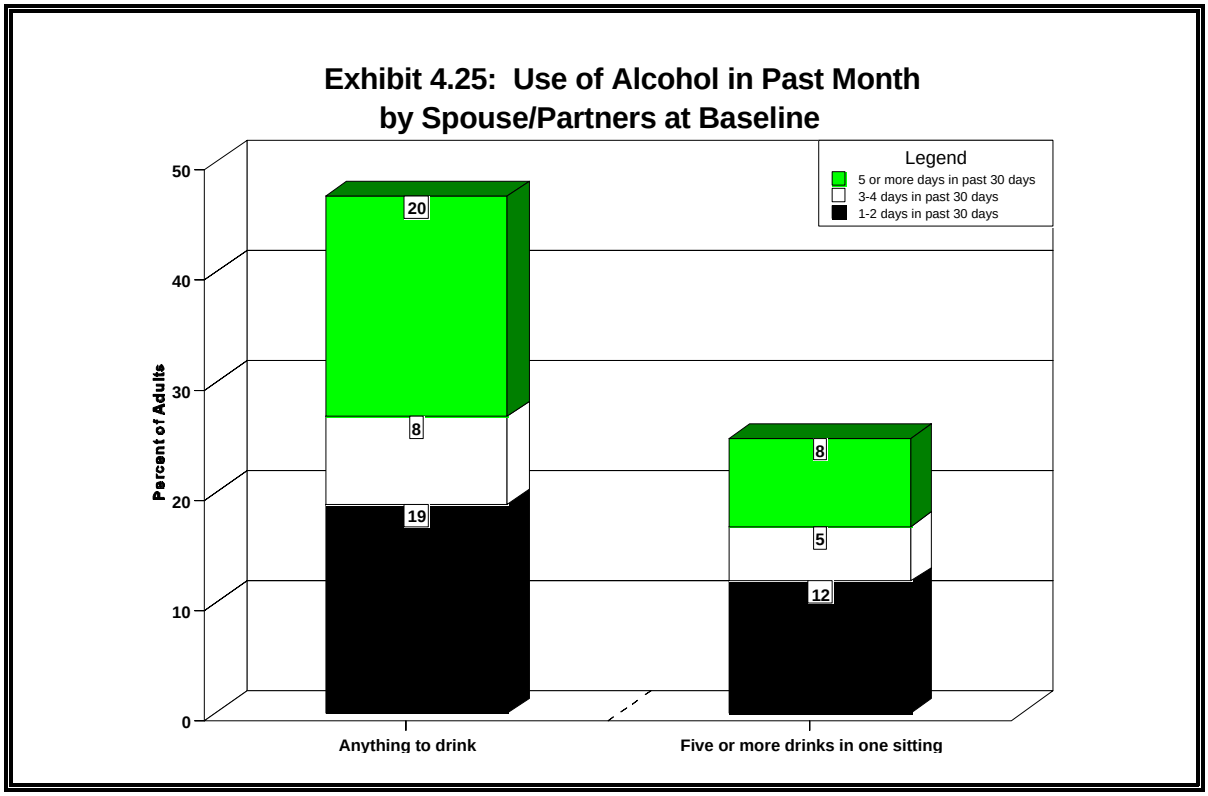
Nearly all (98 percent) of the respondents indicated that they were "not at all" bothered by their own alcohol use in the past 30 days, and one percent indicated that they were "just a little" bothered. Regarding drug use, 99 percent of target adults indicated that they were "not at all" bothered by their drug use in the past 30 days, and one percent indicated they were "just a little" bothered. (These questions were not asked about the spouse/partners.)

Use of Alcohol and Drugs in the Past

In addition to asking about drug use in the past 30 days, the parent interview included questions about past drug use and treatment. The questions were worded to get at regular drug use for a period of one month or longer sometime in the past; a further line of inquiry



Source: Baseline Parent Interview; n = 747 FSC participants in 24 Wave III projects.



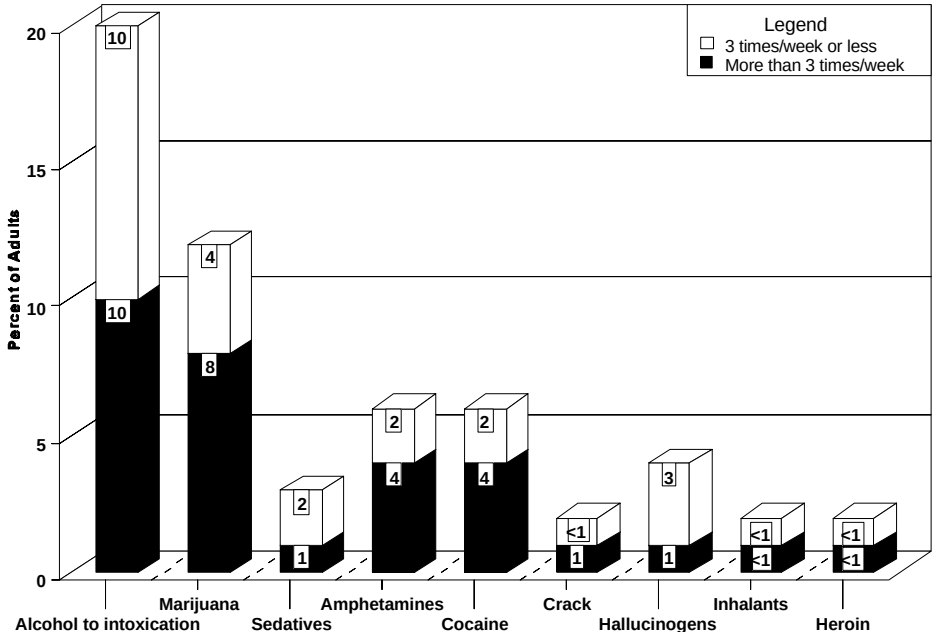
Source: Baseline Parent Interview; n = 342 spouse/partners in 24 Wave III projects.

asked whether this was three or more times per week. These questions were only asked of target adults, not for the spouse/partners, under the assumption that many respondents may not have known the past alcohol and drug use of their spouse/partners.

Twenty percent of the adults indicated that they had consumed alcohol to intoxication (defined as including "feeling high" or "getting a 'buzz'") on a regular basis (Exhibit 4.26). Ten percent of the sample indicated that in the past they had gotten intoxicated more than three times a week.

In general, reported drug use sometime in the past is higher than drug use in the past month. Twelve percent of target adults reported using marijuana for a period of one month or longer sometime in the past (Exhibit 4.26). This is substantially lower than the use of marijuana reported in the general population, where approximately half of women in the 18-34 age bracket indicated some use of marijuana in their lifetime (National Institute on Drug Abuse, 1991). Eight percent of the FSC participants indicated that they used marijuana more than three times per week, and four percent indicated that they used marijuana for one month or longer but not more than three times per week. Again, comparative data in the general population would indicate under-report of drug use among FSC participants.

Exhibit 4.26: Past Drug Use for One Month or Longer by FSC Participants at Baseline



Source: Baseline Parent Interview; n = 342 spouse/partners in 24 Wave III projects.

Approximately four percent of target adults used cocaine more than three times a week in the past; four percent used amphetamines more than three times a week; and one percent reported prior use of hallucinogens more than three times a week (Exhibit 4.26).

Looking across multiple drugs, 84 percent of target adults reported never having used any type of drug regularly in the past. Five percent of the respondents used only marijuana on a regular basis; one percent used only amphetamines on a regular basis. Approximately 10 percent used a combination of marijuana and other drugs, most often marijuana and cocaine or marijuana and amphetamines.

Treatment for Drug or Alcohol Problems

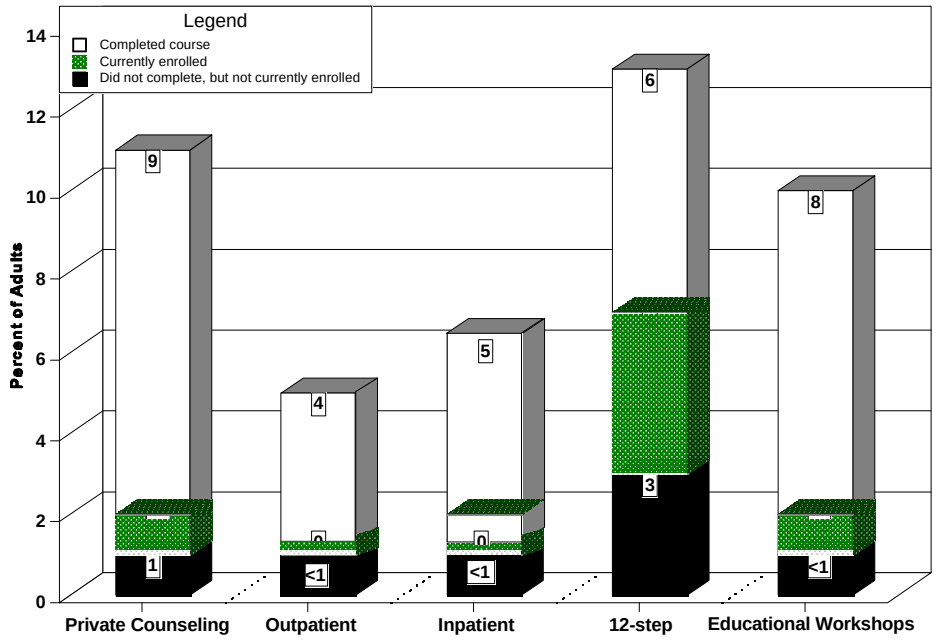
Target adults were asked if they had ever attended educational classes, groups, or individual treatment programs for alcohol or drug problems. The list included both inpatient and outpatient treatment and counseling as well as twelve-step and other self-help groups. Ten percent of target adults had received individual, group, or family counseling for substance abuse with a private therapist or psychiatrist, with nine percent completing the treatment (Exhibit 4.27).

Approximately five percent of target adults had received inpatient treatment in a hospital, therapeutic community, or residential program (Exhibit 4.27). Thirteen percent of target adults had been involved in twelve-step programs such as Alcoholics Anonymous.

Adults also were asked if they or their spouse/partners had ever been treated by a physician, in a hospital, or by a counselor for their alcohol or drug use. Six percent of target adults and 12 percent of the spouse/partners had been treated for alcohol use (Exhibit 4.28). Five percent of target adults and six percent of the spouse/partners had been treated for drug use. When those who had been treated were asked the number of times or episodes of treatment, the majority of respondents (84 percent) indicated that they had been treated for alcohol use one or two times, with a range from 1 to 11 treatment episodes. For the spouse/partners, 77 percent had been treated once or twice, with a range from 1 to 95 times.

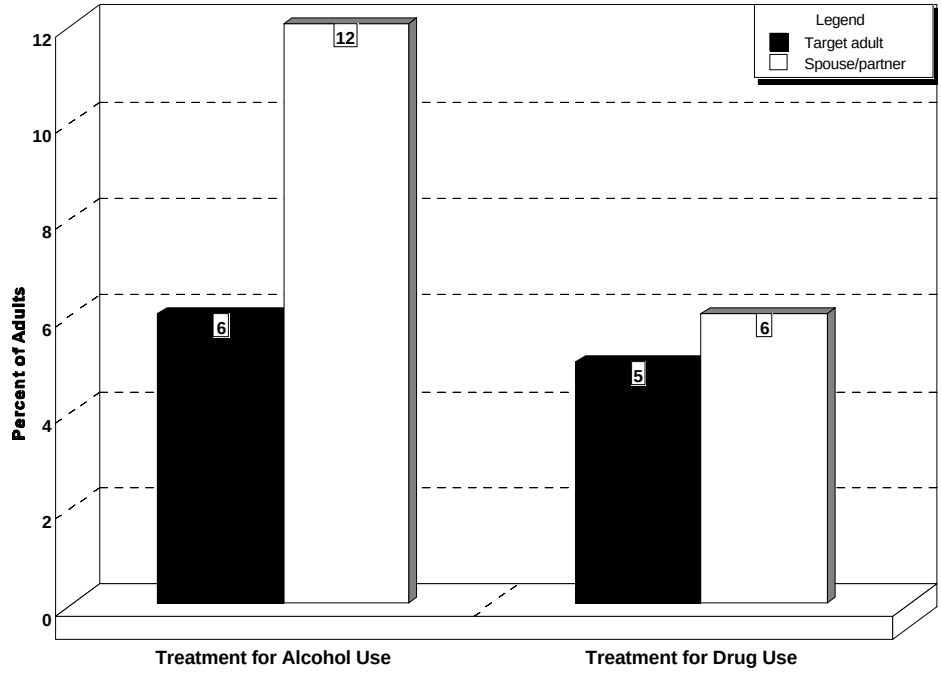
Regarding drug treatment, the majority of respondents (84 percent) indicated only one or two episodes of treatment, with a range from 1 to 50 times. For their spouse/partners, 53 percent reported only one treatment event, with a range from 1 to 10 times. Respondents also were asked if they or their spouse/partners had been treated in the past 30 days for alcohol or drug problems by a physician, in a hospital, by a counselor, or through Narcotics Anonymous, Alcoholics Anonymous, or Cocaine Anonymous. Only two percent of target adults and three percent of the spouse/partners had been treated in the past month for drug or alcohol problems.

Exhibit 4.27: Prior Experience of FSC Participants with Alcohol or Drug Programs and Services



Source: Baseline Parent Interview; n = 747 FSC participants in 24 Wave III projects.

Exhibit 4.28: Past Treatment for Alcohol or Drug Use at Baseline



Source: Baseline Parent Interview; n = 747 FSC participants and 342 spouse/partners in 24 Wave III projects.

Chapter Five
Effects of the FSCs on Participants at the Nineteen-Month Follow-up

This chapter presents estimates of the effects of FSC services on target adults and their spouse/partners. The results are based on parent interviews at the second follow-up in 24 Wave III FSC projects.[1] The second follow-up was conducted approximately 19 months after random assignment[2] and a year after the first follow-up. A total of 1,462 adults were interviewed at the second follow-up (77 percent of the original sample); this includes 747 program participants and 715 adults in regular Head Start.[3]

The program effects reported in this chapter were estimated by multi-stage regressions as well as weighted t-tests and logistic regressions, as described in Chapter Two. Unless otherwise noted, all of the means reported are adjusted means that take into account the baseline characteristics of the respondent and his/her FSC project. Results for key outcome variables are displayed graphically in the chapter; t-test and regression results for all outcome variables are listed in Appendix G.

The first section of this chapter presents program impacts on participation in services in the three areas of literacy, employment, and substance abuse. We then look at whether adults who participated in these services heard about them through Head Start or the FSC. The remainder of the chapter describes program effects on adults' literacy, employment, and substance abuse behaviors and characteristics.

1 As described in Chapter Two, one site was deleted from these analyses because of very small sample sizes.

2 We use the date of random assignment rather than the date of the baseline interview as the reference point because there may have been a lag between when the baseline interview was conducted and when it was sent to Abt Associates for random assignment. The date of random assignment is the earliest that FSC program services could have started for families assigned to the program group. For each adult, the date of random assignment was printed on the cover sheet of the follow-up interview so that the interviewer could insert the specific date as needed in a number of questions on the interview.

3 Results from the first follow-up conducted after seven months in the program are reported in Appendix B: Summary of Findings from Interim Reports.

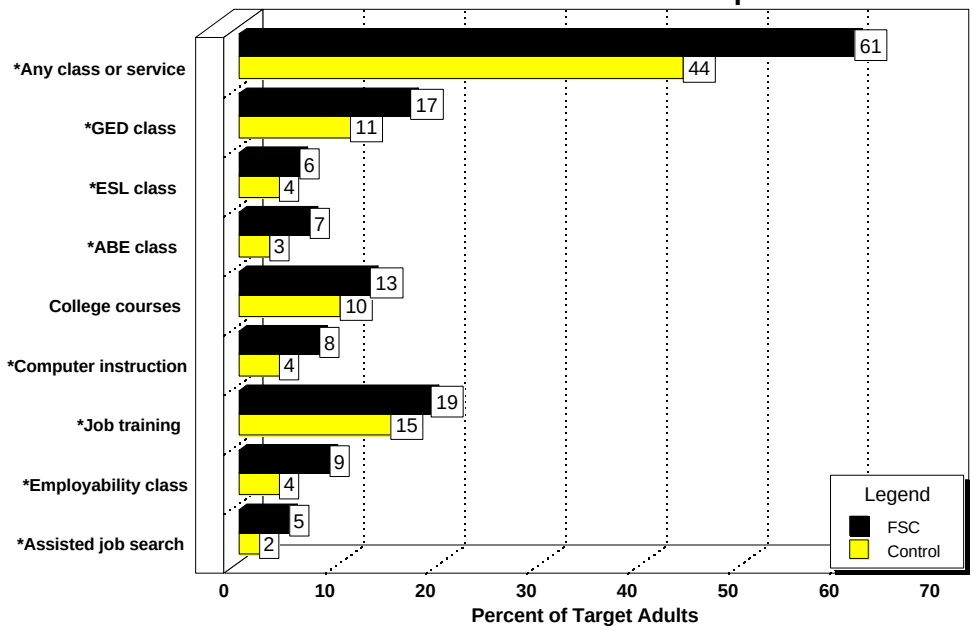
Participation in Program Services

As described in Chapter Three, the FSC made available a range of services either provided by FSC staff or through referral to community agencies. In this section, we discuss differences in participation in literacy, employment, and substance abuse services by adults in the FSC and regular Head Start after the date of random assignment. As was discussed in Chapter Four, adults' self-report of need for services was greatest in areas related to employment, with less concern about literacy skills; very few adults indicated an interest in substance abuse services.

Adult Education and Employment Services

A significantly greater percentage of adults in the FSC participated in education and employment services than adults in the regular Head Start control group (Exhibit 5.1). For example, 17 percent of the FSC group compared with 11 percent of adults in regular Head Start indicated that they attended GED classes sometime between random assignment and the 19-month follow-up. Similarly, significantly more FSC participants than regular Head Start adults received instruction in the following areas: English as a second language (ESL), adult basic education (ABE), computers, job training, employability skills, and assisted job search. The largest differences were seen for GED, ABE, employability and assisted job search, where

Exhibit 5.1: Participation in Education and Employment Services from Baseline to 19-Month Follow-up



*Statistically significant difference (p<.05).
Source: Follow-up Parent Interview; n = 1462 target adults.

the odds of the FSC group attending these classes were twice as great as adults in regular Head Start. When adults did participate in education or employment services, there were no significant differences in the number of months of attendance.

When all types of education and employment services were combined, a significantly greater proportion of adults in the FSC (61 percent) than adults in regular Head Start (44 percent) participated in at least one of these services between baseline and the 19-month follow-up.[4] These figures closely mirror those reported by FSC project directors that approximately one-half of FSC participants were involved in literacy or employment services. However, there was great site variation across the 24 projects; the average percentage of adults who attended any type of education or employment class ranged from 13 percent to 84 percent.

Respondents with a spouse or partner were asked if the spouse or partner had participated in any type of education or employment services between the first and second follow-ups. There were no significant differences between spouse/partners in the FSC and those of participants in regular Head Start on these participation variables.[5]

Across a range of pre-employment activities, there were program effects in only two areas: FSC target adults were more likely than adults in regular Head Start to have been instructed in how to look for a job (52 percent versus 40 percent); and a greater percentage of adults in the FSC (42 percent versus 31 percent) took a vocational test or skills assessment (Exhibit 5.2). Across the 10 employment activities, adults in the FSC and regular Head Start experienced a similar number of activities (4.4 versus 4.2).

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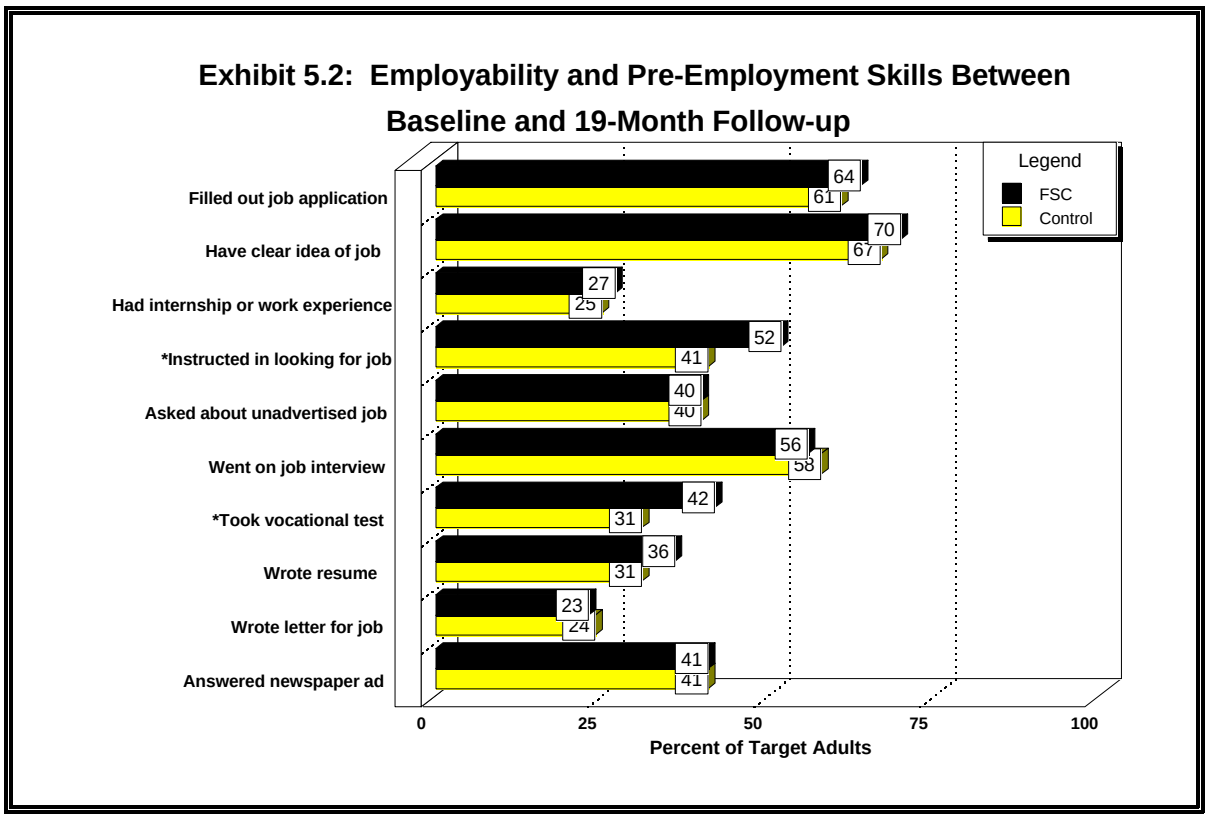
4 The FSC appears to have substantially increased adults' awareness of classes in literacy or employment. Among the subset of adults who participated in education or employment services, significantly more FSC adults (62 percent) than adults in regular Head Start (30 percent) indicated that they had heard of the service through Head Start or the FSC. This corresponds to an odds ratio of more than 5:1, indicating that when FSC adults participated in classes they were five times more likely than adults in Head Start to have learned of these classes through Head Start or the FSC. This analysis is based on the subset of adults who participated in these services and does not involve an experimental contrast; results are presented for descriptive purposes only.

5 Due to the small number of spouse/partners, the analyses were based on participation in any type of education or employment service; differences on specific types of services were not computed. Participation was calculated only from the first follow-up, rather than from baseline, because there could be different partners at the different data collection points.



*Statistically significant difference (p<.05)
Source: Follow-up Parent Interview; n = 1462 target adults.

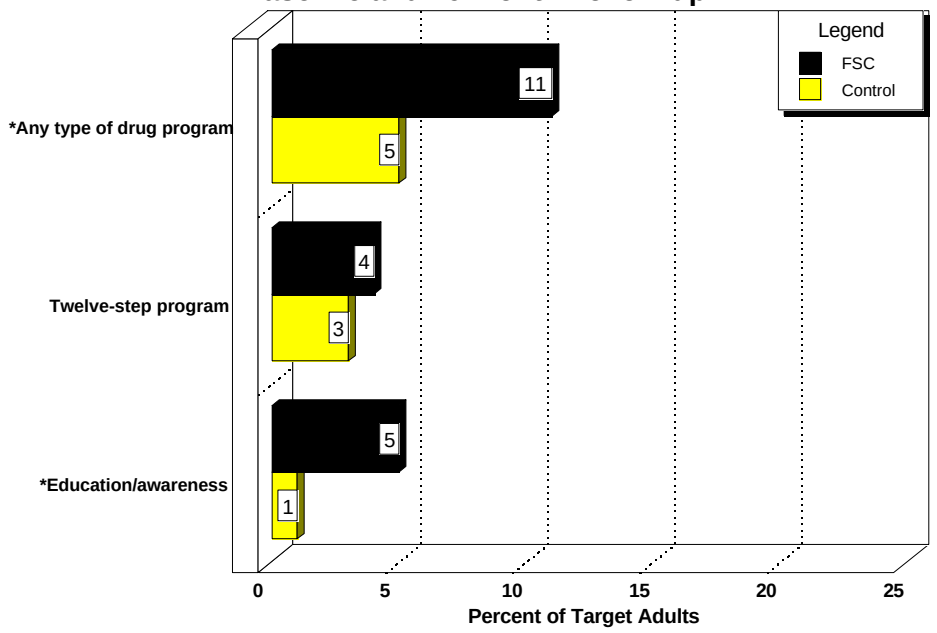
Substance Abuse Services

Adults in the FSC were more than twice as likely to receive some type of substance abuse service than adults in regular Head Start.[6] Although the participation rates were low, significantly more adults in the FSC (11 percent) than adults in regular Head Start (five percent) reported attending some type of substance abuse service (Exhibit 5.3). Looking at average participation by project, the range was from 0 to 40 percent, with the median at eight percent. In six projects, no adults reported participating in any type of substance abuse service since random assignment.[7]

6 The FSC also appears to have increased adults' awareness of substance abuse services. Among the subset who received services, significantly more FSC adults (59 percent) than adults in regular Head Start (17 percent) indicated they had heard of the service through Head Start or the FSC.

7 Participation in most individual substance abuse services was too low to enable statistical analyses. The two exceptions were twelve-step programs such as Alcoholics Anonymous and general education or drug awareness programs. The odds of FSC participants attending a drug education or awareness class were more than nine times as great as the odds of adults in regular Head Start. As shown in Exhibit 5.3, five percent of FSC adults versus less than one percent of regular Head Start adults reported attending a drug awareness class, which is a statistically significant difference.

Exhibit 5.3: Participation in Substance Abuse Services Between Baseline and 19-Month Follow-up



* Statistically significant difference (p<.05).
Source: Follow-up Parent Interview; n = 1462 target adults.

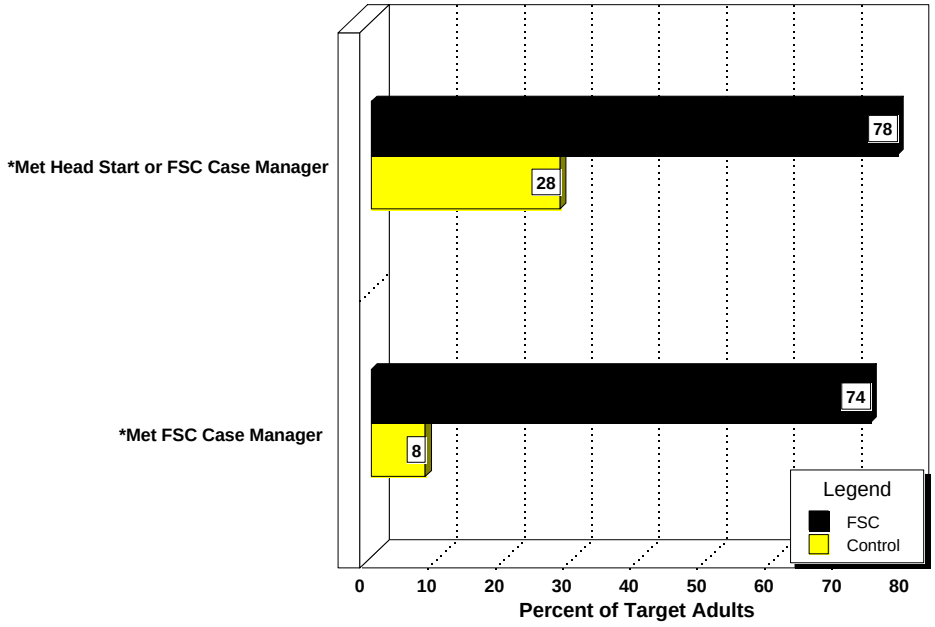
Case Management

Adults in the FSC and regular Head Start were asked whether they met with a case manager, social worker, or family advocate from Head Start or the FSC since the date of random assignment.[8] The FSC significantly increased a family's likelihood of meeting with a social worker from Head Start. Between random assignment and the 19-month follow-up, 78 percent of adults in the FSC, compared with only 28 percent of adults in regular Head Start, reported meeting with a case worker affiliated with Head Start or the FSC (Exhibit 5.4).

Although the 78 percent of FSC participants meeting a case manager was significantly higher than the percentage in regular Head Start, it does raise the question of why the other 22 percent of FSC participants did not report meeting with a case manager. One possible factor could be how the case manager information was coded. However, only a small percentage of the 22 percent indicated they met with someone who could not be identified (four percent). A

8 In addition to questions about the frequency and topics of meetings, they were asked for the name of the person with whom they met. By talking with FSC project directors after each data collection period, we were able to classify individuals according to their role in Head Start or the FSC.

Exhibit 5.4: Percentage of Target Adults who Met with a Case Manager Prior to the 19-Month Follow-up



*Statistically significant difference (p<.05).
Source: Follow-up Parent Interview; n = 1462 target adults.

slightly higher proportion indicated they met with someone other than a case manager, such as a Head Start teacher (six percent), FSC service provider (three percent), or FSC administrator (four percent). More common was the situation where participants did not indicate meeting with a case manager but did participate in classes. Of the group who did not meet with a case manager, approximately 40 percent did report participating in education or employment services. These adults may have been in projects where placement in or referral to classes was based on an initial needs assessment, with limited involvement with case managers after that. Another 12 percent of the adults who did not meet with a case manager were described by FSC project directors as not participating in the FSC (defined as less than four FSC contacts, either in case management or direct service). The project directors' categorization of whether adults received services has an 82 percent agreement with respondents' indication on the parent interview of participation in any classes or receipt of case management.

Most of the FSC adults (74 percent) met with an FSC case manager; only eight percent of adults in regular Head Start named an FSC case manager. This small percentage of adults in regular Head Start who met with an FSC case manager was spread across 21 of the 24 sites, with generally one or two adults per site. Although projects were told that the FSC case managers should not meet individually with families in the control group, information from the case manager questionnaire (reported in Chapter Three) corroborated the information from the interview respondents that FSC case managers did sometimes meet with an adult who was

not in the FSC, most often when there was an immediate concern or crisis. However, eight percent is a relatively low rate of control group contamination and indicates that random assignment was maintained with 92 percent efficiency.[9]

Adults in the FSC group were much more likely than adults in regular Head Start to talk with a case manager at Head Start or the FSC about issues related to employment and literacy. As Exhibit 5.5 shows, 59 percent of the adults in the FSC, compared with only 14 percent of the Head Start group, indicated that they talked with a case manager about getting help to find a job or get training for a job. A third of the FSC adults compared with five percent of regular Head Start parents discussed getting help with reading, English, or math. For all these analyses, adults who did not meet with a social worker were included in the analyses and given a score of zero, indicating that they did not talk about the issue with a social worker. Across the 12 topics listed, FSC participants, on average, talked with a case manager about 5.5 topics compared to only 1.3 topics among adults in regular Head Start. [10]

For those adults who met with a case manager, FSC participants were likely to speak in person or over the telephone more frequently than adults in regular Head Start.[11] The frequency of attendance was computed separately for the first and second follow-ups, in order to distinguish between the period of more intensive FSC activity between baseline and first follow-up and the year after. Between baseline and first follow-up, 31 percent of FSC participants versus 13 percent of regular Head Start parents reported meeting with a social service worker two to three times a month; 18 percent of FSC participants, compared with 35 percent of the Head Start group, met with a case manager less than once a month (Exhibit 5.6).

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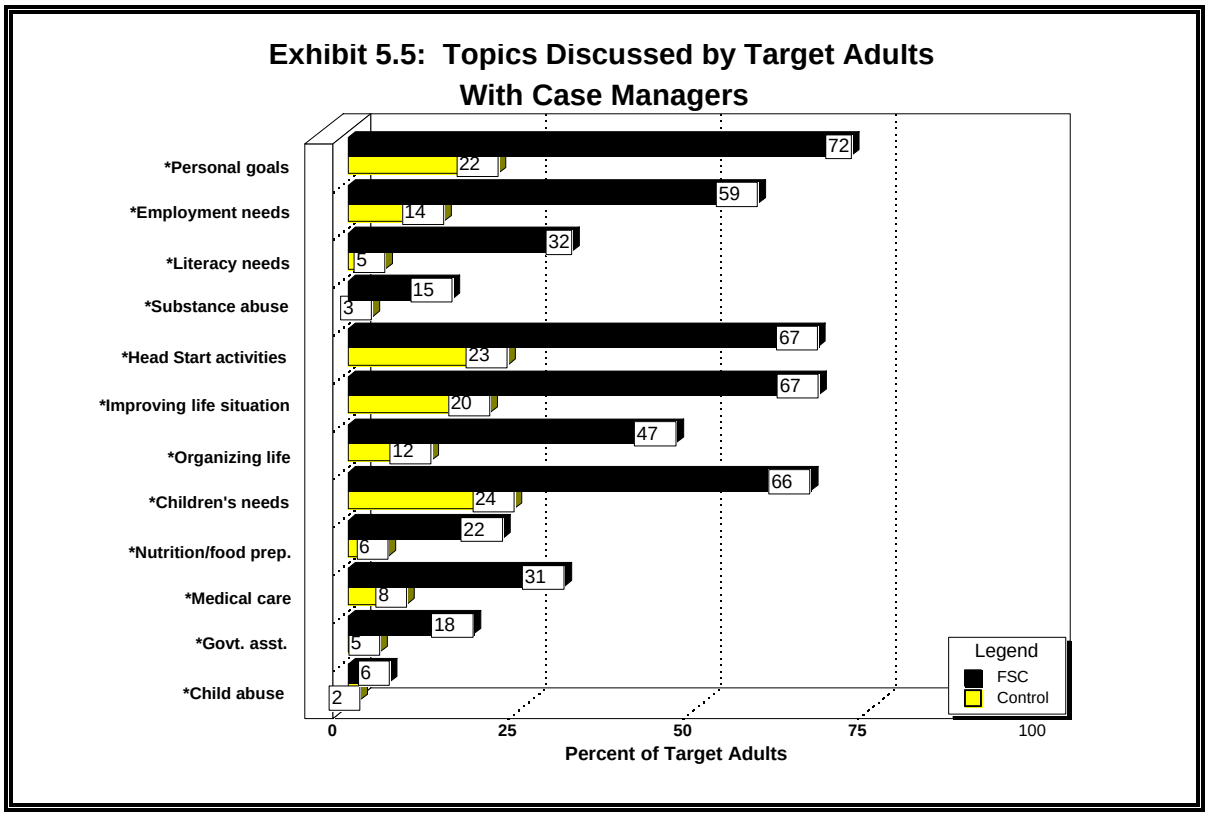
9 It could also be argued that this degree of contamination could have attenuated our impact estimates. To the extent that we cannot measure the impact of FSC case managers meeting with control group families, this question, unfortunately, remains unanswered.

10 When the sample was restricted to those adults who met with a case manager at Head Start or the FSC, FSC participants still were more likely to talk about employment (76 percent versus 51 percent) and literacy needs (41 percent versus 20 percent). In addition, they were more likely to discuss other topics, including: personal goals; improving their life situation for themselves and their children; activities at the Head Start center; organizing their daily life; and medical care. There were no differences in the likelihood of discussing topics such as government assistance, their children's needs, nutrition, or child abuse. Across the 12 topics listed, FSC participants indicated that they talked about a greater number of topics with a case manager (6.8 topics, on average) compared to adults in regular Head Start (4.6 topics).

11 These analyses are based on a subset of respondents and, thus, do not reflect the randomized design.



*Statistically significant difference (p<.05).
Source: Follow-up Parent Interview; n = 1462 target adults.

A similar frequency of contact was seen between first and second follow-up, suggesting that when programs continued to offer case management services during the second year, they maintained similar levels of contact with families. There were no differences in the general level of satisfaction with case managers at first or second follow-up.

There was a good deal of variation across sites in the prevalence of case management. At the individual project level, the percentage of FSC participants who met with an FSC case manager between baseline and first follow-up ranged from 15 percent to 94 percent across the 24 projects, with the median at 67 percent. In four projects, fewer than half of the adults reported meeting with an FSC case manager. Between first and second follow-up, all but one project continued to offer case management services to at least some families, with a range from 17 percent to 96 percent and a median of 48 percent. By second follow-up, however, 11 projects were providing FSC case management to fewer than half of the FSC participants.

Exhibit 5.6 Frequency of Contact with FSC or Head Start Case Manager				
	Baseline to First Follow-up		First to Second Follow-up	
Frequency	Percent FSC	Percent Control	Percent FSC	Percent Control
Less than once a month	18%	35%	17%	32%
Once a month	19	26	26	22
Two to three times a month	31	13	29	19
Once a week	16	9	15	8
At least two to three times a week	17	17	13	19

Source: Follow-up Parent Interview; n = 644 target adults who met with a case manager prior to first follow-up and 491 prior to second follow-up.

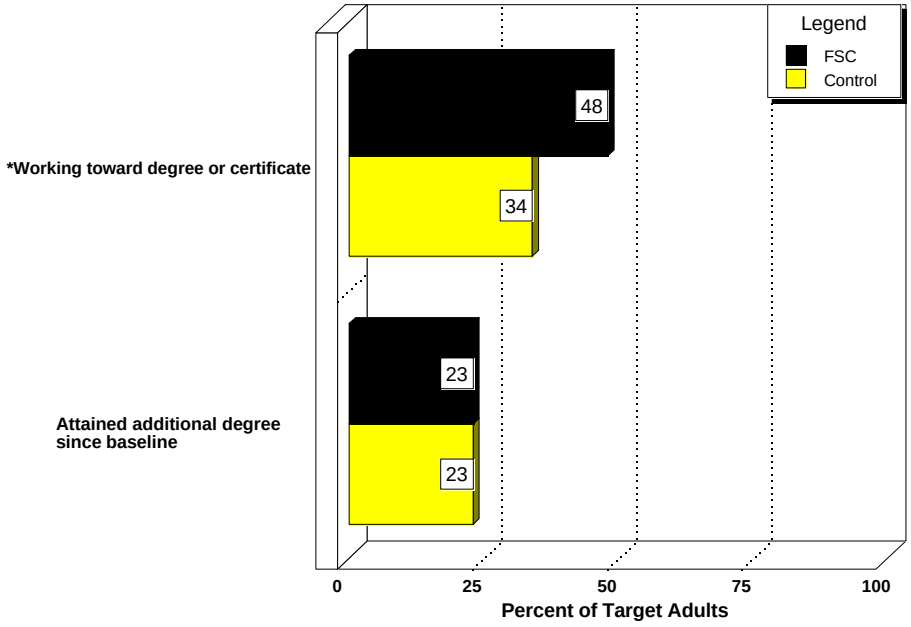
Effects on Education and Literacy

There were no statistically significant differences in the completion of a high school equivalency or postsecondary degree between the FSC and regular Head Start adults at the second follow-up. Approximately 65 percent of adults in the FSC and Head Start had a high school diploma or GED certificate at the second follow-up; approximately 30 percent had a postsecondary degree at second follow-up.[12] These percentages were quite comparable to those seen at baseline (see Chapter Four). There also were no significant differences in the degrees or diplomas completed by spouse/partners of adults in the FSC and Head Start groups.

Significantly more FSC participants than adults in the Head Start group were working toward a certificate, diploma, or degree between baseline and the second follow-up (Exhibit 5.7). Since baseline, 48 percent of the FSC participants had been working toward a degree, compared with a third of the control group. There were no differences between the two groups in the specific degrees, with approximately 38 percent working toward the GED certificate, one-quarter a vocational certificate, and 22 percent an associate's degree.

12 Differences on specific degrees (e.g., associate's degree) were not examined due to very low prevalence rates.

Exhibit 5.7: Target Adult's Educational Attainment Between Baseline and 19-Month Follow-up



*Statistically significant difference (p<.05).
Source: Follow-up Parent Interview; n = 1462 target adults.

There were no program effects on either functional literacy levels or the average CASAS score. The average CASAS score for both groups (among adults who took the test) was approximately 238, indicating literacy at the high school level. The FSC participants had a similar literacy level, on average, at baseline (see Chapter Four), indicating that the initial literacy levels were high. Because the CASAS only measures literacy skills through the high school level, these high literacy levels at baseline made it less likely to see substantial growth, on average, at the second follow-up. There also was no difference in the functional literacy level of adults in the FSC and Head Start groups when this was measured on an ordinal scale, with "1" indicating that the adult did not read English well enough to be tested and "6" indicating that the adult read above the high school level.

Regular reading activities at home also did not differ for the program and control groups. Approximately half of the adults in the FSC and Head Start groups reported reading newspapers on a regular basis; one-third read magazines; and three-quarters read books for themselves or their children.

Effects on Employment and Income

There was no significant difference between the Head Start and FSC groups in monthly earnings, with both groups earning an average of approximately $260 per month between the first and second follow-up. Similar proportions (approximately 57 percent) of each group were employed sometime between the first and second follow-up, working an average of 5 out of the 12 months. The average hourly wage for those employed was approximately $6.50 in each group.[13] In addition, the number of hours that adults in the FSC and Head Start work were quite similar. There were no statistically significant differences in the employment status or earned income of the spouse/partners of target adults.

Effects on Public Assistance

There were no differences in either the percentage of households in the FSC (58 percent) or Head Start (55 percent) that received cash public assistance or in the average monthly amount of the assistance in the year prior to the second follow-up (approximately $225). Households in both the FSC and regular Head Start received cash public assistance for an average of six months out of the year between the first and second follow-ups. There were no differences in cash assistance as a proportion of total household income (including earnings from the target adult and other household members as well as child support) between adults in the FSC (56 percent) and adults in Head Start (54 percent).

A similar proportion of FSC and Head Start households participated in other public assistance programs such as food stamps (71 percent) and Medicaid (78-80 percent).

Effects on Substance Abuse

There were no differences in the proportion of adults in the FSC and regular Head Start who reported the following activities during the 30 days prior to the second follow-up interview: drinking five or more drinks in one sitting; using any drug; using marijuana; or using a drug other than marijuana. The prevalence of each of these behaviors was quite similar to those

13 Monthly earnings, hourly wages, and hours employed were averaged over jobs held between the seven-month and 19-month follow-up.

reported at baseline (see Chapter Four).[14] For example, only three percent of the adults in the FSC and regular Head Start reported using any drug in the month prior to the second follow-up. There were no significant differences in the use of drugs, alcohol, or cigarettes among the spouse/partners of target adults.

Site-Level Analyses

The FSC evaluation was designed to test the effectiveness of the demonstration projects implemented in multiple sites. This overall cross-site analysis is relevant because the major policy questions for this study focus on the effects of the overall FSC initiative as opposed to the effects of an individual FSC project. Nevertheless, there is also interest from a programmatic perspective in whether the FSC program was particularly effective in individual sites.

Finding impacts at the individual site-level, however, has a number of limitations. First, the sample sizes for the individual sites were not designed to provide sufficient power to detect small effect sizes, reducing the probability of statistically significant findings. Second, in assessing the impact of FSCs in multiple sites, a large number of statistical tests need to be conducted. Consequently, significance levels have to be set more conservatively for this type of analysis so as to not capitalize on findings occurring purely by chance.

To explore differences among sites, we conducted site-level impacts for a number of outcomes[15]. However, apart from indicators measuring participation in classes and working towards a degree, we did not find consistent differences associated with any particular site. This was not surprising, given the lack of overall findings on these particular outcomes. These exploratory analyses indicate that in this evaluation it was not the case that positive impacts in a few projects were masked by other, less effective projects, but rather that findings were fairly consistent across projects.

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14 The small percentage of FSC adults who reported participation in substance abuse services was consistent with the target adult's own assessment of need for these services. As reported in Chapter Four, less than two percent of FSC participants at baseline indicated a need for help with substance abuse. However, the alcohol and drug use reported by target adults at baseline suggests that there might be a greater need for services than participants would admit. The participation figures are far below those reported by project directors, who indicated that one-third of FSC families participated in substance abuse services during the 1993-94 program year. The discrepancy could be attributed in large part to differing perceptions among parents and staff of the intent of the service. For example, projects often gave general titles, such as "healthy living," to drug awareness programs so that parents would be more likely to attend.

15 The variables we tested included amount of AFDC cash welfare, average monthly earnings, proportion of welfare benefits to earnings, CASAS scaled score, CASAS categorical score, education classes taken, postsecondary degree, high school diploma/GED, working towards a degree, employed, high level of depression, and consumption of five or more drinks in one sitting.

Subgroup Effects

As mentioned in Chapter Four, target adults were asked about their own self-reported needs for services in the areas of literacy, employment, and substance abuse. In addition, evaluation measures were used to assess independently families' perceived needs for services.

Literacy

For example, in literacy, close to a third (32 percent) of the FSC target adults reported needing help in literacy and approximately a fourth (27) scored below the high school level on the CASAS. In order to assess the impact of the FSC on a group of families in particular need, these two groups were combined to create a sample of families who reported a need in literacy as well as demonstrated need according to their CASAS baseline scores (22 percent of the control group [n = 115] and 21 percent of the FSC program group [n = 116]).

On a range of literacy outcomes (see Exhibit H.1), these families were compared to assess whether the FSC program had an impact on families who were clearly in need of literacy and education services. With the exception of participation in educational classes, there were no significant differences on any of the literacy outcomes between this subset of FSC and regular Head Start families controlling for baseline status. FSC and control group adults with literacy needs had comparable rates of high school completion (29 vs. 24 percent), similar follow-up scores on the CASAS (217 vs. 216), and corresponding levels of reading behaviors (e.g., one-third of the families in both groups read newspapers on a regular basis). Although a substantial increase was observed on most outcomes for these FSC families, similar patterns of change were detected for the regular Head Start families as well. In addition, the observed results for this subgroup of families closely parallel the findings for the sample as a whole.

Employment

In terms of employment, as noted in Chapter Four, a majority of the FSC target adults reported needing help with training for a job (61 percent) or finding a job (64 percent). In addition, more than half of the FSC respondents (53 percent) indicated that they had not been employed in the year prior to baseline. In order to assess the impact of FSC on those families with strong employment needs, a subgroup of families was created with both reported needs in job training help and finding a job, as well as being unemployed prior to entry into the program. Thirty-one percent of the FSC target adults (n = 234) were included in this analysis, along with 30 percent of the regular Head Start group (n = 217).

On an array of employment-related outcomes, these second groups of target adults were compared to determine the effect of FSC on families in need of employment (see Exhibit H.2). Significant differences were observed for the employability outcomes related to taking a job test (44 percent of FSC adults vs. 30 percent of controls) and receiving instruction in looking

for a job (59 percent vs. 47 percent). The FSC and regular Head Start groups were otherwise remarkably similar on the other employment outcomes. For example, 72 percent of FSC adults with employment needs received AFDC as opposed to 69 percent of the control group. This subgroup of FSC and regular Head Start adults were also comparable on their employment status at second follow-up (40 percent of FSCs vs. 41 percent of controls). Both groups of adults saw significant increases in their employment status, hours worked, and earnings over time. These results mirror the findings found for the entire analytic sample.

Chapter Six
Effects of the FSCs on Head Start Programs

This chapter describes how Family Service Centers in Waves I, II, and III projects have integrated services and staff into Head Start programs when the demonstration ended. The data are based on interviews with staff at the FSC and Head Start and, as such, provide descriptive information about the lasting effects of the FSC on local Head Start programs. This study of the integration process was not part of the original design for the national evaluation and does not necessarily address any of the research questions guiding the evaluation. However, it does provide information relevant to policymakers and practitioners interested in case management and other types of services for parents in order to enhance the two-generation capacity of Head Start.

The chapter begins with the purpose of the integration study and a brief description of the methodology used to collect information from projects. Appendix I contains more details about the data collection methods used. Subsequent sections describe and examine different models of integration used by the FSC projects, effects of integration on service delivery and community collaborations, and conclusions drawn by program staff and community collaborators regarding the integration process and the effects of the FSC on Head Start programs.

Purpose of the Integration Study

Each FSC was funded for a three-year period as a demonstration project. The three-year demonstration period ended for Wave I projects on September 30, 1993; for Wave II projects on September 30, 1994; and for Wave III projects on September 30, 1995. For each wave of projects, ACYF provided funds to the Head Start grantee to integrate FSC services into their regular Head Start program.

In a letter to Wave III FSC grantees regarding continued funding to integrate the FSC projects, ACYF advised programs to include the following seven features in their service delivery plans:

- comprehensive ongoing family assessments;
- manageable family caseloads for all family service staff;
- case management with all families;
- ongoing services with families for the duration of their time in Head Start;

- cooperative linkages between families and other service providers and community agencies;

- vital partnerships and collaborative initiatives with locally based public and private service providers; and

- maintenance of a family-centered environment within the total Head Start program.

The purpose of the integration study was to investigate how the Waves I, II, and III FSC projects have been integrated into the Head Start program after the demonstration ended. This study examined how the FSC case managers and services in literacy, employment, and substance abuse were incorporated into Head Start. Other issues explored were the effects of integration on the structure, service delivery, and staffing pattern of the Head Start program and changes in the amount and type of collaboration with community providers.

Study Design

Of the original 65 projects, 61 received funding to integrate the FSC into Head Start.[1] Information about the integration of the FSCs into Head Start is drawn primarily from two sources: (1) telephone interviews with FSC or Head Start administrators at the 61 Head Start programs; and (2) site visits to a sample of five Head Start programs. Additional information about FSC caseload size during the demonstration was obtained from project director questionnaires completed during the demonstration. This approach provided information from all projects to compare general characteristics of the integration process across the 61 sites as well as the opportunity for more detailed information from a subset of projects.

Models of Integration

Sites used a variety of strategies to integrate the FSC services and staff into their Head Start program. Further, some projects reported that they had tried several different strategies before finding a model that was appropriate for their particular site. Several Wave III projects indicated that they were still in a transition period and were working on the specifics of the integration.

The integration process most often focused on the two key FSC components: case management and delivery of literacy, employment, and substance abuse services. As shown in Exhibit 6.1, the approaches to integrating FSC staff and services into Head Start fall into three categories:

1 The four programs that did not receive funds for integration either had Head Start programs whose funding was discontinued or were deemed to be at-risk and were not given funds for the integration.

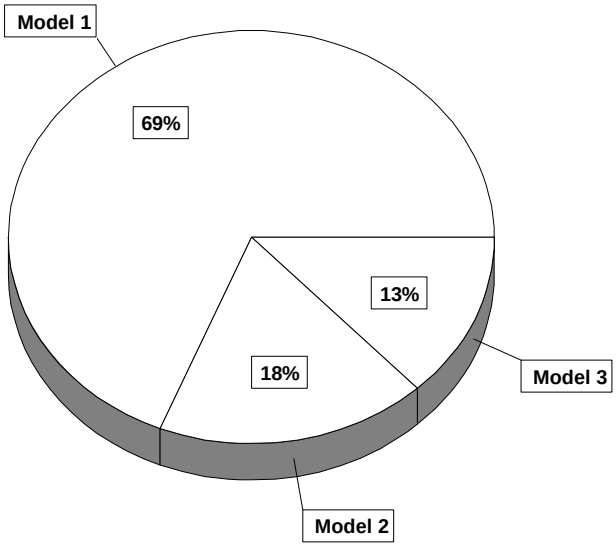
Model 1: Programs offer the same type and intensity of services that were part of the FSC to all Head Start families. All case managers have the same caseload size; there is no distinction between the former FSC and regular Head Start staff or case managers.

Model 2: Programs continue to have special case managers with lower caseloads than other Head Start case managers. Most FSC services in literacy, employment, and substance abuse are available to all Head Start families.

Model 3: Programs continue to maintain the FSC as a special project within Head Start, and provide targeted services and more intensive case management to a subset of families.

Each model is described below.

Exhibit 6.1: Distribution of Head Start Program by Type of Integration Model



Source: Telephone interview; n = 61 programs that integrated the FSC.

Model 1 Programs

Model 1 was the most common strategy for integration, with almost 70 percent of the projects (42 sites) merging FSC staff and services into the Head Start program without differentiating between the former demonstration staff or Head Start staff and services. All case managers in

these programs have approximately the same caseload sizes and the same responsibilities. In some programs with large caseloads, staff provide intensive case management to a subset of families in their caseloads. Many programs also hired additional Head Start case managers in order to reduce caseload size. In programs where the FSC had been available in only a subset of Head Start centers, programs hired additional staff to expand group activities and case management services to all centers. In Head Start programs that previously had coordinators but not case managers, the FSC case managers and new staff became the Head Start case managers. In other instances, the FSC case managers and new staff joined other Head Start case managers within the social service component, assuming responsibilities for the Head Start social service performance standards. Three of the five programs visited used this model of integration. Brief descriptions of the FSC integration in these sites are presented below.

Hiawatha, Kansas. During the demonstration period, this Wave III FSC project served 80 families in three Head Start sites. The project utilized four case managers and a basic needs specialist. When the demonstration ended, the FSC staff positions were eliminated and the funding was used to expand the number of case management and program staff in all nine counties served by Head Start. Specifically, the program increased the number of Head Start case managers from 10 to 19, increased the hours of several of the case managers, and hired nine program aides to assist teachers and case managers. The additional staff reduced average caseload sizes for Head Start case managers from 38 families to 19 families, relieved case managers of transportation responsibilities for the children, and reduced responsibilities for other Head Start coordinators.

Logan, Utah. This Wave II FSC project provided services during the demonstration to 110 families in multiple locations throughout the Head Start service area. Services included intensive case management provided by three FSC case managers, on-site services, and referrals to collaborating agencies. During this time, the Head Start social service coordinator provided limited social services to about 200 Head Start families that were not in the FSC. When the demonstration ended, the program hired additional case managers to join the FSC case managers and expanded case management to all seven counties served by Head Start. With these added staff, caseloads for all Head Start families were reduced to between 35 and 45 per case manager. The program also increased on-site activities and group services.

Stevens Point, Wisconsin. During the demonstration, this Wave III FSC project provided services to 60 families in one Head Start site. Two FSC case managers provided case management services, on-site activities, and referrals to collaborating agencies. When the demonstration ended, the FSC staff were incorporated into Head Start. The program hired additional Head Start case managers and added another Head Start coordinator to better distribute the workloads. The additional staff helped to reduce average caseloads from 55 families to 34 families, increase community collaboration, and expand on-site activities and other services to seven additional sites.

Model 2 Programs

Eighteen percent of programs (11 sites) integrated the FSC case managers and staff into Head Start and increased access to services in literacy, employment, and substance abuse for all Head Start families while maintaining some aspects of the FSC. The predominant feature of this model is that programs differentiated between case managers and assigned smaller caseloads to a subset of them. Some programs also continue to call these special case managers "FSC case managers." Usually these staff are distinguished by higher levels of education than other case managers; they also may assume additional responsibilities such as conducting more on-site groups or training other staff. Several of the Model 2 programs reported that they assign the neediest or most at-risk families to the special case managers. Staff indicated that this type of assignment also reduces the burdens on regular Head Start case managers. Some Model 2 programs also provide special services or resources to a subset of families, but the intent of most of these programs is similar to that of Model 1 programs which try to increase and expand services to all Head Start families.

The Wheeling, West Virginia site is an example of a Model 2 program. During the demonstration, this Wave III FSC provided services to a subset of families in five Head Start sites. FSC staff included FSC case managers and specialists who provided case management services, on-site activities, and referrals to collaborating agencies. During the demonstration, caseloads for FSC case managers averaged 19 families while Head Start's case managers worked with about 50 families each. When the demonstration ended, the program retained the concept of the FSC but integrated the FSC case managers and specialists into the Head Start program and expanded services to all 13 Head Start sites. The project also hired additional Head Start case managers and redistributed families in order to make the caseload sizes more equitable between FSC and non-FSC case managers. The FSC case managers continue to have slightly lower caseloads than regular Head Start case managers but caseloads for all workers range from 23 to 29 families. In addition, the FSC case managers provide more on-site activities than regular Head Start case managers do.

Model 3 Programs

The smallest group of programs, 13 percent, (eight sites) continued to provide special services and more intensive case management to a subset of families. Participation is accessible to all Head Start families, but enrollment is restricted to a subset of families. Enrollment can be based on need, location, or on a first-come, first-served basis, as in the Philadelphia project described below.

During the demonstration, the Wave III Philadelphia, Pennsylvania FSC provided intensive case management and on-site services in literacy, employment, and substance abuse to a subset of Head Start families in one center. When the demonstration ended, participation in the FSC became accessible to families in all Head Start centers. However, due to space limitations, the project continues to restrict participation in on-site programs to approximately

40 families on a first-come, first-served basis. Although the project continues to provide special services in the three focus areas, the FSC's case management approach has changed. The FSC case manager coordinates all FSC on-site services and handles referrals and contacts with community agencies for all of the FSC participants; however, these families are included in caseloads of other Head Start case managers, who work in concert with the FSC case manager to address families' needs. Average caseloads for Head Start case managers have remained about 40 families since the demonstration ended.

Overall, programs chose an integration strategy based on the needs of their families and the program structure. The majority of programs chose the Model 1 strategy in order to provide enhanced services to all families and spread out the resources among Head Start families and sites. Other programs chose to maintain special case managers and provide special services to a subset of families because of limited resources and a desire to serve the neediest families. A few programs also wanted to make the best use of the FSC case managers who may have more education or experience than other Head Start social service staff by giving them different responsibilities. Some FSC projects also had been located in a particular site such as a Head Start center or housing project during the demonstration and choose to maintain the project in that location and continue to serve specific neighborhoods or communities.

Case Management Approach

Case management was a key ingredient in the FSC demonstration projects. Prior to and during the demonstration, Head Start programs used a variety of approaches to provide case management to Head Start families who were not part of the FSC. The majority of programs utilized a case management approach in which case managers or family advocates were assigned to work with a specific group of families, often by specific Head Start classrooms or geographic area.

About a quarter of the programs reported that they provided limited case management to regular Head Start families (i.e., non-FSC) during the demonstration due to program structure or staffing patterns. Two Head Start programs reported that, both before and after the demonstration, they utilized a team approach and did not use a case management approach or assign families to individual staff. In several programs, the social service coordinator was the only staff member providing case management services; in other programs, there were only a few family advocates working with a large number of families. Social service staff in these programs were restricted in their ability to provide case management services and often had time to work with only the neediest families or families in crisis. In programs with a limited number of case managers, other staff such as teachers, coordinators, and staff specialists often assumed additional responsibilities for working with individual families and following up on issues or problems. This is particularly true of the Head Start health coordinators who need extensive communication and follow-up with families concerning children's health needs. Pressures on staff, especially teachers, in programs with a single health coordinator

responsible for the health needs of all children were much greater in programs with limited case management than in programs with case management staff who were available to contact families.

Caseload size is a critical feature of case management because it affects the amount of time and attention that case managers can give to assigned families. The more families for whom case managers have responsibility, the less time and contact they have with each individual family. This is illustrated most clearly when comparing a Head Start program that has five case managers and 150 families (caseload size of 30 families each) with a similar size program that has only one social service coordinator and no case managers. The social service coordinators working on their own without support have much less opportunity to work with individual families and often spend much of their time responding to crises.

Caseload Size Before Integration

During the telephone interviews, we asked program administrators to estimate caseload sizes for Head Start and FSC case managers during the demonstration. In examining these numbers, it is important to point out several caveats. First, it was sometimes difficult for administrators to remember Head Start caseload sizes during the demonstration (which was more than two years ago for Wave I projects), and many gave broad estimates. Many staff also noted that Head Start caseloads during the demonstration may have been reduced by the number of FSC families assigned to FSC case managers. Several programs also indicated that they added social service staff to the Head Start program during the demonstration after seeing the positive results from the FSC case management approach which would have also reduced caseload sizes.

A final caveat related to caseload size is the way in which administrators consider case management for families in home-based Head Start. Some program administrators consider home visitors or home educators to be case managers and reported very low caseloads for these staff since home visitors can be assigned to as few as 10 to 12 families each. Other administrators do not consider these staff to be case managers, and included the home-based families in the caseloads of social service staff, which would have inflated the caseload sizes of social service staff in these sites.

Head Start caseloads

Exhibit 6.2 summarizes the estimated Head Start caseload sizes for the 59 programs that provided any type of case management to non-FSC families during the demonstration, including programs in which the social service coordinator was the only case manager for the entire Head Start program. (The two programs that did not use a case management approach were excluded from this analysis.) In general, Head Start caseload sizes ranged from 10 families in one rural project to 257 families in a large urban program where the social service

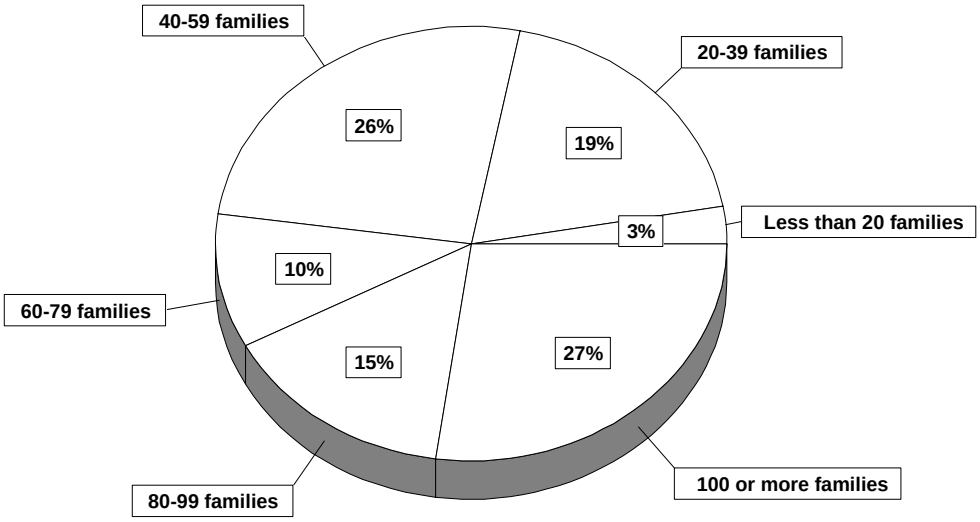
coordinator acted as the sole case manager. The average Head Start caseload size during the demonstration was 75 families, with a median of 60.

The average Head Start caseload of 75 families reported during the demonstration was somewhat higher than the typical Head Start case manager caseload of 67 families that was cited in a preliminary report on the Head Start social service component conducted by New York University in 1989. In 1988, the Commissioner's Task Force on Social Services in Head Start recommended that Head Start social service workers have an average caseload size of 35 families (U.S. Department of Health and Human Services, 1988). This number is less than half of the average caseload among the 59 projects in this study. In this sample of programs, during the FSC demonstration, 85 percent of programs had Head Start caseloads of more than 35 families; more than 50 percent of programs had caseloads of 60 families or more; and 27 percent of programs had caseloads of 100 families or more.

FSC caseloads

As expected, FSC case manager caseloads during the demonstration were much lower than the average Head Start caseloads. FSC caseloads ranged from 10 to 72 families, with an average caseload of 28 families for FSC case managers and a median of 25 families (Exhibit 6.3). This is significantly smaller than the Head Start average of 75 families during the demonstration. In fact, in 91 percent of the projects, caseloads were 40 families or less. In two-thirds of the FSC projects, case managers had caseloads of 30 families or less.

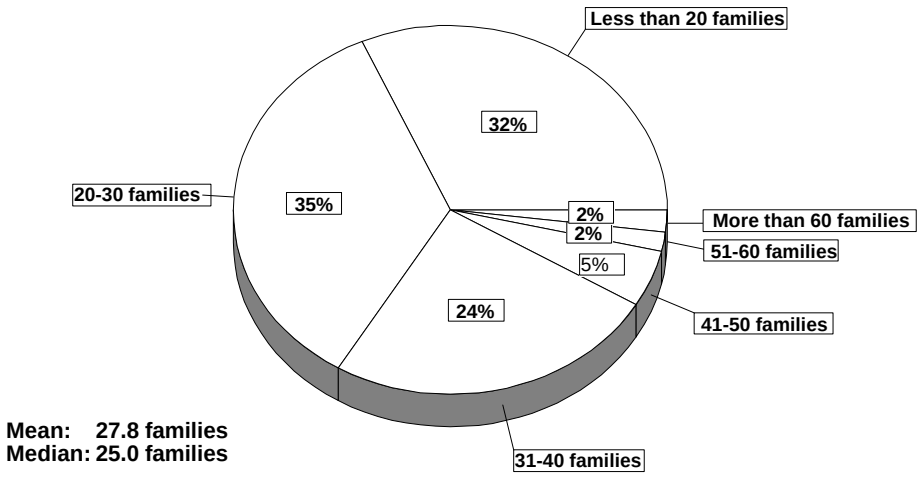
Exhibit 6.2: Head Start Caseload Size During FSC Demonstration



Mean: 75.4 families
Median: 60.0 families

Source: Telephone interview; n = 59 programs that had Head Start case managers during the FSC demonstration.

Exhibit 6.3: FSC Caseload Size During FSC Demonstration



Source: Project Director Questionnaire; n = 60 programs that had FSC case managers during the demonstration.

Caseload Size After Integration

The way in which FSC case managers were integrated affects Head Start programs in a number of ways, in particular through caseload size. This discussion describes the caseload sizes of Head Start case managers after integration, separating Model 1 programs that have a single type of case manager from Model 2 and 3 programs that have two types of case managers. Overall, average caseload sizes of Head Start staff across all programs were reduced after the FSC's integration. Exhibit 6.4 presents average caseload sizes of FSC and Head Start programs during and after the demonstration for all model types.

Model 1 programs

Head Start caseloads in Model 1 programs after integration average 47 families, which is much larger than the average caseload of 28 families for FSC case managers during the demonstration. However, Model 1 staff caseloads after integration are significantly smaller than the average caseloads of 79 families for regular Head Start case managers in these programs during the demonstration.

Exhibit 6.4

Average Caseload Sizes of FSC and Head Start Programs During and After the Demonstration

	During Demonstration		After Demonstration	
	Head Start	**FSC**	**Head Start**	**FSC**
All Programs (n=60)*	75 families	28 families	52 families	
Model 1: General Integration (n=41)	79 families	29 families	47 families	
Model 2 and 3: Integration with Special Case Managers (n=19)	67 families	24 families	64 families	23 families

*One program did not utilize a case management approach for FSC families during or after the demonstration.

Model 2 and 3 programs

In Model 2 and 3 programs, Head Start caseloads also were reduced after integration, from an average of 67 families during the demonstration to 64 families after integration. While this number is somewhat larger than the average caseload size of 47 families for case managers in Model 1 programs, Model 2 and 3 programs have the added benefit of providing more intensive case management to a subset of families through special case managers with lower caseloads.

The average caseload for special case managers in Model 2 and 3 programs is 23 families, nearly the same as it had been during the demonstration. In fact, more than half of the caseloads of the special case managers in Model 2 and 3 programs remained the same as they had been during the FSC demonstration. The remaining special case managers increased or decreased their caseloads by ten or fewer families with the exception of one program in which caseloads of special case managers decreased from 50 families to 25 families.

Integrating FSC Services and Staff

When the FSC demonstration ended, programs not only integrated case management but also integrated FSC services in literacy, employment, and substance abuse. This section summarizes and provides examples of how FSC services, staff specialists, and support services were integrated into Head Start when the FSC demonstrations ended.

FSC Service Integration

The way in which programs have incorporated literacy, employment, and substance abuse services into the Head Start program varies according to the type of service and the community. In many programs, group activities and services in these areas were expanded to include additional Head Start sites. A few programs reported that they incorporated these services into the Head Start program by having the responsibility for these services assumed by Head Start coordinators. For example, in several programs, employment services became a focus of the parent involvement coordinator and substance abuse services became the responsibility of the mental health coordinator. One urban program reported that when the demonstration ended, they made substance abuse a focus of the program. Upon intake, this program requires parents to agree to treatment if they are identified to be in need of such assistance. This program also provided extensive training in substance abuse to case management staff.

Programs focus on literacy, employment, and substance abuse by assessing families' needs in these areas, training staff, and providing services either directly or through referral to community agencies. Overall, the majority of Head Start programs reported that they continue to focus efforts in these three service areas to the same degree as during the demonstration (Exhibit 6.5). Many programs, particularly Model 1 and 2 programs, also reported an increase in the level of services provided. The increased service provision has occurred in three primary ways: increased access to on-site activities for all families; increased referrals to community collaborators; and expanded activities and services to more Head Start sites, either through increasing community collaborations or by expanding responsibilities of program staff.

Programs have been most consistent in their approach to employment, with 92 percent of programs reporting that they continue to provide the same type of employment services to Head Start families as they did during the demonstration. Literacy was the area with the greatest increase in service focus (12 percent of programs). In addition to increased attention in this area, programs reported an increase in on-site literacy classes, especially GED classes, and increased collaborations with community literacy providers after the demonstration ended.

Substance abuse was the area in which the highest proportion of programs (17 percent) reported a decreased focus. Program administrators reported that it was difficult to identify

issues in substance abuse as well as to provide services. This is consistent with the lower rates of participation in this area compared with literacy and employment that programs reported during the demonstration.

Exhibit 6.5

Change and Stability of Focus in FSC Service Areas

Focus Area	Percent of Programs		
	Same Focus	More Focus	Less Focus
Literacy	83%	12%	5%
Employment	92	5	3
Substance Abuse	76	7	17

Source: Telephone interview; n = 61 programs that integrated the FSC.

Eight percent of programs also volunteered that they have increased their focus in the mental health area, particularly to provide family counseling and address domestic violence. Several programs reported that family needs in these areas emerged during the demonstration (presumably through intensive case management); programs responded with increased attention through staff training and specialized services.

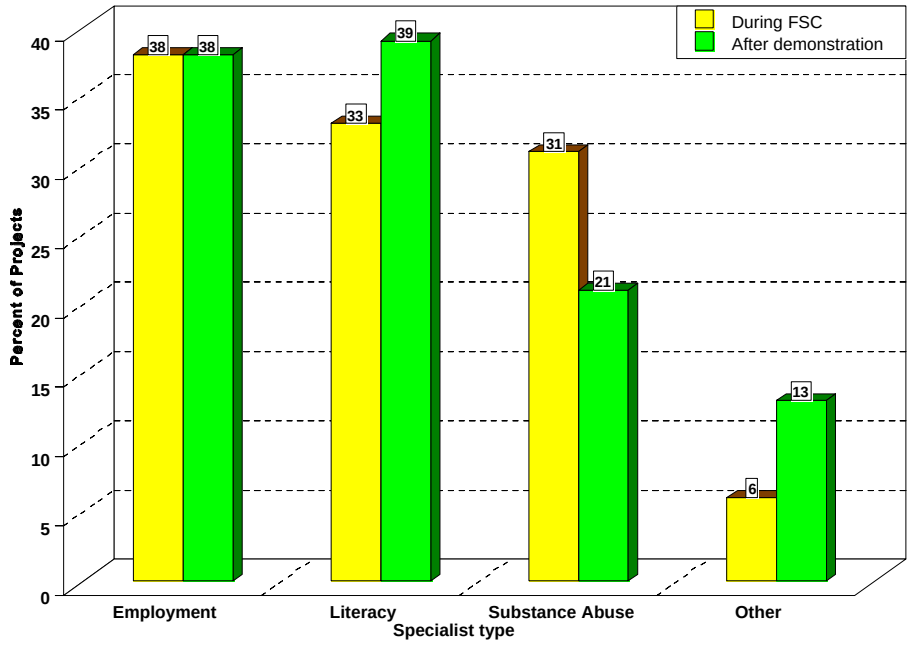
Staff Specialists

During the demonstration, many FSC projects hired staff specialists, primarily in the areas of literacy, employment, and substance abuse, to provide services or to act as resources for families and staff. The concept of the staff specialist varied among projects; specialists may have been full-time staff members or may have been case managers with a particular area of interest or expertise. As a result, the role of the specialists differed across projects from the literacy specialist in one rural project who traveled among sites conducting classes to the urban case manager who served as a literacy specialist and advised other case managers about literacy resources in the community.

Overall, less than 40 percent of FSC projects used any particular type of specialist during the demonstration (Exhibit 6.6). Thirty-eight percent of the projects used employment specialists, 33 percent had literacy specialists, and 31 percent hired substance abuse specialists. Six percent of the projects indicated that they used other types of specialists, primarily in the mental health area.

In general, when the demonstration ended, programs continued to utilize staff specialists, but the distribution of programs using particular types of specialists changed. Employment specialists are the only type of specialist that projects have continued to use with the same consistency both during and after the demonstration (38 percent of programs). There has been a slight increase in programs using literacy specialists, from 33 percent during

Exhibit 6.6: Use of FSC Specialists During and After the Demonstration



Source: Telephone interview; n = 61 programs that integrated the FSC.

the demonstration to 39 percent after integration (increase of four programs). There also has been an increase from 6 to 13 percent (four programs) in programs using a specialist in an area other than literacy, employment, or substance abuse. Use of substance abuse specialists decreased when the demonstration ended, from 31 to 21 percent (six programs). This is consistent with the reduced focus on substance abuse after the FSC demonstration.

The type of specialist who was retained, discontinued, or added seems to vary across sites and depends upon the specific needs of the community and Head Start families. For example, during the demonstration, one rural site had an employment specialist who served five FSC sites. When the demonstration ended, the program discontinued the specialist and gave the case managers the responsibility for employment services. Program administrators reported that they found the case managers to be more knowledgeable about the resources in their community than the employment specialist who would have needed to travel among twelve locations. Another project in a small urban area hired a mental health counselor to work with

children with behavior problems and their families, an important need that they had identified during the demonstration.

Support Services

A key feature of the FSC was the provision of support services, such as transportation and child care, to facilitate participation in the three core service areas. Head Start administrators were asked during the telephone interview whether they offered child care and transportation to FSC participants during the demonstration, and whether the accessibility of these services changed after integration. The results are based on responses from the subset of programs that provided transportation during the demonstration (73 percent) and those that provided child care services during the demonstration (77 percent).

Because many Head Start programs increased the number of participants in services and extended services to additional sites when the demonstration ended, it is to be expected that support services might be less accessible. This is true for some programs in which the FSC funds were redistributed, resulting in decreased program funds for support services. In other programs, funds for support services remained the same but were not enough to accommodate increased participants or additional program sites. However, most programs have been able to maintain accessibility to support service through community collaborations and increased staff.

In many communities, support services are offered by collaborating agencies such as JTPA or the local literacy agency. In addition, along with increasing program participants and expanding services to additional Head Start centers, programs also increased program staff to address these changes. Therefore, there are more program staff to seek out support services from collaborating agencies in the community. Increased program staff also affect transportation if these services are provided by the program directly. For example, program staff or case managers sometimes provide transportation for participants; with more staff, additional participants can be accommodated.

Overall, the majority of programs reported that they continue to offer transportation and child care with the same availability as they did during the demonstration (Exhibit 6.7). Sixty-nine percent of the programs offer the same access to transportation as they had during the demonstration. Access to transportation decreased in 29 percent of the programs since the demonstration, with two percent increasing access to transportation. Similar trends are seen for child care. In 58 percent of the programs, access to child care has remained the same. Thirty-eight percent of the programs reported a decrease in this area, and four percent indicated increased access to child care services.

Collaborations With Community Providers

A key feature of the FSC demonstration project was collaboration with community service providers to offer or augment service delivery in literacy, employment, and substance abuse. Overall, Head Start programs reported that they have maintained the same relationships with the community providers that they had during the demonstration. Approximately half of the Head Start programs have continued the relationships with the same community agencies. In many of these cases, however, the community agencies are now serving more Head Start families since FSC services were integrated into the Head Start program. For example, when the demonstration ended, many programs reported that the increased number of case managers resulted in an increase in referrals to community resources.

Exhibit 6.7

Support Services Offered After the FSC Demonstration Ended

Support Service	Percent of Programs		
	Same Services	Fewer Services	More Services
Transportation	69%	29%	2%
Child Care	58	38	4

Source: Telephone interview; n = 45 programs that provided transportation during the demonstration and 47 programs that provided child care during the demonstration.

About one-third of the programs reported that their relationships with community providers have gotten stronger and expanded as more Head Start families receive services. Several programs also have increased the number and type of community collaborations due to expanding services to additional Head Start centers or implementing new programs and services. For example, during the FSC demonstration, one rural project established a strong collaboration with the local mental health center. When the demonstration ended, the mental health center placed two full-time staff members — a case manager and a marriage and family therapist — on-site at Head Start centers. Both individuals are considered part of the Head Start staff but are employees of the mental health center. The case manager assumes the same responsibilities as the other Head Start case managers. The therapist spends the majority of his time on clinical work with families, but he also observes classrooms, conducts group presentations for parents and staff, and consults with teachers and other Head Start staff.

A few programs reported that they have decreased the amount or type of community collaboration. Reasons for the discontinued collaborations include: funds to pay for classes or services were decreased; Head Start programs or service providers felt that the services

were not meeting the needs of participants; programs wanted flexibility to use different providers and not be restricted to one or two agencies; and less collaboration was needed because some families enrolling in Head Start were already linked to services through other community agencies.

Conclusions

In general, the majority of Head Start staff reported that the integration process for the FSC proceeded fairly smoothly. Many programs reported that parents of the Head Start children, as well as staff, were involved in planning the FSC's integration into Head Start. All five of the programs that we visited reported that their Head Start policy council, which consists primarily of parents, was involved in the planning process. Most of the programs reported that the policy council had been involved from the very beginning of the project when the program submitted their original proposal. During the demonstration, policy councils also were kept informed about the FSC's development and progress. When the demonstration ended, all of the policy councils in the programs that we visited were informed of plans for the FSC's integration and had the opportunity to discuss the process being proposed. In several of the projects, council members also were involved in meetings with staff to work out the details of the integration process. Most of the projects reported that approval of the integration plans was needed by the policy council prior to implementation.

During our telephone interviews, many program staff expressed relief that the demonstration had ended and that the FSC had been integrated into Head Start. This was especially true for the Wave III projects, all of whom had implemented an experimental design and conducted random assignment. As might be expected when conducting random assignment within a social service organization, there was tension among families and staff during the FSC demonstration. Due to concerns about contamination, many FSC projects separated project families and staff from other Head Start families and services. This separation contributed to a lack of understanding on the part of some Head Start staff about the FSC services and the goals of the demonstration. FSC staff in these sites also had limited knowledge of Head Start services. In addition, in many sites, the extra resources and services given to FSC families and staff caused resentment among other Head Start families and staff. A further source of stress was compensation; often the FSC case managers were paid higher salaries and provided with more training opportunities than other Head Start case managers.

Factors Facilitating Integration

According to staff, there were several factors that facilitated the FSC's integration into Head Start. These factors are summarized below.

Involving staff in the planning process

Many programs held staff meetings to plan and discuss the integration, including joint staff meetings between FSC and Head Start staff to plan the integration. These meetings provided staff with the opportunity to discuss the upcoming changes and begin working together to facilitate communication and collaboration. Program administrators reported that providing staff with the opportunity to learn about the upcoming changes helped to alleviate fears and confusion about the effects of integration. One administrator reported that as a result of staff involvement in the planning process, staff had ownership of the new program design and were supportive of the changes. Program staff that we spoke with during our site visits agreed that communication was critical to a successful integration.

Staff training

In addition to increasing staff awareness about the integration, a number of programs provided training to both FSC and Head Start staff about the new program structure, new procedures, and new staff roles and responsibilities. Several programs also provided training on case management and special services to Head Start staff who would be expected to increase their responsibilities in these areas. FSC case managers in some programs provided training to Head Start case managers and served as mentors to staff less experienced in case management procedures.

Integrating the FSC from the beginning

Staff from some programs reported that integration was very easy because the FSC project or aspects of the project, such as staff and services, had always been a part of the Head Start program. Minimal changes were necessary in these programs to integrate the FSC. This was less true of Wave III sites that conducted random assignment and made more efforts to keep staff and services separate.

Barriers to Integration

A small number of programs reported that the integration of the FSC was somewhat difficult due to staff tension or resistance. The major issues that concerned staff and created tension are detailed below:

Uncertainty about continued FSC funding

A number of programs reported that uncertainty about whether the FSC would continue and concerns over job security caused anxiety and fear among FSC staff. These tensions caused some FSC staff to leave the project prior to the end of the demonstration. Some projects hired new replacement staff while others waited to hear about funding before hiring new FSC staff. Both of these situations hindered integration.

Confusion about changes and lack of program understanding
During the demonstration, FSC and Head Start staff were often kept quite separate, which resulted in a lack of understanding and collaboration among staff. As a result, staff were confused and apprehensive about the integration. It also took time for Head Start programs to develop new procedures to incorporate the FSC services.

Apprehension about new roles and increased staff responsibilities
In many programs, the FSC's integration created changes in staff roles and increased staff responsibilities, particularly for Head Start case managers. Some program administrators reported that staff were anxious about the changes being planned and fearful of increased responsibilities.

Decreased resources for families and staff
Several program administrators reported that when the demonstration ended, the FSC funds and resources were redistributed in order to serve additional families or sites. According to one program administrator, during the demonstration, stipends had been available to FSC families for certain services and needs. When the demonstration ended, these stipends were no longer available and staff had more difficulty working with families, some of whom were less receptive to participation in Head Start services. In one program, when the demonstration ended, there were no longer funds for outside supervision which distressed case management staff.

Perceived Effects of FSC Demonstration on Head Start

In general, during our telephone interviews and site visits, staff and community collaborators reported very positive effects on the Head Start program as a result of the FSC demonstration and subsequent integration into Head Start. Some of these changes were anticipated, such as increased and improved services, especially in case management, and increased community collaboration. Other effects were more subtle and less predicable, such as an improvement in Head Start's image in the community or an increased focus on the family as a unit.

The major effects that staff perceived the FSC demonstration had on Head Start programs are summarized below.

Improved case management
Staff reported that the FSC demonstration brought an increase in awareness and knowledge of case management to the Head Start program. When the demonstration ended, many programs expanded case management services by hiring additional staff and reducing caseloads of case managers. Programs also increased training and supervision of case managers. Outcomes of the increased focus on case management include improved quality of case management services, more comprehensive work with families, increased contact and home visits with families, and more thorough needs assessments of families.

Increased Head Start services
In most sites, the FSC initiated and increased services for Head Start families in literacy, employment, and substance abuse. Most programs have continued to offer these services and reported that service delivery has improved and expanded to more families and more Head Start sites. Many programs also have continued the support groups and group activities initiated by the FSC staff and have increased the amount of on-site activities offered to families.

Strengthened community collaboration
Staff commented that the FSC demonstration strengthened Head Start's collaboration with community providers. Many of the collaborations initiated during the demonstration have continued, and program staff feel there has been an increase in staff knowledge of and access to resources.

Family focus
Many program staff noted that since the FSC integration into Head Start, the Head Start program has become more focused on the entire family rather than just on children. There has been an increase in sensitivity to the family as a unit and more awareness of needs and services for the entire family.

Increased coordination among Head Start components and staff
When the FSCs became part of Head Start, many programs hired additional Head Start staff and reorganized roles and responsibilities of Head Start coordinators. This reorganization increased communication and collaboration among Head Start components and staff. This is particularly true for case managers and coordinators, who collaborate on group activities in many sites. Some programs also reported that the FSC integration improved Head Start staff morale, increased team spirit, and elevated staff energy levels.

Increased parent involvement and participation
Many program staff reported that the FSC demonstration increased on-site group activities and increased parent involvement in the program. Attendance at parent activities and meetings has improved and, in several programs, staff feel that parents are more aware of Head Start services and better educated about resources in the community.

Improved reputation of Head Start program in community
During our site visits, many program staff and community collaborators commented that the reputation of the Head Start program had been improved by the FSC demonstration. They felt that the increase in Head Start services and community collaboration helped to establish Head Start as a major service provider in many communities and improved the agency's visibility and reputation. Staff from several programs felt that there is now increased respect for Head Start staff and the program within the community.

Chapter Seven
Summary and Conclusions

This chapter summarizes the findings from the national evaluation of the Head Start Family Service Centers reported in earlier chapters. In the last section of the chapter, we discuss the relevance of the findings as they relate to future Head Start initiatives and welfare reform.

Goal of the FSCs

The FSCs were initiated to enable Head Start programs to provide more comprehensive services to families to address problems that were considered to be beyond the capacity of regular Head Start programs to meet. A secondary goal was to increase families' abilities to achieve self-sufficiency. The design for the FSCs rested on a set of four assumptions:

- Head Start families have serious, unmet needs in literacy, employment, and substance abuse.
- Head Start, as generally configured, is unable to address those needs adequately because of the large caseloads carried by social work staff, which make it difficult for them to provide the focused attention many families need.
- Reduced caseloads will increase the likelihood of families' receiving needed services.
- These services will result in improved family economic and psychological well-being.

The conceptual model of the FSCs developed for the evaluation includes a set of program processes, such as staff support and case management, that are hypothesized to lead to short-term outcomes of increased participation in education, employment, and substance abuse services. Long-term outcomes focus on measurable improvements in literacy, education, employment, and substance abuse. Characteristics of families, the community, and the program itself affect program processes and outcomes.

FSC Participants' Needs

Independent assessments of functioning, as well as participants' self-report, provided information about participants' needs. At entry into the FSC, the typical participant:

- was a female between the ages of 20 and 30;

- was a single parent with three children;
- had a high school diploma or GED;
- read at the high school level; and
- had limited employment experience.

These participant characteristics indicate needs in some areas, but not necessarily the three focal areas of the FSC.

Low literacy skills were not a major problem for these adults. Most FSC participants scored in the highest category (high school) on a test of functional literacy administered at entry into the program. In addition, the majority had high school diplomas or the equivalent certificate.

Employment, the second area targeted by the program, was a problem for many participants. In spite of their higher than expected educational and literacy levels, more than half of the participants had not worked during the year before they enrolled in the program, and about 15 percent had never worked. Among those employed, more than half earned less than $5.00 an hour and worked less than 35 hours a week. Help in finding a job and job training were the areas most frequently identified in adults' self-reported needs for services.

A small proportion of adults reported current or prior problems with alcohol or drugs. Approximately 10 percent of target adults and 25 percent of spouses or partners were reported to have drunk five or more drinks in one sitting on more than one occasion in the month before they entered the program. Smaller percentages of target adults and their partners were reported to have used an illegal drug, usually marijuana, in the same period. There is reason for caution in accepting these figures because they are lower than estimates of use in the general population (National Institute on Drug Abuse, 1991).

Although the majority of FSC participants demonstrated needs in only one of the three target areas--employment--other family situations, including being a single parent with several children, suggest that parents might benefit from the case management aspect of the FSC. This hypothesis is supported by the finding that nearly 20 percent of FSC participants at program entry did not indicate a need in employment, literacy, or substance abuse for themselves or anyone in their family.

Need for Additional Case Management

Case management was the common element across the FSCs and a key program process in the conceptual model. The increased emphasis on case management was based on the

concern that the social service component within Head Start has not kept pace with the high standards imposed on the educational component of the program (Cohen and Ooms, 1994; National Head Start Association, 1990). Prior to the initiation of the FSCs, the Commissioner's Task Force on Social Services recommended caseloads of 35 families to enable staff to have greater involvement with families and deal with the variety of issues that families face (U.S. Department of Health and Human Services, 1988).

Caseload size is a critical aspect of case management because it affects the amount of time and attention that case managers can give to families. The more families for whom staff have responsibility, the less opportunity there is to work with individual families and to go beyond responding to crises. With more intensive case management, staff can spend more time addressing each family's individual needs.

Among the Head Start programs that operated FSCs, the caseloads of Head Start social service staff ranged from 10 families in one rural project to 257 families in a large urban program where the social service coordinator acted as the sole case manager. The average Head Start caseload size for programs involved in the FSC demonstration was 75 families, and a quarter of them had caseloads of more than 100 families. Average caseload size across all Head Start grantees is even higher. Program Information Reports (PIR) data for 1992–1993 provided to ACYF by all Head Start grantees show that average caseloads were more than 100 families (Brush et al., 1993; General Accounting Office, 1994).

Case Management Services Provided by the Program

Information gathered in site visits and from staff surveys indicates that intensive case management was provided in the FSCs.

The program increased access to social workers or case managers. FSC participants were more likely than families in the regular Head Start program to have met with a social worker or case manager.

Caseloads tended to be small. The average caseload size for FSC case managers in Wave III projects was 23 families. Only three percent of FSC case managers had caseloads of more than 40 families. These caseload sizes compare favorably with the caseload size of 35 recommended by a Head Start task force to improve the social service component of the program (U.S. Department of Health and Human Services, 1988).

Contact with families was frequent and often face to face. Over a third (37 percent) of the FSC families had in-person contact with their case managers on at least a weekly basis. Case managers used many different ways to keep in touch with families, including home visits, telephone calls, and meetings at the FSC. About one-third of the case managers reported that

they conducted home visits with all families; the remainder met at home with at least some of their families.

Case managers spent as much time on families' basic needs and personal issues as they spent on literacy and employment needs. Case managers most often rated families' basic needs as the primary topic on which they spent time. Literacy, employment, and personal issues were all among the top five topics discussed with families. Half of the case managers indicated that transportation and child care issues required their attention as well. Dealing with such issues is an accepted practice of good case management, and it would be almost impossible to deal with other topics in isolation. However, addressing basic needs and personal issues most likely reduced the time available to deal with the three focal areas of the program.

Referring Families to Services

The intent of the FSC was to provide needed services either directly or through referrals to community agencies. Thus, making referrals and conducting follow-ups should have been important elements of FSC case management.

Referrals to services were more likely to take the form of general information than specific placements. Case managers tended to give families general information about agencies that could provide literacy, employment, or substance abuse services rather than arranging individual placements or accompanying adults to an agency or organization. This may have resulted in fewer families following up on referrals and using services than would otherwise have done so. However, professional opinions differ on how involved case managers should be in arranging services for clients. The American Public Welfare Association recommends that, depending on their abilities and motivation, clients be given this responsibility as a way of empowering them (APWA, 1987). In addition, this approach is consistent with Head Start's emphasis on enabling families to make their own choices about the use of services (U.S. Department of Health and Human Services, 1994).

There was limited follow-up with service providers to determine whether families actually received services. Monitoring clients' receipt of services is generally considered to be a part of case management (Rubin, 1987). In the FSCs, case managers were more likely to rely on participants' reports than on contact with service providers. The Head Start Performance Standards stipulate that part of the responsibility of social service staff is to contact the agencies to whom families were referred in order to ensure delivery of needed services (U.S. Department of Health and Human Services, 1993). However, in programs such as the FSC, where there are multiple service agencies involved in the referral network, tracking participation is not easy and often necessitates developing strategies for sharing information across service providers (Doolittle and Riccio, 1990).

Effects of the FSC on Participants' Use of Services

Short-term outcomes in the FSC conceptual model focus on greater participation in employment, literacy, and substance abuse services. The results from the second follow-up, conducted approximately 19 months after random assignment, show greater use of services by program participants compared to families in the control group. Thus, the program achieved its short-term objectives.

More FSC adults participated in educational programs or employment services than did adults in regular Head Start. FSC adults participated more in GED and ABE classes, computer instruction, employability classes, job training, and assisted job search. More than half of the adults in the FSCs participated in at least one of these services.

Adults in FSCs were more likely than those in regular Head Start to report that they were working toward a diploma or degree. However, there were no differences between the groups in actual diplomas or degrees attained during the time frame of the evaluation.

A greater proportion of FSC adults than adults in regular Head Start participated in some type of drug program. However, participation in drug programs was low across all FSC projects, which could either reflect a lower incidence of substance abuse problems than initially hypothesized, or a greater difficulty in identifying or acknowledging these problems.

Effects on Parents' Literacy, Employment, and Substance Abuse

There were no effects of the program on outcomes in literacy, education, employment, or substance abuse. Although the program was successful in achieving its short-term objectives, these effects did not translate into more educational credentials actually obtained or more employment for FSC participants, within the relatively short time frame of the evaluation.

Effects of the FSCs on Head Start Programs

The staff and services of the FSC were successfully integrated into local Head Start programs after the three-year demonstration ended. Although not always a smooth or simple process, integration of the FSC into the regular Head Start program seems to have occurred in such a way as to maintain a focus on case management as well as on literacy, employment, and substance abuse. The process also has given Head Start staff a chance to modify the original strategies chosen, incorporating what worked and changing those components that did not work well in their sites, to address the needs of families in their programs more effectively.

Regardless of the particular integration approach used, caseloads in Head Start programs that had an FSC have been reduced. Some programs reduced the caseloads of all Head Start case managers; others instituted a two-tiered approach with special case managers for families most in need or maintained the FSC to keep caseloads low for a subset of social service staff.

The FSC demonstration has increased the visibility of Head Start in the community. Increased collaboration with other agencies in the community has helped to heighten the perception of Head Start as a provider of services to families rather than as simply an early childhood program.

Discussion of Limited Long-term Impacts

Families in the FSC, compared to families in regular Head Start, received relatively more attention from case managers, and participated more in educational and employment services that could help them move toward self-sufficiency in the future. However, these differences in service receipt did not translate into measurable impacts in the areas of literacy, employment, or substance abuse during the time of the evaluation. There are several possible explanations for this absence of long-term program impacts.

Differences in participation rates in services may not have been sufficient to effect changes. Although there were reported differences between FSC and regular Head Start families in terms of participation in services, these differences may not have been sufficient to effect changes in program impacts. Moreover, participation levels in terms of frequency or intensity of service receipt may have been too low to lead to meaningful differences in programmatic outcomes.

Could the program have increased participation levels further? The evaluation did not address this question directly, although it is possible that the lack of follow-up on referrals may have reduced families' use of services. Future initiatives in case management may need to place more emphasis on follow-up activities with service providers. However, the low participation rates of FSC adults are consistent with findings from previous evaluation research.

Keeping adults engaged in program services is a challenge that has been reported by several other researchers in evaluations of educational and employment projects. Programs that are designed to increase adults' skill levels have a difficult time maintaining participation long enough to reach that goal (Grossman and Hollis, 1995). Evaluations of adult education programs report dropout rates of as high as 60 percent after five months (Development Associates, 1993); typically, only 20 percent of adults enroll for more than one year (Grubb and Kalman, 1994). Studies of employment and training programs report participation in mandatory programs as low as 11 or 12 percent after one year (Hamilton et al., 1993; Puma and Burstein, 1994; Kemple and Haimson, 1994; Quint et al., 1995).

We cannot say with any certainty whether the low participation in substance abuse services indicates that there was little need for these services or instead a reluctance to admit problems in this area. It is possible that parents with young children are unwilling to disclose the problem either to independent researchers or to case managers associated with their child's Head Start program, and that a different approach to offering these services needs to be examined. Project staff also may have needed more training in this area in order to talk effectively with parents about substance abuse.

Economic self-sufficiency is difficult to achieve, particularly in a short time period. A second explanation for the lack of long-term impacts is that following families for only one year after leaving the program is too short a time span to realize an increase in indicators of economic self-sufficiency (e.g., an increase in wages or reduction in public assistance). Evidence from other evaluations also suggests that it is extremely difficult to achieve substantial impacts on income, employment, and skill levels. For example, the interim report of the national evaluation of the Comprehensive Child Development Program reported no significant findings favoring the program group families in terms of either employment or receipt of public assistance (St. Pierre et al., 1994). Similarly, traditional adult education programs have not produced short-term gains in employment (Cohen et al., 1994; Grubb and Kalman, 1994). Where these types of programs have been effective, the benefits are not seen until two or three years after enrollment (Gueron and Pauly, 1991). Toby Herr and her colleagues at Project Match offer evidence to support this explanation. They report that the route out of welfare is a long and difficult process that involves incremental gains, false starts, and numerous setbacks (Herr et al., 1995).

This evaluation, like other evaluations of more targeted job training programs, has shown that although you can achieve significant effects on receipt of educational services, this does not necessarily translate into better employment outcomes. For example, others have raised the possibility that receipt of educational services alone is not sufficient for improving economic self-sufficiency. As discussed by Herr and her colleagues (1991), employment experience and relevant alternatives, such as volunteer work, can be important stepping stones to better employment opportunities. For those FSC participants who were underemployed in low-wage jobs, participation in educational classes or job training may have increased their chances of moving into a better job later on. However, those who had never worked might have benefitted more from even a low-paying job, as the first step in the process. Our analysis of these families with extreme employment needs confirms that the FSC program did not have a different impact on this group compared to control group families with similar needs.

It is important to note that the FSCs were not designed as employment programs, and were thus unlikely to achieve, in the short term, even the limited success of such programs. Nevertheless, the relevance and importance of employment services for this population is borne out by parents' own assessment of their needs, by their use of employment services, and by the current political climate with respect to welfare reform. Whether the employment

services offered by FSCs were as effective as they might have been is open to question. It may be that the types of services offered by the FSCs and collaborating agencies were not sufficiently focused on job training or job placement to effect change in a short time period.

The quality of services from community agencies will vary. In programs such as the FSC, where the focus of case management is to broker services, the program does not have control over the services that clients receive; in addition, it is hard to assess and ensure quality when agencies do not contract directly with service providers (Netting, 1992). The challenge of relying on community services was supported by comments from FSC program staff, who indicated a number of barriers to the use of community services, such as scheduling that did not meet parents' needs, services that were too far away, and lack of transportation and child care. In addition, project directors cited limited slots for employment services.

Looking to the Future

The FSCs were instituted on a small scale in a subset of Head Start programs. Beyond determining the effectiveness of the FSCs, the larger policy issue is what implications the findings of this evaluation have for the Head Start program and other federal initiatives for low-income families, such as welfare reform.

The more intensive case management of the FSCs did enable Head Start parents to meet with case managers more frequently on a range of topics. However, information from case managers suggests that many Head Start parents need help with basic needs and personal family issues before they can focus on education and training issues. As for substance abuse, the self-reported need for help in this area was quite low, either because parents were unwilling to admit abuse or they did not perceive a problem. It is also possible that substance abuse, as one area to be addressed by the FSC, might be a more general issue within the communities that Head Start serves but not necessarily for Head Start parents. Thus, perhaps the emphasis of future Head Start initiatives should be on intensive case management without a specific target on employment, literacy, and substance abuse.

In order to plan effectively for future case management initiatives, more information is needed on the role of case management and the benefits of intensive case management in achieving long-term program impacts. For example, there is very little research about the optimal caseload size for different types of programs and populations. The relationship between caseloads and program outcomes is even less well-defined, although there is some evidence from the GAIN evaluation that smaller caseloads are associated with better attendance at program activities (Doolittle and Riccio, 1990). Common wisdom might suggest that smaller caseloads are better. However, the number of families per case manager depends on the level of families' needs; the amount of direct service (as opposed to referrals) provided; whether the program is located in an urban or rural area (which affects the time spent traveling between appointments); and the administrative requirements of the program (Marks, 1995).

Important recent developments regarding changes in national welfare policy may also help define the kind of assistance Head Start adults need. In 1996 President Clinton signed a bill that radically changed welfare policies and programs in the United States. Reversing the tradition of more than 60 years of a federally mandated open-ended entitlement to income support for needy families with children, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 created the Temporary Assistance for Needy Families (TANF) Program to replace AFDC. TANF turned major responsibility for the design and administration of income support programs over to the states. It is funded by a capped federal block grant and includes important incentives for states to impose time limits on assistance and to encourage large proportions of adult clients to combine work with welfare.[1]

Under these state-initiated welfare plans, there might be a greater need for case management services for Head Start families. Undoubtedly, there will be some families who lose their welfare benefits. These families will need assistance meeting their basic needs, and the FSCs (and their subsequent integration into the regular Head Start program) can provide a model of how to provide more intensive case management to a larger proportion of Head Start participants. The experiences of the FSC in staff training and developing collaborations with other community agencies also can guide other Head Start programs as they help more families gain access to community resources.

Head Start also will need to consider their involvement in meeting families' basic needs. For example, local programs could start food pantries or develop lists of available housing. Instead of providing for families' needs in these areas, programs may need to develop collaborations and referral systems with a broader range of community service providers.

A more optimistic view of welfare reform would be that more Head Start parents currently on welfare will obtain jobs. This would create an opportunity, as well as challenges, for Head Start. Working parents are more likely to need child care. With most Head Start programs offering only half-day educational activities for children, there will be a need either to expand more programs to full-day programs or to coordinate with other child care programs to provide wrap-around child care. Head Start parents who leave welfare for work also may need to find back-up child care for sick children as well as child care for younger or older siblings not in Head Start. Programs will face additional challenges in shaping existing Head Start services to meet the needs of working parents, including flexibility in scheduling parent involvement activities and home visits.

Findings from the integration study within this evaluation indicate that the FSCs have increased the visibility of Head Start within the community as a program that works with

1 For example, federal TANF block grant monies may not be used for cash benefits and some other services to any individual who has been supported by those monies for more than 60 months. Moreover, states risk financial penalties if they do not attain benchmarks for the proportion of adults combining TANF with employment.

families and expanded its reputation beyond an early childhood program. In many communities, the FSCs have been a catalyst for increased collaboration among social service agencies. These experiences are a positive outcome of the FSC demonstration and, for those programs that instituted an FSC, should prove valuable as states and local communities take on more of the responsibility for moving families toward self-sufficiency.

References

American Public Welfare Association. (1987). W-Memo: Case Management and Welfare Reform. Washington, DC: Author.

Brush, L., Gaudurgis, A., and Best, C. (1993). Indices of Head Start program quality. Washington: Pelavin Associates, Inc.

Cohen, E., Golonka, S., Maynard, R., Ooms, T., and Owen, T. (1994). Welfare reform and literacy: Are we making the connection? Report prepared for a seminar co-sponsored by the Family Impact Seminar and the National Center on Adult Literacy.

Cohen, E. & Ooms, T. (1994). Looking ahead: The promise of Head Start as a comprehensive family support program. Washington, DC: The Family Impact Seminar, The American Association for Marriage and Family Therapy Research and Education Foundation.

Development Associates, Inc. (1993). National Evaluation of Adult Education Programs: Second Interim Report. Profiles of Client Characteristics. Arlington, VA: Development Associates Inc.

Doolittle, F., and Riccio, J. (1990). Case management in welfare employment programs. Paper presented at conference sponsored by the Institute for Research on Poverty and U.S. Department of Health and Human Services, Airlie, VA.

General Accounting Office (1994). Early childhood programs: Local perspectives on barriers to providing Head Start services. Washington, DC: Author.

Grossman, J. and Hollis, B. (1995). The potential of two-generation interventions: An employment and training perspective. In S. Smith (Ed.), Two Generation Programs for Families in Poverty: A new intervention strategy. Advances in Applied Developmental Psychology, Volume 9. Norwood, NJ: Ablex Publishing.

Grubb, W.N., and Kalman, J. (1994). Relearning to earn: The role of remediation in vocational education and job training. American Journal of Education, 103, 54–93.

Gueron, J.M. and Pauly, E. (1991). From Welfare to Work. New York, NY: Russell Sage Foundation.

Hall, L.A., Williams, C.A., and Greenberg, R.S. (1985). Supports, stress and depressive symptoms in low-income mothers of young children. American Journal of Public Health, 75(5), 518–522.

Hamilton, C., Burstein, N., Hargreaves, M., Moss, D., and Walker, M. (1993). CAP: The New York State Child Assistance Program. Program Impacts, Costs, and Benefits. Cambridge, MA: Abt Associates Inc.

Herr, T., Halpern, R. and Conrad, A. (1991). Changing what counts: Rethinking the journey out of welfare. Evanston, IL: Center for Urban Affairs and Policy Research, Northwestern University.

Herr, T., Halpern, R. and Majeske, R. (1995). Bridging the worlds of Head Start and welfare-to-work: Building a two-generation self-sufficiency program from the ground up. In S. Smith (Ed.), Two Generation Programs for Families in Poverty: A new intervention strategy. Advances in Applied Developmental Psychology, vol. 9. Norwood, NJ: Ablex Publishing.

Kemple, J.J. and Haimson, J. (1994). Florida's Project Independence: Program Implementation, Participation Patterns, and First-Year Impacts. New York: Manpower Demonstration Research Corporation.

Marks, E.L. (1995). Who are case managers and what do they do? Case management in service integration. New York: National Center for Children in Poverty.

McLellan, A.T., Childress, A.R., Griffith, J., and Woody, G.E. (1984). The psychiatrically severe drug abuse patient: Methadone maintenance or therapeutic community? American Journal of Drug and Alcohol Abuse, 10, 77–95.

McLellan, A.T., Luborsky, L., Cacciola, J., et al. (1985). Guide to the Addiction Severity Index: Background, Administration, and Field Testing Results. Rockville, MD: National Institute on Drug Abuse.

National Association of Social Workers. (1992). NASW Standards for Social Work Case Management. Annapolis Junction, MD: Author.

National Center for Education Statistics. (1995). Digest of Education Statistics. Washington, DC: Author.

National Head Start Association (1990). Head Start: The nation's pride, a nation's challenge. Washington, DC: National Head Start Association.

National Institute on Drug Abuse. (1991). Overview of the 1991 National Household Survey on Drug Abuse. Rockville, MD: Author.

Netting, F.E. (1992). Case management: Services or symptoms. Social Work, 37, 160–163.

New York University. (1989). Preliminary Report on the Social Services Component. New York: New York University Region II Head Start Resource Center.

Puma, M.J. and Burstein, N.R. (1994). The National Evaluation of the Food Stamp Employment and Training Program. Journal of Policy Analysis and Management, 13, 2, 311–330.

Quint, J., Polit, D., Bos, H., and Cave, G. (1994). New Chance: Interim Findings on a Comprehensive Program for Disadvantaged Young Mothers and Their Children. New York: Manpower Demonstration Research Corporation.

Radloff, L.S. (1977). The CES-D Scale: A self-report depression scale for research in the general population. Applied Psychological Measurement, 1:(3), 385–401.

Rubin, A. (1987). Case Management. In National Association of Social Workers, Encyclopedia of Social Work, 18th Edition. Silver Springs, MD: National Association of Social Workers.

St.Pierre, R., Goodson, B., Layzer, J., and Bernstein, L. (1994). National Evaluation of the Comprehensive Child Development Program: Report to Congress. Cambridge, MA: Abt Associates Inc.

U.S. Department of Health and Human Services (1994). A guide for providing social services in Head Start. Washington, DC: U.S. Government Printing Office.

U.S. Department of Health and Human Services (1993). Head Start program performance standards. Washington, DC: U.S. Government Printing Office.

U.S. Department of Health and Human Services (1988). Final Report: Commissioner's Task Force on Social Services in Head Start. Washington, DC: U.S. Government Printing Office.

Appendix A

LIST OF FAMILY SERVICE CENTER GRANTEES

Appendix A
List of Family Service Center Grantees

HEAD START FAMILY SERVICE CENTER DEMONSTRATION PROJECTS

Wave I Grantees

Santa Clara County Office of Education
San Jose, California

Hall Neighborhood House
Bridgeport, Connecticut

Hoosier Valley Economic Opportunity Council
Jeffersonville, Indiana

Hawkeye Area CAP, Inc.
Cedar Rapids, Iowa

C.A.C. of Lexington-Fayette Counties, Inc.
Lexington, Kentucky

Community Action Agency of Somerville
Somerville, Massachusetts

Parents in Community Action, Inc.
Minneapolis, Minnesota

Blackfeet Tribal Head Start
Browning, Montana

Lorain County Head Start
Lorain, Ohio

Southwestern Oregon Community Action, Inc.
Coos Bay, Oregon

Aspira of Puerto Rico, Inc.
Rio Piedras, Puerto Rico

Central Vermont Community Action Council
Barre, Vermont

Wave II Grantees

Alabama Council on Human Relations, Inc.
Auburn, Alabama

Child and Family Services
Los Angeles, California

Southern Ute CAP, Inc.
Ignacio, Colorado

Alachua County School Board
Gainesville, Florida

Louisville and Jefferson County Public Schools
Louisville, Kentucky

Action for Boston Community Development, Inc.
Dorchester, Massachusetts

Community Teamwork, Inc.
Lowell, Massachusetts

Detroit Public Schools Head Start
Detroit, Michigan

Kalamazoo County Human Services Department
Kalamazoo, Michigan

Capital Area Community Services
Lansing, Michigan

Washtenaw County Community Services
Ypsilanti, Michigan

Bi-County Community Action Programs, Inc.
Bemidji, Minnesota

Koochi-Itasca Action Council, Inc.
Grand Rapids, Minnesota

Lincoln Action Program
Lincoln, Nebraska

Community Services Agency
Reno, Nevada

Action For A Better Community, Inc.
Rochester, New York

Council of Economic Opportunity
Cleveland, Ohio

Child Development Council of Franklin County
Columbus, Ohio

Community Action Program of Lancaster County
Lancaster, Pennsylvania

Philadelphia Parent and Child Center, Inc.
Philadelphia, Pennsylvania

Parent/Child, Inc.
San Antonio, Texas

Bear River Community Action Agency
Logan, UT

Champlain Valley Office of Economic Opportunity
Sheldon Springs, Vermont

Wise County and Norton Head Start, Inc.
Norton, Virginia

Coastal Community Action Program
Aberdeen, Washington

Northern Panhandle Head Start Inc.
Wheeling, West Virginia

Dane County Parent Council, Inc.
Madison, Wisconsin

University of Wisconsin
Oshkosh, Wisconsin

Wave III Grantees

Charles Drew University of Medicine and Science
Compton, California

Northern California Child Development, Inc.
Los Molinos, California

North Coast Opportunities
Ukiah, California

Childhood Development Services
Ocala, Florida

City of Chicago Dept. of Human Services
Chicago, Illinois

The Ounce of Prevention
Chicago, Illinois

St. Clair Co. Head Start
East St. Louis, Illinois

Department of Human Resources
Rockford, Illinois

Lake County Head Start
Waukegan, Illinois

NEK - CAP, Inc.
Hiawatha, Kansas

Coastal Economic Development
Bath, Maine

Springfield Action Commission, Inc.
Springfield, Massachusetts

Menominee-Delta-Schoolcraft CAA
Escanaba, Michigan

Mahube Community Council
Detroit Lakes, Minnesota

Panhandle Community Services
Gering, Nebraska

Miami Valley Child Development Centers, Inc.
Dayton, Ohio

Klamath Family Head Start
Klamath Falls, Oregon

Community Services for Children
Bethlehem, Pennsylvania

Resources for Human Development/Manna H.S
Philadelphia, Pennsylvania

Sunbelt Human Advancement Resource
Greenville, South Carolina

Community Action, Inc.
San Marcos, Texas

Washington State Migrant Council
Grandview, Washington

North Central WV Community Action
Fairmont, West Virginia

Head Start ADVOCAP, Inc.
Fond du Lac, Wisconsin

CAP Services, Inc.
Stevens Point, Wisconsin

Los Angeles County Department of Education[1]
Los Angeles, California

1 Recipient of special demonstration grant—not included in national evaluation.

Appendix B

SUMMARY OF FINDINGS FROM INTERIM REPORTS

Appendix B
Summary of Findings from Interim Reports

As part of the national evaluation, Abt Associates prepared two interim reports on the FSC demonstration. The First Interim Report focused on the Wave I and II projects; the Second Interim Report presented results from the first follow-up for the Wave III projects. The findings from these two reports are briefly summarized here.

First Interim Report: Wave I and II Projects

This section highlights findings from Wave I and II projects. Information is presented about the evaluation design in Wave I and II sites as well as FSC services, program participants, and program effects.

Evaluation Design

At the start of the national evaluation, Abt Associates staff initiated discussions with the FSC project directors and local evaluators to determine whether any of the Wave I and II projects could implement a randomized design. Although these first two groups of grantees were encouraged to construct a comparison group, they were not required to use a randomized design. Since these programs were already operational, randomly assigning families to the FSC or control group was feasible only in those projects that were able to take in a new cohort of families in the fall of 1992. After telephone conversations with evaluators and on-site discussions with project staff, it was determined that ten of the Wave I and II projects were willing and able to implement a randomized design for the national evaluation. These ten projects were, for the most part, in large urban areas. As such, they do not necessarily represent the full range of FSC programs or participants.

The 30 FSC Wave I and II projects that did not implement a randomized design used a variety of research designs for their local evaluations. In these projects, data for the national evaluation focused on program participants at entry to the program and on program services. The national evaluation did not estimate program impacts for these sites.

Description of FSC Programs and Services

Information about FSC program activities, services, and staff was drawn from two sources: (1) site visits to a subset of FSC projects; and (2) staff questionnaires completed by project directors and case managers in the 40 Wave I and II FSCs.

Site Visits

This section provides brief descriptions of five of the Wave I and II projects visited by Abt staff during the spring of 1992 and 1993.

Barre, Vermont. The Barre Family Service Center, called Family Foundations, is operated by the Central Vermont Head Start. Staff include the FSC project director (who also serves as the Head Start director), an FSC coordinator, and seven case managers who are co-located with Head Start staff at Head Start field offices. The main FSC office is located in a large, wood-frame house in Barre with the Head Start administrative office and other community programs sponsored by the grantee. The project serves 70 families; almost all are white and most have completed high school. The FSC provides services in literacy, employment, and substance abuse through collaboration and interagency agreements with community service providers.

Bemidji, Minnesota. The Bemidji FSC is located in rural, north central Minnesota. The FSC serves 10 Head Start centers in two counties and has a project director, a project coordinator, and two case managers, each working in one county. The main FSC offices are co-located with their grantee, the Bi-County Community Action Programs, Inc (Bi-CAP) in Bemidji (Beltrami County). The case manager working in Cass County shares space with other community programs operated by the grantee in a community located 35 miles south of Bemidji. The project serves about 50 families (80 percent white and 20 percent Native American); case management takes place during bi-monthly home visits. Services in literacy, substance abuse, and employment are offered through referral to community service providers. In addition, the project conducts monthly parent meetings at the FSC offices. The FSC also has allotted each family $350 to be used for transportation, child care, clothing, or whatever is needed by the family.

Gainesville, Florida. The Gainesville FSC is located in Alachua County, in the north central portion of the state. The FSC is administered by the School Board of Alachua County (SBAC) and is co-located with the *SBAC Family Services Center* (SBAC center), a "one-stop shop" developed in 1990 through a partnership between the SBAC and various private and public agencies from the county. The SBAC center began with four portable buildings located on the campus between an elementary school and a middle school and now consists of seven portable buildings with a raised wooden walkway connecting them. The buildings house a variety of programs and staff from community agencies, which enables the center to offer to all Head Start families in the community services that include Head Start, Even Start, First Start, health care, literacy, child care, and an office with representatives from community agencies (e.g., public assistance worker, mental health counselor). The FSC serves approximately 67 families from more than 23 Head Start programs located all over the county. Most FSC participants are African-American or white. Staff include a project director, a project coordinator, and two FSC case managers. Contractual arrangements with community service providers support the literacy, employment, and substance abuse components of the

FSC. The project also provides multiple support services to families to reduce transportation and child care barriers.

San Antonio, Texas. San Antonio's FSC is sponsored by Parent/Child Inc. (PCI), a private non-profit organization that serves approximately 9,000 children and their families in San Antonio and 22 other Texas counties through employment programs, a family literacy program, day care services, and San Antonio's Head Start program. The FSC serves 145 families from 10 Head Start centers and has three satellite offices, all located in public housing projects. Each satellite office is staffed by an FSC coordinator/case manager. At its headquarters, FSC staff include the FSC project director, who is the chief executive officer of PCI, and specialists in literacy, employment, and substance abuse who refer families to services in the community and within PCI programs. The FSC's substance abuse specialist also organizes workshops on-site for FSC families. PCI has a fleet of 60 vans that are used to transport children to and from Head Start and child care programs; each of the three FSC satellite offices has a van that the satellite coordinators use to transport family members to program activities.

San Jose, California. The San Jose FSC is administered by the Santa Clara County Office of Education. The FSC serves 80 families from two Head Start centers, Poco Way and Foxdale Manor. The project's office is located in a two-bedroom apartment on Poco Way, a small street adjacent to an elementary school in a very poor section of San Jose. (Foxdale Manor is located two miles away.) The families in the Poco Way neighborhood are mostly Cambodian and Hispanic and the majority do not speak English. The FSC has a comfortable living room and kitchen downstairs and two offices upstairs. Neighborhood residents have access to the facility during daytime hours and FSC family members make use of the ground floor space which contains computers, books, and toys. FSC staff act as informal child supervisors during these drop-in hours. The FSC staff include a project director, a project supervisor, three case managers, a research analyst, and six tutors who provide at-home support to families who cannot attend FSC programs. Given the great needs of the families in Poco Way, a major focus of the FSC is providing help in basic needs such as health, food, shelter, transportation, and crisis intervention. The FSC also has acted as a catalyst in organizing the families in Poco Way and working with community agencies such as local elementary schools, the Department of Public Health, the Community Foundation of Santa Clara County, the Asian Law Alliance, and Project Crackdown to improve the quality of life in the neighborhood and bring in needed services.

Staff Questionnaires

Data on program services across all FSCs were collected through Project Director Questionnaires and Case Manager Questionnaires completed by staff in the 40 Wave I and II FSCs. Project Director Questionnaires were received from staff in each of the 40 projects. Across the projects, there were 135 case managers in the spring of 1993; completed Case

Manager Questionnaires were received from 129 case managers (96 percent), with representation from all 40 projects.

Size and Type of Grantee. The Head Start programs operating an FSC ranged from small programs with 95 children to large programs that served more than 5,000 children. Among the Head Start agencies with FSCs, the average total funded enrollment was 890 children, with a median of 400. Most FSCs enrolled between 70 and 90 families, although several programs provided services to more than 120 families during the 1992-93 program year.

Staff Training and Support. The average number of staff working for the FSCs was between seven and eight people. Most projects employed three to four case managers, almost regardless of how many other staff members also worked for the FSC. Three-quarters of the FSCs provided training to their staff on a regular basis. Nearly all FSCs trained their case managers and administrative staff members, while many also included Head Start social service staff in their training sessions. Nearly all of the FSCs provided inservice training about case management, including developing rapport with families, the importance of cultural sensitivity, and specific referral mechanisms among social service agencies in the community. The majority of FSCs also offered training sessions on how to recognize substance abuse problems, what treatment alternatives were available in the community, and dealing with the staff's personal attitudes on the subject.

Case Management Practices. Two-thirds of the case managers worked full-time providing case management to families, while the remaining third also had supervisory or administrative duties. For those case managers who spent more than half of their time on case management, the average caseload across the FSCs was 31 families (median of 21 families). Eleven percent of the case managers had more than 50 families in their caseload. There were no limits set on caseload size in the grant announcement for the FSCs and, in general, in the field of social work there are no guidelines for case management size. Nevertheless, these caseloads seem high for a program that was intended to have "intensive" case management.

Projects in urban areas tended to have higher caseloads than those in rural areas. The average caseload in large urban areas was 41 families, with the median at 24 families. In small urban areas the average caseload was 30 families, with the median at 24. In rural projects, the caseload tended to be smaller and less variable, with an average of 24 people and a median at 20.

Forty percent of case managers conducted home visits with all of the families in their caseload; another 57 percent conducted home visits with some families. Just over half of the case managers had telephone contact with all families. Individual meetings at the FSC were more likely to be used as a way to contact some, but not all, of the families in a caseload.

A case manager's approach to working with families varied by type of community. A greater proportion of case managers in rural areas (58 percent) conducted home visits with all families than in large urban areas (26 percent) or small urban areas (35 percent). Similarly, a larger percentage of case managers in rural areas communicated with all families via notes or postcards (35 percent) than did case managers in large urban areas (14 percent) or small urban areas (10 percent). In contrast, case managers in large urban areas were more likely to make telephone calls to families (65 percent) than case managers in small urban (47 percent) or rural areas (44 percent). Patterns of contact were similar across locations for individual and group meetings at the FSC.

Nearly half of the case managers reported that they met with most families in-person on a monthly basis. Another 22 percent reported working much more intensively with most of their clients, contacting them in-person a few times a week. Adding across categories, 82 percent of case managers met in person with families at least once a month.

Case managers tended to give families general information about agencies that provided literacy, employment, or substance abuse services (e.g., that GED classes were given at the alternative high school). Individual placements or accompanying adults to services occurred less frequently. Follow-up regarding referrals and attendance was more likely to be accomplished by talking with participants than by contact with service providers.

Almost three-quarters of the case managers spent some of their time serving non-FSC families. Of these, most did so only upon request or as part of a meeting or parent group that was open to all Head Start families. However, 12 percent of case managers who met with non-FSC families did so as part of their caseload.

Collaboration with Outside Agencies. Most FSCs had informal agreements rather than formal or contractual agreements with collaborating agencies for services in literacy, employment, or substance abuse.

Individual meetings were the most typical type of contact between FSC case managers and staff from collaborating agencies: 85 percent of case managers participated in such meetings at least on a quarterly basis. Over half of the case managers reported joint staff meetings with a collaborating agency once a month or more to discuss service delivery issues. Approximately two-thirds of the case managers had joint staff meetings to discuss individual families.

The most common barriers to collaboration included space limitations, scheduling problems, and the lack of transportation or child care. Less common were problems with the particular content of the services offered, although 23 percent of project directors indicated that literacy and employment classes were taught at a level that was too high for FSC clients.

Literacy, Employment, and Substance Abuse Services. On average, 49 percent of FSC participants were involved in literacy services and 53 percent participated in employment services during the 1992-93 program year. In contrast, much smaller proportions of FSC families (23 percent) received substance abuse services. In fact, two-thirds of the project directors reported that fewer than 21 percent of their FSC families received any substance abuse services. These varying proportions may simply reflect differences in families' level of need across the three target areas or may point to the difficulties inherent in identifying and treating substance abuse problems.

The most common location for services was at collaborating agencies, although more than three-quarters of projects also offered services on-site at the Head Start or FSC center. Consistent with the location of services, the staff from collaborating agencies were most likely to offer literacy, employment, or substance abuse services. There was a somewhat higher proportion of FSC staff involved with employment than was seen for literacy or substance abuse. For literacy services, approximately two-thirds of projects used volunteers to deliver services, nearly double the prevalence of volunteers for employment or substance abuse services.

Most projects offered a variety of literacy services, including adult basic education, GED preparation, tutoring, and family literacy. Literacy services were typically provided through school districts or community colleges. About half of the FSCs collaborated with vocational schools, Literacy Volunteers of America (LVA), the JOBS program, or JTPA for literacy services.

The majority of FSCs also provided an array of employment services. In all projects, services were available in pre-employment skills, such as resume writing and job interviewing. Nearly all FSCs also provided skills assessments and interest inventories, as well as job search and placement assistance to families. More than two-thirds of projects arranged for internships or volunteer placements. These services were provided by a variety of agencies, including JTPA, local schools and colleges, and state and local employment offices.

Although few FSC families were reported to participate in substance abuse services, most project directors indicated that these services were available. All of the FSCs offered self-help groups such as Alcoholics Anonymous. Nearly all projects provided substance abuse education and prevention (targeted to adults) as well as individual or family counseling. Mental health clinics were most commonly used to provide these services. Over half of the FSCs offered substance abuse services through referrals to local hospitals or private treatment facilities.

Description of FSC Participants at Program Entry

This section presents information about program families who began participating in the FSC during the fall of 1992. Some data were available for program families across the FSCs and other data were available only for families in the 10 random assignment sites. For each family, the FSC staff identified a target adult as the primary person to receive FSC services; although multiple family members could receive FSC services, only one adult in each family was interviewed.

Family Composition

Nearly 40 percent of the FSC participants indicated that they were single and had never been married. One-third of the participants were legally married and approximately 15 percent were divorced. Ninety-six percent of the target adults were female.

The total household size among all FSC participants included four people, on average. There were nearly equal proportions of households with one adult (43 percent) and two adults (45 percent). On average, FSC households included two or three children younger than 16 years of age.

Educational Attainment and Literacy Level

Among FSC participants, the average education level was approximately 11 years of schooling. Fifty-five percent had a twelfth grade education or higher. At the other extreme, 10 percent of the adults had less than a ninth grade education, and about one percent had no formal schooling. Ten percent of the adults had completed the majority of their formal schooling outside of the United States.

Commensurate with this level of education, about half of the target adults had a high school diploma and 10 percent had a GED certificate. Eighteen percent had a trade license or certificate; only a small proportion had an associate's or bachelor's degree.

More than two-thirds of adults in the random assignment sites scored at the high school level on the CASAS functional literacy test. Only two percent of the adults read at a beginning literacy level; four percent did not read English well enough to be tested on the CASAS.

Another indication of adults' literacy level is the extent to which they read at home. The most frequent types of reading materials included letters or bills, which 75 percent of the group read regularly; notes from school (62 percent); and books for themselves or their child (65 percent). Only 38 percent of the FSC participants read a newspaper on a regular basis.

For adults with a spouse or partner, the educational attainment for the spouse/partner was quite similar to that of the target adult. Fifty-eight percent of spouse/partners had a twelfth grade education or higher. Thirteen percent of spouse/partners had less than a ninth grade

education and two percent had no formal schooling. Twenty percent of the spouse/partners had completed their formal education outside of the United States.

Similar to the target adults, almost half of spouse/partners had a high school diploma and 10 percent had a GED certificate. Eighteen percent had a trade license or certificate. Nearly 10 percent of the spouse/partners had either an associate's degree or a bachelor's degree, which was about double the percentage of target adults with either degree.

Employment History

Among target adults in the 10 random assignment projects, 30 percent had worked sometime during the six months prior to random assignment. About one-quarter of the adults who had not worked recently had never worked. Of those who had worked sometime in the past but were not currently employed, 45 percent had last worked in the previous three to five years.

When target adults were employed, they worked an average of 29 hours per week. The hourly wages of those employed averaged $6.17, with a median of $5.76. Twenty-eight percent of these adults made between $4.00 and $5.00 an hour, and 17 percent reported an hourly wage less than $4.00.

For those adults who identified a live-in partner, approximately 58 percent of the spouse/partners had worked in the past year. Among the spouse/partners who had not worked recently, 16 percent had never worked, which is a smaller percentage than among the target adults. Also, 62 percent of the spouse/partners who were currently not working had worked in the past two years, which is a greater proportion with recent work experience than was the case for target adults.

When spouse/partners were working, the majority (75 percent) worked full time. The hourly wages of employed spouse/partners averaged $8.40, with a median of $6.75, nearly a dollar more than the median hourly wage of target adults.

Income

Two-thirds of FSC participants received AFDC, and nearly 80 percent participated in the food stamp and Medicaid programs. The household income of FSC participants tended to be less than $9,000 per year: 28 percent of the families had an annual income between $3,001 and $6,000; 30 percent had an income between $6,001 and $9,000; and nine percent reported less than $3,000 in income for the 1992 calendar year.

Overall Health

Adults in the random assignment projects were asked to rate their own health and the health of their spouse/partners. Six percent of adults rated their health as "poor" and 22 percent rated their health as "fair"; only 22 percent rated their health as "excellent." Target adults were more positive in rating their spouse/partner's health, where only two percent were rated

as having either "fair" or "poor" health, and 42 percent were rated as having "excellent" health.

Eighteen percent of the target adults indicated that they had a physical condition that limited their ability to work. They indicated a similar prevalence of health problems (21 percent) among their spouse/partners.

Depression

Depression among target adults was measured by the Center for Epidemiologic Studies Depression Scale (CES-D). For FSC target adults, the CES-D total averaged 14.9. Thirty-nine percent had scores above 15, which is indicative of high depressive symptoms.

Use of Drugs and Alcohol

The Baseline Parent Interview included questions about alcohol and drug use adapted from the Addiction Severity Index (ASI).

Use in Past 30 Days. Forty-five percent of the FSC participants had something to drink in the 30 days prior to the interview; 13 percent did so on five or more days in the month. About half of the target adults smoked cigarettes during the prior month, with the majority smoking on all 30 days in the month.

Eight percent of the FSC participants had five or more drinks at one time or in one sitting on one or two days in the past month; five percent indicated that they did so on three or four days in the past month; and four percent reported doing so on five or more days in the past month. Summing across these categories, 17 percent of the participants had had five or more drinks in one sitting at least once during the prior month.

Target adults reported a higher prevalence of smoking and drinking among their spouse/partners than they reported for themselves. Among spouse/partners, 60 percent had something to drink in the past 30 days, with 28 percent drinking on five or more days in the month. One-third of spouse/partners were reported to have had five or more drinks at one time or in one sitting in the previous month, with 13 percent having done so on five or more days out of the past 30. Fifty-eight percent of spouse/partners smoked cigarettes in the past month, with nearly all having done so every day.

Marijuana was the most frequent drug used in the past month, reported for three percent of the target adults and 13 percent of the spouse/partners. Among the target adults, marijuana was used an average of seven days out of the month, with a median of two days; one individual used marijuana daily. Among spouse/partners, marijuana was used an average of 12 days, with the median at 10; two spouse/partners used marijuana daily. Sedatives, amphetamines, cocaine, crack, and inhalants were used by less than two percent of the target adults and spouse/partners.

Among FSC participants, 96 percent did not use any drug, three percent reported using one drug (most often marijuana), and one percent reported using two or three different drugs (generally marijuana and some other drug). For spouse/partners, 84 percent did not use any drug, 11 percent used one drug (most often marijuana), and five percent were reported to use two different drugs (generally marijuana and some other drug).

Lifetime Use. Approximately 20 percent of FSC participants indicated that they had had alcohol to intoxication (defined as including "feeling high" or "getting a 'buzz'") on a regular basis sometime in the past. Approximately five percent of target adults had used cocaine more than three times a week in the past; six percent had also reported use of amphetamines more than three times per week in the past. Summing across these drugs, 80 percent of the target adults reported never having used any type of drug regularly in the past. Seven percent of the respondents had used only marijuana on a regular basis and two percent had used only cocaine on a regular basis.

Treatment for Drug or Alcohol Problems. Eight percent of target adults and 11 percent of their spouse/partners had been treated by a physician, in a hospital, or by a counselor for their alcohol or drug use. Six percent of the target adults and 10 percent of the spouse/partners had been treated for their drug use.

Self-Report of Need for FSC Services

Target adults were asked about their own need as well as that of other family members for services in literacy, employment, and substance abuse. More than half of the respondents indicated that they needed help with training for a job or help finding a job. Approximately one-quarter of the respondents said that they needed help in literacy (defined as "reading skills" on the interview). Two percent identified a need for help with alcohol or drug problems.

Respondents identified less need for help among other families members. This was to be expected because the target adult was identified as the household member who would be the primary recipient of FSC services. Considering all other adult members of the household, respondents indicated that seven percent needed help with reading skills, approximately 10 percent with employment-related issues, and four percent with alcohol or drug problems. The household members needing help tended to be the respondent's spouse/partner.

Program Effects

Program effects were estimated for participation in services and in milestones in literacy, employment, and substance abuse for three time periods: baseline to first follow-up; first follow-up to second follow-up; and baseline to second follow-up. All program effects reported here are statistically significant at the $p<.05$ level. Results are based on parent

interviews and the CASAS test in eight Wave II random assignment projects that collected data at baseline and both follow-ups[1].

Several caveats need to be considered when interpreting these findings:

- Program impacts are based on data from only eight of the 40 Wave I and II projects that were able to implement a randomized design and, thus, are not generalizable to all FSCs.

- Due to delays in OMB approval, the first data collection did not take place until as long as five months after random assignment and, thus, did not represent a true baseline.

- The sample of respondents with data at baseline and two follow-ups included only 460 adults, which represented 57 percent of the original sample and a low response rate.

- The average time between baseline and the first follow-up was only six months; between baseline and second follow-up only 18 months. This was a relatively short time to see impacts on educational and employment outcomes.

Effects on Program Participation

Nearly twice as many adults in the FSC as in regular Head Start (26 versus 15 percent) indicated that they learned of education or employment services through Head Start or the FSC. For programs related to drug and alcohol use, the percentage that indicated that they learned of programs through Head Start or the FSC was virtually the same in both groups.

Case Management. The FSC significantly increased the percentage of adults who met with a social service worker from either Head Start or the FSC. Between baseline and the six-month follow-up, a significantly larger proportion of adults in the FSC (57 percent) than in regular Head Start (42 percent) met with a social worker or case manager affiliated with Head Start. Between the six-month and 18-month follow-ups, 55 percent of FSC participants, compared with only one percent of the adults in regular Head Start, met with a case manager at either Head Start or the FSC.

Among adults who met with a case manager affiliated with Head Start, adults in the FSC were more likely than adults in regular Head Start to talk about employment issues as well as personal goals, improving their life situation, and their children's needs. In addition, between baseline and the six-month follow-up, FSC adults tended to meet with a social service worker more frequently than adults in regular Head Start.

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1 The two Wave I projects did not collect data at the second follow-up; the demonstration phase of these projects had ended by that time and there were no longer any funds available for the national evaluation.

Adult Education and Employment Services. For most education and employment services, similar percentages of adults in the FSC and regular Head Start participated in services between baseline and the 18-month follow-up. The only difference in participation was for classes to prepare for the General Education Development (GED) certificate. A significantly greater percentage of adults in the FSC (17 percent) had taken GED classes than adults in regular Head Start (nine percent). There were no significant differences between adults in the FSC or regular Head Start in the length of participation or in the percentage that successfully completed services. There also were no significant differences in the percentage of spouse/partners who participated in education or employment services.

Substance Abuse Services. Fewer than five percent of adults in either the FSC or regular Head Start participated in a specific substance abuse service, with no significant program effects. Aggregating across individual services, a significantly greater proportion of FSC target adults than adults in regular Head Start reported participating in some type of program for substance abuse (nine percent versus four percent).

Effects on Education and Literacy

At the 18-month follow-up, the educational degrees held by adults in the FSC and regular Head Start were quite similar. In addition, FSC participants were just as likely as adults in regular Head Start to be working toward a secondary or postsecondary degree or certificate. There also were no differences in the educational attainment of spouse/partners at the 18-month follow-up.

There were no differences in the average CASAS functional literacy score or in the regular reading activities in the home.

Effects on Employment and Income

Adults in the FSC and regular Head Start had similar experiences between baseline and the 18-month follow-up with pre-employment skills such as writing a resume, going on a job interview, and taking a vocational test.

There were no statistically significant differences in the proportion of each group that was employed between baseline and the 18-month follow-up or in the average hourly wage among those employed.

Effects on Public Assistance

There were no significant differences in the percentage of households in the FSC or regular Head Start that received public assistance or in the amount of cash assistance received between baseline and the 18-month follow-up. There also was no difference in the percentage of total household earnings that came from public assistance.

Effects on Substance Abuse

There were no significant differences in the proportion of adults in the FSC and regular Head Start on the following variables: smoking cigarettes; drinking five or more drinks in one sitting; using any drug; or using a drug other than marijuana. There also were no significant differences in the use of drugs, alcohol, or cigarettes among the spouse/partner of target adults.

Second Interim Report: Wave III Projects

This section highlights findings based on data collected during the 1993-94 program year from Wave III projects. Information is presented about FSC program effects at first follow-up by comparing behaviors and achievements of adults randomly assigned to the FSC or regular Head Start.

Program Effects at Seven-Month Follow-up

This section presents effects of the FSCs on target adults and their spouse/partners. The results are based on parent interviews at the first follow-up in 24 Wave III projects[2]. A total of 1550 adults (780 program and 770 control) were interviewed, which constitutes 84 percent of the original sample. The first follow-up interview was conducted seven months, on average, after random assignment and covers activities that took place during the 1993-94 program year. All program effects reported here are statistically significant at the $p<.05$ level and are based on multiple regression analyses.

Participation in Program Services

More than twice as many adults in the FSC as in regular Head Start (27 percent versus 11 percent) indicated that they learned of education or employment services through Head Start or the FSC. There were no significant differences for programs to treat drug and alcohol use.

Adult Education and Employment Services. A significantly greater percentage of adults in the FSC (14 percent) participated in GED classes during the 1993-94 program year than adults in the control group (seven percent). There were no significant differences in the percentage of adult who participated in ESL classes, adult education classes, computer instruction, individual tutoring, employability classes, job training, or assisted job search. However, looking across all types of education and employment services, a significantly greater proportion of adults in the FSC (47 percent) than in regular Head Start (32 percent) participated in at least one of these services during the 1993-94 program year. The average

2 Only 24 of the 25 Wave III projects are represented here; the other project was part of a Migrant Head Start, which operates on a different schedule than the typical school year, and thus did not collect baseline data at the same time as other projects.

percentage within projects of adults participating in any education or employment service ranged from 10 percent to 78 percent across the 24 sites.

Substance Abuse Services. Fewer than five percent of adults in either the FSC or regular Head Start participated in any type of substance abuse program or service. There were no significant program effects in this area. Within projects, up to 40 percent of adults reported participating in substance abuse services; however, in nine projects, no adults reported participating in any type of substance abuse service.

Case Management. Adults in the FSC were much more likely to meet with a case manager or social worker affiliated with Head Start or the FSC than adults in regular Head Start (75 percent versus 20 percent). FSC participants also met with a case manager more frequently than adults in regular Head Start.

Adults in the FSC also were much more likely than adults in regular Head Start to talk with a social worker about issues related to employment and literacy. For example, half of the adults in the FSC indicated that they talked about getting help to find a job or get training for a job, compared with only 10 percent of the Head Start group who had talked with a social worker about these topics. FSC participants also were more likely to talk with a social worker about other topics, such as how to improve their life situation or how to organize their daily life.

Effects on Education and Literacy

FSC participants were more likely to have a trade license or certificate at the first follow-up than adults in regular Head Start. There were no statistically significant differences on other specific educational degrees. However, significantly more adults in the FSC (37 percent) were working toward a certificate, diploma, or degree than adults in the Head Start group (26 percent).

No statistically significant differences were found between the program and control groups on the frequency of reading at home or in functional literacy level.

Effects on Employment and Income

Comparisons of pre-employment skills for target adults in the FSC and regular Head Start reveal that significantly more FSC adults (28 percent) took a vocational test or skills assessment than adults in the control group (19 percent). In addition, during the 1993-94 program year, FSC target adults were more likely than adults in regular Head Start to have been instructed in how to look for a job (39 percent versus 30 percent).

There were no statistically significant differences on the proportion of each group that was employed between baseline and first follow-up or in the average hourly wage among those employed.

Effects on Public Assistance

There were no statistically significant differences in the percentage of households in the FSC and Head Start groups receiving cash public assistance or in the average monthly amount of assistance.

Effects on Substance Abuse

There were no differences in the proportion of adults in the FSC and the control group who smoked cigarettes, drank five or more drinks in one sitting, used any drug, or used a drug other than marijuana. The only program effect in this area was for the proportion of spouse/partners who drank five or more drinks in one sitting at least once during the month prior to the follow-up interview; this behavior was reported for 23 percent of the FSC spouse/partners, compared with 27 percent of spouse/partners in regular Head Start.

Appendix C

ADJUSTING EFFECTS FOR NONPARTICIPANTS

Appendix C
Adjusting Effects for Nonparticipants

The impact of the FSC program is estimated based on the difference in outcomes between the entire program group and the entire control group in each site. These estimates, however, will understate the true effect of FSC on families enrolled in the program to the extent that there are no-shows or nonparticipants. No-shows are defined as families that received such a small amount of the treatment that they would not be expected to derive any measurable benefits. Although the estimates accurately represent the average effect of making FSC available to the program group (the FSC target population), they do not reflect the effect of FSC on those families who actually participated and received services.

A set of statistical procedures is available (see Bloom, 1984) which adjusts accordingly the estimate of average impact on the entire program group, including those families who do not participate in the treatment. The effect of the program on the entire population (participants and no-shows) can be expressed as follows:

$$I_t = r*I_n + (1 - r)*I_p$$

where

I_t represents the average overall impact on all families originally assigned to FSC;

I_n is the average effect on no-shows;

I_p is the average effect on program participants (those families who received services); and

r is the proportion of the program group who are no-shows.

The only assumption needed here is that the program has no impact on families that received a minimal amount of services, which seems quite reasonable in this case. Under this assumption, the first term of the weighted average drops out, yielding the following as the average overall impact:

$$I_t = (1 - r)*I_p$$

The average impact on program participants, I_p, is then simply equal to:

$$I_t/(1- r)$$

Thus, the average impact on the entire FSC program group divided by the proportion of the group who are participants (**1 - r**) yields an unbiased estimate of the average impact on participants in the program. Note that the only assumption required for this adjustment is that the FSC program have a zero impact on the no-shows. It is not appropriate, however, to extrapolate the estimated results for program participants to all families originally assigned to the program in the event they **did** participate.

For the purpose of estimating nonparticipation rates for the individual sites, FSC project directors were asked to indicate those families who had either no or minimal contact with the program. This definition was based on the criterion of three or fewer contacts with the FSC program, either in the form of case management or actual receipt of services. In essence, such a definition signifies that a family did not get any meaningful service from the project before leaving the program. This distinction is essential because the statistical adjustment explained above rests on the assumption that the family was not impacted by the FSC program. Following this adopted definition, a non-participation indicator for each program family was constructed, based on information supplied by each FSC site. The overall non-participation rate was 13 percent across all sites for the analytic sample of families. Exhibit B.1 displays the range of non-participation across the 24 FSC sites. As the exhibit shows, there are several sites with either zero or very low non-participation rates (e.g., less than 10 percent). As our overall impact analyses are based on initially estimating individual site-level impacts, these sites had little or no adjustment applied. In contrast, there are also several sites with quite high non-participation rates, ranging as high as 44 percent. It must be noted, however, that any adjustment applied merely establishes an **upper bound** on the impact of those families who **did** participate in the program. If the assumption that the nonparticipants received no impact from the program is not met, then the true adjusted impact would consequently be of lower magnitude.

As an example, consider one of the outcome variables, participation in an educational or employment service. As reported in Chapter 5, 60.5 percent of the FSC target adults participated in an education or employment service compared with 43.9 percent of the control group. This difference of approximately 17 percentage points represents the impact of FSC on all families originally assigned to the program. Assuming a zero impact on those families who did not participate, the adjusted impact for nonparticipation would become 17 percent divided by a factor of (1-.13), or 19 percent. This represents the average overall impact on FSC participants. Note that this adjustment has no effect on the level of statistical significance of the result, given that the standard error of the impact is similarly adjusted upward.

Exhibit C.1 Nonparticipation Rates for FSC by Site and Overall[a]		
FSC Project	**Number Families at Second Follow-up**	**Percentage of Nonparticipating Families**
1	30	0%
2	37	14%
3	28	11%
4	23	9%
5	26	0%
6	37	30%
7	29	31%
8	26	35%
9	30	0%
10	32	6%
11	15	20%
12	25	44%
13	35	6%
14	32	3%
15	28	7%
16	37	27%
17	39	8%
18	36	8%
19	40	20%
20	32	19%
21	32	0%
22	36	8%
23	32	9%
24	30	0%
OVERALL	747	13%

[a] Nonparticipation is defined as three or fewer contacts in terms of case management or receipt of services.

Appendix D

SIGNIFICANT DIFFERENCES IN BASELINE CHARACTERISTICS BETWEEN PROGRAM AND CONTROL FAMILIES

Exhibit D.1
Significant Differences in Baseline Characteristics Between Program and Control Families

Site	High School Equiv.	Trade License	Post secondary Degree	Reading Activities	Scaled CASAS	High Depression	Smoked Cigarettes	Drank 5+ Drinks	Received Govt. Asst.	Medicaid	WIC	Employ-ability Activities	Employed	Marital Status	Household Size	Respondent Age
1																
2							*									
3																
4				**												
5																
6						*									*	
7					*				*							
8																
9													*			
10																
11																
12											**					
13																
14											**					
15		*														
16	*					*										
17																
18											*					
19																
20																
21																
22			*									**	**			
23																
24								*								
Overall		*														

* Significant at p <.05
** Significant at p <.003 (.05/15 statistical tests)

Appendix E

REGRESSION MODELS

Appendix E
Regression Models

Ordinary Least Squares (OLS) Regression Model. For each continuous outcome variable, program effects were estimated using a two-stage strategy. In the first stage, each outcome variable was entered into an OLS regression using all cases in the analytic sample (1462 adults) with a total of 56 parameters: an intercept, 8 baseline covariates, 23 site-level variables, and 24 site-by-treatment interaction variables.[1] The residuals from this model were squared and averaged by site to produce a mean squared error for each of the sites. These mean squared residual terms form the basis for the second stage of the analysis, where a correction was made for differences in variance among the sites (heteroscedasticity). This procedure produces more accurate estimates of the standard errors than ordinary least squares. The OLS models are of the following form:

$$Y_i = \beta_0 + \sum\beta_{1,J}P_{J,i} + \sum\beta_{2,J-1}S_{J-1,i} + \sum\beta_{3,K}X_{K,i} + \epsilon_i$$

where,

Y_i is an outcome Y for individual i,

P_{ji} represents the program indicator for individual i in site j (1=Program participant in site J, 0=all others),

S_{ji} is the indicator for individual i in site j (j = 1...J-1),

X_{ki} are baseline characteristics of individual i (i.e., those measured prior to participation in FSP, such as marital status) for k = 1...K covariates,

β's are parameters to be estimated, and

ϵ_i represents a random error term for individual i.

The final step in the analysis was to obtain an overall estimate of impact for each outcome variable by averaging the 24 site-level estimates. The averaging was carried out using a differential weighting approach in which the individual site estimates were weighted inversely proportional to their variances. In this way, more weight is given in the analyses to those sites

1 Under this formulation with a total of 24 sites, only 23 site-level coefficients are estimated. The intercept in this case represents the estimate for the excluded site.

with more precise estimates. These average effects were tested for statistical significance using a two-tailed t-test, in order to assess whether the FSC group had higher or lower scores than the control group (versus the null hypothesis that the two groups were equal). Statistically significant results are reported for p-values less than .05.

Logistic Regression Model. For each dichotomous outcome, the impact of the FSC was estimated using a logistic regression model.[2] This model represents the conditional response probability p_i as a means of estimating $\Pr(Y_i = 1|X, Z_1,...Z_k)$, where Y_i represents a dichotomous outcome measure (such as whether a respondent is employed), X represents the FSC treatment status (1 = program, 0 = control) and $Z_1,...Z_k$ represents the value of *k* covariates. The terms in this model are similar to the ones represented by the OLS regression model, with one important exception. For many dichotomous outcomes measured in the FSC evaluation, the response probability represents a rare event, where the outcome is not observed in an individual site. Due to the analytic problem of estimating a site-specific effect in this situation, we used a pooled model instead, where the site-by-treatment terms were dropped from the analytic model. Comparative analyses on a few key outcomes of this approach with the model using site-by-treatment interaction terms yielded quite similar results.

For the purpose of estimating adjusted program and control group means, simple t-tests of the differences in proportions between the two groups were conducted by site. In order to provide overall estimates of adjusted means, site-specific estimates were weighted according to the precision of their estimates. Following our approach with the OLS regression estimates, it is preferable to weight the site-level estimates in inverse proportion to their variances (i.e., giving more weight to the more precise impact estimates). In the case of simple t-tests, in the absence of covariates, this is essentially equivalent to weighting the site-level impacts according to sample size.[3]

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2 In estimating impacts for dichotomous outcomes, there are tradeoffs between employing OLS versus logistic regression procedures. The advantage of a multivariate OLS model is that we can control for heteroscedasticity of variance among sites by using a weighted least squares approach, thus yielding more accurate standard errors. On the other hand, using this approach with dichotomous outcomes can produce some anomalous results. For example, under the OLS approach, fitted values that represent probabilities of the outcome can be produced which lie outside the range of theoretical possibility (0,1). The advantage of a logistic model is that predicted values will all lie between zero and one, and the standard errors will be estimated more accurately. This is especially true for rare events where the average predicted value lies close to zero.

3 The weights used to combine site-level impacts are: $$\frac{n_{sp} \times n_{sc}}{n_{sp} + n_{sc}}$$

where n_{sp} and n_{sc} are the numbers of program participants and control group members, respectively, in site *s*. These weights take into account both differences in sample sizes across sites and within sites between program and control groups.

The overall impact of the FSC in the linear logistic regression model is represented by a logit estimate. The exponent or antilog of this term is equal to an odds-ratio term expressing the ratio of the probability or odds (p_i/1 - p_i) of an event occurring in the program group to the odds of it occurring in the control group. The odds-ratio ranges in value from 0 to infinity. An odds ratio of 1 indicates that the probabilities are equal in the two groups. Odds ratios between 0 and 1 indicate outcomes favoring the control group. Finally, odds ratios greater than 1 indicate outcomes favoring the program group. For example, an odds-ratio of 2 indicates that the odds of the event occurring in the FSC program group is twice as great as the odds of the event occurring in the control group. The odds ratio, thus, is a convenient statistic expressing the strength of an impact for a dichotomous outcome measure.

Appendix F

SITE VISIT REPORTS

Appendix F
Site Visit Reports

Dayton, Ohio

Overview of the FSC Project

The Dayton Family Service Center (FSC), first funded in 1992 and located in Montgomery County, began working with approximately 40 families in October 1993. Most FSC participants reside in two public housing projects in the western part of Dayton; the FSC office is co-located with a Head Start classroom at Parkside Homes, one of these housing developments.

The FSC is administered by Miami Valley Child Development Centers, Inc., one of the largest community service agencies serving children and families in the state. The model adopted by the FSC is one in which families are referred to community agencies for services in literacy, employment, and substance abuse. A program coordinator and two case managers assist families in identifying goals and appropriate community resources. Two family advocates perform a variety of tasks, including transporting participants to classes and appointments. With few exceptions, services are not offered on-site.

Characteristics of the Community Served

The Miami River flows through Dayton, creating not only a physical line dividing the city but an economic and racial one as well. East Dayton's residents are predominantly white and middle class, while the population of West Dayton is primarily African-American and low-income. Most of the city's Head Start centers, as well as the Family Service Center, are situated in the western part of Dayton.

Dayton's economy was dominated, until the early 1980s, by large manufacturing companies; some of the more prominent employers have been General Motors, General Tire, and National Cash Register. Major plant closings as well as recent downsizing at Wright Paterson Air Force Base—another major regional employer—have yielded an economy that is increasingly service oriented, a steady seven-percent rate of unemployment, and an even higher degree of underemployment among city residents. Staff describe an "economically depressed" environment in which employment opportunities for FSC parents are limited.

In many respects, the characteristics of FSC parents mirror those of Dayton's Head Start population. One difference is that African-American families, which account for half of all Head Start households in the county, are the majority among FSC participants (approximately 80 percent); all others are white. Nearly 80 percent of both Head Start and FSC families are

headed by single females. Although an estimated 60 percent of Head Start parents hold a high school diploma, functional literacy is reported to be lower than this figure suggests and therefore presents a barrier to participation in the labor force. At the time of our visit, three of the 40 families served by the FSC were employed. Approximately 20 percent of Montgomery County's Head Start families live in public housing, while all of the FSC families reside in public housing, specifically in three projects managed by the Dayton Metropolitan Housing Authority (DMHA).

Most families served by the FSC live in two public housing projects: Parkside Homes and Arlington Court. Staff noted several differences between FSC participants residing in Parkside Homes (where the FSC is located) and those in Arlington Court, which is located six miles from the FSC office. Participants from Arlington Court are younger and described as having lower levels of motivation than those at Parkside. Compared to their counterparts at Parkside Homes, Arlington Court participants also were described as having poorer problem-solving skills. Further, Parkside Homes residents have stronger support systems and are more accustomed to participating in services because community resources have traditionally been brought directly to the housing project. DMHA management at Arlington Court is described as being less receptive to community involvement at the project. These differences seem to account for higher participation rates for FSC families from Parkside, and, in general, Parkside families have been easier to serve and more receptive to working with FSC staff.

FSC staff feel that services in the community are not adequately coordinated and that some unnecessary duplication occurs as a result, but the number of community resources in the three FSC core service areas is more than adequate. The availability and variety of programs in Dayton motivated FSC staff to focus on identifying appropriate services for FSC participants and making referrals rather than providing the services through project staff.

Program Structure and Administration

Miami Valley Child Development Centers, Inc. (MVCDC), the FSC grantee, is a private nonprofit corporation providing a comprehensive range of services "to enhance the educational skills and the social, physical, and emotional development of children and families." The agency has provided services in Montgomery, Clark, and Madison counties since 1965, and is one of three organizations that administers Head Start programs in Dayton, serving 52 percent of the city's Head Start population. Throughout the three-county service area, approximately 1900 students are enrolled in MVCDC's 60 Head Start classrooms.

Other MVCDC programs for children include three infant/toddler programs funded through Publicly Funded Child Care (PFCC) and Wee Care of Montgomery County, a fee-for-service child care center. In addition to the FSC, other adult-oriented programs targeted to low-income families focus on literacy, parenting, and child abuse and neglect. MVCDC

collaborates with many types of public and private community organizations in providing these services.

The FSC program is located in a single room in the main office of Parkside Homes, one of the public housing developments in which participants reside. The facility also contains a Head Start classroom and a community room that is occasionally used by the FSC for group or individual meetings. (This room is the future site of an MVCDC infant/toddler child care program.)

Content and Delivery of Services

FSC services are provided primarily through community agencies. While staff have identified numerous community resources for literacy and employment, there are fewer options for addressing substance abuse issues. Identifying community resources was one of the primary staff activities during the first six months of the FSC grant. During that time, the program coordinator and two case managers became "specialists," each taking responsibility for exploring available resources in one of the three FSC service areas. While most services are provided off-site by staff at community agencies, two activities have been held at or near the FSC office at Parkside Homes: an Even Start literacy class and a substance abuse program entitled "Head Start Against Drugs."

As part of the case management process, the two FSC case managers help participants to identify a goal in one or more of the core service areas. Case managers then assist families in selecting appropriate services. The FSC case managers make the referrals and coordinate support services such as transportation and child care with the assistance of the family advocates.

Literacy Services

The FSC's primary literacy activity consists of classes provided by the Even Start project operated by the Dayton Board of Education. Nine parents have registered for Even Start classes; four regularly attend. Instructors also use this experience as an opportunity to teach participants about parenting, health, and current affairs, and to address self-esteem and other personal issues. Classes are held four mornings a week from 9 a.m. to 12 p.m. in the basement of the Parkside recreation center, located one block from the FSC headquarters. Child care is provided upstairs while class is in session. Two instructors share teaching responsibilities; one has a background in child development and is nearing completion of a master's degree in health, the other is a former Head Start teacher.

Other literacy and GED classes sponsored by the Dayton Board of Education are offered by community providers throughout the area, at various locations and times. Classes are held during day and evening hours; typically, the schedule is two to three hours per class, three days per week. Two FSC parents have completed their GED and four parents are enrolled in

GED classes sponsored by the Dayton Board of Education. While there is some screening prior to enrollment, within the classes there is great diversity of ability levels among students. Transportation to classes is provided by the FSC family advocates.

The Montgomery County Literacy Council serves as a resource for special types of literacy support for the county. One FSC mother with a learning disability has been referred for tutoring through the Council and continues to receive individual educational support. Project READ, a coalition of literacy programs in Montgomery County, also has been used by FSC staff to identify community resources in literacy and adult education.

A Literacy Class

It is 11:15 a.m. and four young women in their twenties—two African-American and two white—are working individually on different assignments, as the instructor circulates among them. The class began at 9 a.m. Participants sit at a rectangular table in a large basement classroom; its cement block walls are painted white and decorated with two large U.S. maps, a world map, and assorted posters. Four-leaf clovers and hearts cut from colored construction paper hang from strings taped to the ceiling, and one wall of the classroom is covered with ceiling-high bookshelves filled with encyclopedias and health, science, and social studies reference books.

The atmosphere is relaxed and informal, and the women and their instructor talk comfortably with one another. Two students are preparing to take the GED exam next month, and they work on exercises in a GED workbook. A third student uses an article entitled "Exploring Words" while completing a crossword puzzle for a vocabulary exercise, and the fourth student is using a board game to learn about states and their capitals.

During the last few minutes of class, the instructor returns a quiz on U.S. geography and encourages one of the students to finish her report on smoking and lung cancer before the next class meeting. The class ends at noon.

Employment Services

Several community agencies provide employment services, such as occupational training, job readiness, and job placement services to FSC participants. The majority of FSC referrals to date have been to the JTPA office, which has typically linked FSC participants with IN-VEST (Independence Through Vocational Employment Services and Training) and with the Educational Opportunities Center (EOC), which are described below.

Staff reported that contacts have been established with other organizations, although no referrals have, as yet, been made to them. These include the Dayton Urban League, which offers job readiness skills and job search services, and Sinclair Community College and Miami-Jacobs College, which offer vocational training programs.

IN-VEST, the name given to Ohio's Fair Work Program in Montgomery County, is administered by the Montgomery County Department of Human Services. Its mission is to assist recipients of Aid to Dependent Children (ADC) in becoming self-sufficient by establishing linkages with employers and other organizations that increase recipients'

employment and training opportunities. IN-VEST staff assess job readiness based upon an individual's education and training, basic skills, employment history, and current barriers to obtaining and retaining work. Program participants are then assigned to one of several components; most FSC parents have been involved in pre-employment training and in direct job placement. Other components and potential opportunities for parents include the Job Club, the Subsidized Employment Program (SEP), vocational training, adult basic education/GED preparation, and the Community Work Experience Program (CWEP). IN-VEST also provides child care and transportation assistance to clients enrolled in their activities.

The Educational Opportunities Center is a state-funded organization that is part of a 17-college consortium promoting higher education. The center's six-person staff provide career counseling and testing, assist participants in applying to education programs, and help with financial aid from state and federal sources. Counselors perceive that one of their most important roles is to motivate and empower participants to get off welfare. Clients must meet income-eligibility criteria in order to utilize EOC services; those receiving public assistance—nearly all of the FSC parents—are automatically eligible. The agency does not provide support services such as child care or transportation to its clients. In working with its clients, EOC utilizes career exploration tools, including the Career Occupational Placement System (COPS) test to measure interests, values, and abilities, and the Ohio Career Information System (OCS), an on-line program that contains data such as salary, required skills, and work environment on specific careers. EOC staff reported that case managers have referred six FSC parents to them: three participants have received assistance in applying for Pell grants, four have been assisted in dealing with defaults on previous educational loans, and one has sought career testing and assessment. EOC staff have not established a formal reporting mechanism with the FSC, and monitoring of participation occurs on an informal basis.

Substance Abuse Services

Substance abuse services are available to FSC participants through referral to Nova House and through an on-site program, "Head Start Against Drugs."

Nova House Association, Inc., the FSC's primary resource for substance abuse care and treatment, offers both inpatient and outpatient treatment services. The director of the inpatient program for women described the relationship between the FSC and the program as valuable and worthwhile. Nova House gives priority to FSC parents; however, if participants miss appointments or meetings, they are moved to the bottom of the waiting list. Staff at Nova House reported that relatively few FSC participants with substance abuse problems have utilized these services. As of May 1994, two FSC parents had been treated through outpatient group meetings, and one patient had been admitted for inpatient care. However, the director believed that continued communication with the FSC would lead to other productive referrals.

"Head Start Against Drugs" is a ten-week program for FSC parents that has been offered sporadically since November 1993. When it began, this biweekly activity was sponsored by the Drug Action Coalition. The program has since been reorganized and is now presented by staff from the Combined Health District of Montgomery County. At the time of our visit, the program reconvened for the first time in several months. The program is designed to increase awareness of substance abuse issues in the community and encourage self-identification among participants. FSC staff are hoping to offer hour-long weekly sessions at the FSC office for a period of 10 weeks.

A Substance Abuse Discussion

Two staff members from the Combined Health District of Montgomery County welcome FSC parents to the first session in a series of discussions aimed at addressing the issue of substance abuse among Head Start parents. The meeting starts at 2:00 p.m. and takes place in the large community room at the main office of the Parkside Homes housing project, down the hall from the FSC office.

Four parents and three children are present at the beginning of the meeting; a fifth mother and two additional children join the group 10 minutes later. Parents sit at a long table; their children sit at an adjacent table, on which the presenters have placed puppets, toys, writing pads, and crayons for the children's use. Throughout the session, the FSC family advocates move about the room to look after the children. Cookies and punch are served.

The main presenter begins by asking participants to individually record the most important problems in the community and then asks for solutions to the community's drug problems. Parents discuss the answers, and the presenter records them on a flip chart. Participants mention numerous remedies and, while doing so, discuss instances of drug dealing and use that they have observed within the housing project. They express fear about reporting their observations to the management or to the police.

The program proceeds in an informal manner. Aside from the occasional need to attend to their children, most participants are engaged and contribute to the discussion. At 3:00 p.m., as the program nears conclusion, one of the family advocates announces an upcoming meeting of the Residents' Council, at which there will be a speaker from the Citizens' Drug Commission. Staff encourage attendance at this event and emphasize how powerful residents can be in working toward the elimination of drugs in their communities.

Support Services

Both transportation and child care are available to FSC families. The FSC has leased two vans that staff use to transport individuals or groups to meetings with community service providers and to other activities. Two full-time FSC family advocates devote much of their time to this service. The FSC also provides bus tokens to participating families. Requests for transportation services are handled informally, both at the office and during home visits. Staff report that it is sometimes difficult to meet the transportation needs of families when requests are made with insufficient notice.

The FSC provides full reimbursement for baby sitters, including relatives, at the rate of $2 per hour for the first child and $1 per hour for each additional child. The Infant and Toddler

Center at the Head Start facility also helps with some of the FSC families' child care needs. Problems encountered in providing child care include parents' discomfort with leaving children in the care of another adult and a lack of child care resources for children younger or older than Head Start children.

Case Management Process

The FSC's approach to case management includes assessing the needs of the family, a process performed in conjunction with the Head Start family service worker, and working with the family to identify and fully understand the goals they establish. Staff stress that objectives must be "realistic and measurable." The case manager and the participant work together to design a strategy that involves linking the participant to appropriate community resources. Staff work with the participant to problem-solve, to identify various options for achieving goals, and to recognize the positive and negative aspects of each option. The participant and case manager develop a family service plan that identifies goals, specifies the agency that will provide service in a given area, and establishes a timeline for accomplishing each objective. Case managers amend the plan as needed, although a more formal review takes place every six months. Through ongoing follow-up and monitoring, case managers continually reassess family circumstances, needs, and goals.

The two case managers define their approach as enabling families to continue working towards their goals once participation in the FSC ends. Staff strive to "empower" families and encourage self-sufficiency so that families can "advocate for themselves." In order to facilitate this process, staff attempt to enhance participants' confidence and self-esteem.

Interaction with families occurs primarily through home visits, although telephone contact also is used. Staff like to check in with each family at least twice a month; contact is more frequent if the family is undergoing a crisis. Case managers also rely on the two family advocates, both DMHA residents, as another important means of connecting with families and monitoring their progress. These staff members often have the most frequent contact with participants because they provide transportation.

The two case managers are assigned an equal number of FSC participants. In determining their caseloads at the beginning of the program, they simply divided the enrollment list, with each worker taking responsibility for 10 cases from Parkside Homes and 10 cases from Arlington Court. There were no other criteria used in making case assignments.

Case managers report that, in addition to dealing with participants' needs in the three FSC focus areas, they assist families with other needs such as food, shelter, and clothing. Family needs may relate not only to the participant and her Head Start children, but to older children and other household members. Case managers have, for example, intervened with school

personnel for problems experienced by participants' other children. In another instance, a case manager helped a participant who became homeless obtain services from the Salvation Army.

FSC Referral Process

The case manager typically makes the initial contact with a community provider when the service relates to one of the three FSC focus areas. Depending on the type of service involved, the case manager may accompany the participant to an appointment with the provider, although this occurs less often now than in the beginning of the program. A family advocate, or occasionally the case manager, transports the participant to the service site. Staff hope to reduce the amount of time case managers spend transporting participants to services; this occurs more often with Arlington Court residents.

There are various methods used by staff to monitor FSC participants' attendance at service activities. One way that the FSC tracks participation is by having the family advocates transport FSC participants to services. Some providers, including Even Start staff, submit a monthly report to the FSC. Other, less formal, reporting occurs when case managers contact the service provider or the FSC participant directly. The extent of monitoring attendance also depends, in part, on the participant's previous record of attendance and on the case manager's assessment of the participant's ability to follow through on services.

FSC Staff

The FSC staff consists of a project coordinator, two case managers, two family advocates, a student intern, and a volunteer.

The program coordinator oversees daily operations and supervises FSC staff. She rarely interacts directly with families, although she is very familiar with individual cases because she conducts regular case reviews. The project coordinator received her undergraduate degree in social work and has worked with MVCDC for four years.

At the time of our visit, project management was undergoing a transition, the first incidence of staff turnover since the program began. The FSC program coordinator is scheduled to become the Social Services Coordinator responsible for overseeing the program from MVCDC's administrative offices and will no longer be involved in the day-to-day operations of the FSC program. A Head Start social services supervisor will replace her as FSC coordinator.

One case manager, employed by the FSC since its inception, worked previously with Head Start as a family service worker. Prior to that time, she was employed for eight years as a vocational counselor with the state. At the beginning of the program, she was responsible for exploring substance abuse resources in the community. The second case manager is a former Head Start parent and has been with the FSC since March 1993. Prior to joining the FSC, she

worked as a counselor and case manager for the New Futures program at the Dayton Job Corps.

The two family advocates are recent high school graduates and residents of public housing facilities. This is their first full-time job experience. Their primary task is to provide transportation for FSC families.

Staff have been assisted by a student intern from the University of Dayton who has accompanied case managers on home visits, updated the parent handbook, and worked closely with two families. In addition, a volunteer has provided computer assistance by modifying software programs used for certain recordkeeping functions.

Staff Support Services

The two FSC case managers report that they receive their strongest support from each other. They work closely as a team, sharing information about participants' needs and progress.

FSC staff spent the first six months of the FSC project exploring community resources and attending workshops on a variety of topics, including parenting, cultural diversity, violence prevention, and fathers in the home. Since that time, additional information has been obtained through membership in professional organizations.

Supervision takes place both formally and informally. Informal supervision occurs daily as a function of the FSC staff sharing the same room. More formal supervision and support occurs during regularly scheduled staff meetings. The case managers meet individually with the project coordinator twice a month for case reviews. The entire staff meets biweekly as a group and monthly with the Head Start education staff as well as with the family service workers at each housing project to discuss FSC families' issues.

Collaborations

The office of the Head Start family service worker at the Parkside Homes is next to the office used by FSC staff, and the door between them is often open. FSC staff report that this physical proximity greatly enhances communication between the two programs. In addition, the FSC coordinator supervises both the FSC staff and the Head Start family service worker.

Conclusions

Responses of FSC Families to Services

Community service providers complimented FSC staff on their ability to motivate families. FSC staff and community providers described the attendance at activities as "good" to "excellent." Case managers estimate that only three participants are currently not active in program activities.

Program Features Most Important to the FSC's Success

According to staff, the key to the success of the FSC is the limited size of their caseloads and the opportunities that this presents for intense involvement with families. Case managers are able to provide a high level of support to the family unit. The accessibility of the FSC staff to the residents of Parkside Homes has proven a particular advantage to those participants, because it is often necessary to make contact by visiting them in their homes if they do not have telephones.

Challenges Faced by the FSC

FSC staff report that they encounter many challenges in their efforts to serve participants, many of which relate to the sheer magnitude and complexity of problems in the FSC families' lives. Many families are often in crisis, and this interferes with their ability to focus on their goals in the project's content areas. Staff also suspect that several participants are substance abusers in denial, and this continues to be a particularly difficult issue for the FSC to address. Low self-esteem, the lack of employment experience, and fear of leaving public assistance are other challenges that staff encounter in serving this population.

Logistical issues also present barriers to the FSC project and its participants in achieving their goals. For example, many families do not have telephones and this increases the time staff spend trying to contact them. This is more of an issue at Arlington Court which is located six miles from the FSC office. Scheduling conflicts and the coordination of transportation and child care resources also present barriers for participants. In addition, the lack of private space outside the home for meetings between the FSC participant and the FSC case manager is an obstacle since the presence of children and other household members in the home during home visits often inhibits effective communication.

Fond Du Lac, Wisconsin

Overview of the FSC Project

The Fond du Lac Family Service Center (FSC) is located in a small urban community approximately 60 miles north of Milwaukee, Wisconsin. The FSC's main offices are located in downtown Fond du Lac in a converted post office that also houses ADVOCAP, the Head Start grantee, and the Head Start center which serves 120 families in four half-day classrooms. The FSC project serves 60 families who are drawn exclusively from this Head Start center and reside in Fond du Lac County. The county's population is 90,083 and, according to the FSC project coordinator, "it takes about an hour (to drive) from one end of the county to the other." Services in employment, literacy, and substance abuse prevention are provided to FSC parents by four case managers, a job development specialist, and staff from local community service agencies.

Characteristics of the Community Served

The population of Fond du Lac County, as described by the FSC staff, is predominantly white and very conservative. Based on population data from the 1990 U.S. Census, 98 percent of Fond du Lac County's population is white; African-American, Asian-Pacific Islander, Laotians, Hmong, Hispanics and other ethnic and racial groups make up the remaining two percent. Forty-two percent of families in Fond du Lac County are married couples with children. Families headed by a single mother constitute less than seven percent of all families in the county.

The fastest growing ethnic group in Fond du Lac is the Hmong population. The Hmong case manager explained this trend as resulting from two factors: availability of services in the community and the Hmong tradition. According to this case manager, the Hmong people have been drawn to the community because of the high quality and variety of social services available to them through the social service network in Fond du Lac. In addition, he described the Hmong people as relying primarily on their traditionally close-knit family structure for support. Established Hmong residents sponsor the arrival of new immigrants, leading to the continued increase of the Hmong population in the community.

The region served by the FSC has a combination of rural and urban characteristics. Manufacturing is the most significant employment, with the large machine manufacturing company of Giddings and Lewis in the area. Agriculture, especially dairy farming, is another prominent source of employment. Recent changes in the economic structure of the area have had a significant impact on low-income families and the community served by the FSC. These changes include the transition from an industrial-based economy to a service and technology-based economy which provides lower wages and fewer benefits for the unskilled and semi-skilled positions, with the better-paying jobs often requiring higher levels of education, skills,

and training. Although unemployment remains at a low five percent, regional dislocations in traditional manufacturing and agriculturally-related employment have occurred in recent years. The largest employer in Fond du Lac, Mercury Marine, permanently laid off over 1,000 workers in 1990. The impacts that these shifts have had on Head Start and FSC families include fewer opportunities for full-time employment with wages high enough to lift families out of poverty, reduced possibility for young families to leave poverty through upward mobility, and greater stress on low-income families because of economic pressures.

Further stresses on the families enrolled in the FSC are community-wide shortages of affordable housing and child care. A recent survey of housing needs among low-income people in the Fond du Lac region conducted by ADVOCAP, the Head Start grantee, found a lack of affordable housing. The study also reported that high percentages of low-income Fond du Lac residents pay disproportionate amounts of their income for housing. A survey of Head Start families indicated that close to 40 percent experienced ongoing housing difficulties. With respect to child care, another ADVOCAP study determined that 11 percent of all the Head Start parents had difficulty locating and affording child care.

There are a number of community agencies that offer services to families. The Fond du Lac Literacy Council and nearby Moraine Park Technical College both offer reading programs for adults at different levels of ability. ADVOCAP's programs include Business Development and Community Employment Programs. Other employment initiatives in the community include the Council for Nurturing Families, which is described in its brochure as acting to "help parents find ways to balance their work and family lives through improved government and business policies." Alcohol and other drug abuse (AODA) counseling programs offer a range of prevention and intervention services including employee assistance programs, 24-hour crisis intervention, contracted referral services, and individual and group counseling. In addition, St. Agnes Hospital in Fond du Lac offers a group for adult children of alcoholic parents; the Beacon House provides a halfway home for recovering women.

Program Structure and Administration

The grantee for Head Start and the FSC is ADVOCAP, a community-based, private, nonprofit corporation founded in 1966, serving a three-county area that includes Fond du Lac County, Winnebago County, and Green Lake County. ADVOCAP is governed by a 36-member board of directors with equal representation from three sectors: the poor, the private sector including community organizations, and local government officials. Their stated mission is "to reduce poverty by creating opportunities which develop the economic and social capacity of people and (their) communities." ADVOCAP administers three Head Start centers in Fond du Lac County in the cities of Fond du Lac, Ripon, and Waupun and serves approximately 250 children. They also manage and coordinate grants for a number of other programs serving children, families, the elderly, and the physically and mentally challenged in the areas of employment and training, business development, senior services, home weatherization,

community employment, community services and advocacy, home ownership, housing development, and homelessness. The agency's annual budget is $4.5 million.

The building that houses the Family Service Center, a renovated post office, also contains four Head Start classrooms and ADVOCAP offices. Administrative space for the FSC staff includes individual offices for the project coordinator and the family development specialist. Four case managers and a job developer share a large room with built-in work spaces for each staff member. ADVOCAP renovated its offices during the summer of 1993 to provide more spacious facilities for all its employees.

Content and Delivery of FSC Services

Services in literacy, employment, and substance abuse prevention are provided on-site, through home visits, and at nearby community agencies. Direct services and referrals are handled by four FSC case managers and a job developer who work in conjunction with staff at ADVOCAP and other collaborating service agencies in Fond du Lac.

Literacy Services

Each case manager coordinates center-based instruction and referral services for FSC families to GED and English-as-a-second-language (ESL) classes. Their role includes screening, referral, encouragement, and follow-up. In addition, the case managers provide information about educational opportunities in the community, specifically through Moraine Park Technical College.

GED preparation is provided on-site at the FSC by a specialist with a master's degree in reading who is funded by another ADVOCAP agency. He works individually with FSC participants interested in obtaining their GED. These hour-long GED tutoring sessions take place approximately three times per week in the reading specialist's classroom located in the same building as the FSC. The reading specialist also uses this space to meet with other adults in the community and with Head Start parents not affiliated with the FSC. A full work load for the reading specialist is 25 adults. Currently, nine of his students are FSC participants.

The reading specialist characterizes his instructional approach as based on "self-motivation" and "self-direction." His method involves aspects of whole language in which he teaches reading and math skills at the same time and introduces words in "families." Cambridge Textbooks and Contemporary Textbooks are used in addition to materials from newspapers and other supplementary sources. After using an informal reading measure to assess new students, the specialist relies on student portfolios to measure progress.

The Goal Oriented Adult Learning (GOAL) program at Moraine Park Technical College is another educational resource in the community available to FSC participants. However, since

the teacher-student ratio in GOAL is 1:35, the reading specialist noted that many FSC parents have had difficulty completing that program due to the lack of individualized attention.

ESL classes provide another form of educational support for FSC participants who require instruction in English language skills. These open-entry classes take place four days a week at a nearby church from 8:30 until 11:30 in the morning. Child care is provided in an adjacent room. The large majority of students in these classes are of Hmong origin, and this can be their first experience with any kind of formal schooling. The program uses a workbook designed by a Wisconsin teacher that is culturally relevant to the local Hmong population.

An ESL Class

It is a Wednesday morning in late March. Twenty-five students (18 women, 7 men), mostly of Hmong origin with a few of Hispanic descent, are gathered in a large classroom painted several bright shades of green on the ground floor of a Fond du Lac Presbyterian Church.

When the students arrive at 8:30 a.m., they are divided into two groups, based on different levels of proficiency in English. In each group, the teacher begins by providing information and initiating a discussion of the day of the week, the current weather, the weather forecast, and a question such as "What is your favorite store and why?" These conversations are followed by drills in English vocabulary, reading, writing, and speaking.

Later in the morning, the students meet as a group and sit at three rectangular tables arranged in a U-shape. The students do written work while, in the center of the U-shaped tables, two teachers and one Hmong interpreter move from student to student, checking workbook exercises and listening to each student practice speaking in English.

The atmosphere is relaxed and informal, and the students and the instructors interact comfortably with one another. The session ends at 11:30 and the teacher encourages the students to practice at home and to complete one page of a homework assignment. She indicates that she will see the students the next day, and the students leave the room quietly, walking single file out the door.

Employment Services

Employment services for FSC parents are provided by the FSC job development specialist, with assistance from the case managers. The job development specialist provides one-to-one help with resumes including producing the participants' resumes at the FSC. She also provides advice and personal support, either at the FSC office or in the parent's home, when an FSC parent is undergoing an employment or vocational transition. She addresses some participants' needs by helping them apply for entrance at the local technical college. She also gets information from local businesses regarding job openings and job requirements, which she passes along to the parents with whom she is actively working. The job development specialist also provides this information to the case managers who give job applications to their unemployed clients.

Project staff indicated concern about the overlapping roles of the case managers and the job development specialist. At the program's inception, the job development specialist also acted

as a case manager, doing home visits with all FSC parents in order to offer her services in the area of employment. This created problems, "overwhelming parents with visits" and confusing them about which person to talk to about their needs. Often parents would raise employment issues with their regularly assigned case manager, who would have to relay that information to the job development specialist; or, conversely, an FSC parent would mention to the job development specialist a problem not directly relevant to employment, and this would have to be relayed back to the regular case manager.

As a result of these difficulties, the job development specialist's role has been more clearly defined as a job consultant to the case managers. The case managers are responsible for maintaining the biweekly contacts with the parents in their caseloads. As the need arises, case managers refer FSC participants to the job development specialist for help with employment. Some families take advantage of these services through meetings with the job development specialist on an informal, as-needed basis. Other parents meet with their assigned case manager for employment counseling two or three times each month in their homes or at the FSC. The amount of time spent with each participant varies, depending on the needs of the individual.

A Home Visit on Employment Issues

It is 2:30 on a Wednesday afternoon. The case manager has just arrived for a home visit with two FSC parents who are living in the basement of a small house located on a family farm. The parents, along with their three children, are temporarily living in the basement of the father's parents' home. The living space consists of a bedroom area, a living room area, a kitchenette, and a storage room. The two younger children are taking a nap while the older child plays with a toy farm set up in the storage room. While waiting for the FSC father to arrive home, the case manager and the mother sit at the small table in the kitchen area, and the case manager shows the mother a listing of apartments that may be available for rent.

At 3:10 the father arrives home from his job. The case manager begins the meeting with a discussion of the high school transcript the father was to have obtained and mailed out in order to apply for employment through the local JOBS agency. The father expresses confusion over the process and indicates that he thinks he still has a copy of the transcript in the house. He is able to locate it, and the case manager offers to take it to the JOBS agency, which is located at the Department of Social Services. The case manager reports that a large machinery company in the area may have job openings and could provide him with more permanent work than his seasonal work at the quarry. The meeting lasts for approximately 30 minutes, after which time the mother leaves for her job where her shift may last until 2:00 in the morning. The father remains at home with their three children.

Substance Abuse Services

The FSC provides substance abuse services through consultation with an alcohol and other drug abuse (AODA) specialist from the local community mental health agency. The AODA specialist has a master's degree in counseling and guidance and has worked for many years at the local community mental health center. She meets with FSC case managers every other week to discuss families who are suspected of having an alcohol or drug problem.

Confidentiality is maintained during these discussions and individual families are not identified by name. The AODA specialist advises case managers how to overcome resistance and denial on the part of both the Head Start parent with the problem and other family members. The case consultations focus on clarifying the role of the case manager (as advocate and referral source) and sharpening the case manager's counseling skills. They include specific role-play exercises to help the case manager rehearse how to approach the family about this sensitive issue.

Once the parent acknowledges the problem and agrees to enter treatment, the case manager calls the intake worker at the mental health agency and arranges an appointment either during the day or in the evening. The intake worker has been instructed to treat such requests from FSC case managers as priorities, giving the FSC participant the earliest intake appointment possible (usually within a week of the initial referral). The AODA specialist who consults with the FSC staff conducts the intake interview and typically becomes the FSC participant's counselor. At the participant's request, the FSC case manager is allowed to accompany the participant to the first appointment and may even sit in on the intake session to help the participant feel more comfortable. The AODA specialist requests that the FSC participant sign a release of information form so that she may discuss the participant's progress with the FSC case manager. This enables the case manager to offer support at each stage of the participant's progress in treatment.

The mental health agency that provides substance abuse services to the FSC participants offers a wide range of treatment modalities without long waiting lists. In-house detoxification is available; the length of this treatment is typically three days, although longer periods of detoxification are available upon request. The agency also offers residential treatment through a contract with a local facility, as well as a halfway house for residential aftercare. Once the client is released from the detox or residential facility, the AODA specialist continues to counsel the client on a weekly basis. In addition, ongoing groups (based on the 12-step model) for those recovering from alcohol or other drug abuse are held during the evening at the mental health center.

To date, four FSC participants have become actively involved in treatment for alcohol or substance abuse problems. While others have been referred to the AODA specialist by the case managers, most have dropped out of treatment after the first few counseling sessions. The AODA specialist explained that the initial impetus for entering treatment is "usually some kind of crisis." The nature and length of the crisis can be the factor that "keeps them going" in treatment. For the participants who dropped out of treatment, the crisis was smaller and quickly subsided, or other "mini-crises" of life in poverty detracted the participant's focus away from counseling. When the AODA specialist becomes aware that the client may be slipping away, she contacts the participant's FSC case manager who encourages the participant to return to treatment. This usually entails raising the substance abuse issue as part of the case manager's contacts with the FSC participant.

In addition to referrals for substance abuse treatment, the FSC also sponsors a substance abuse prevention program that focuses on the children in the FSC families. The program, called Family Times, was developed by education specialists from a local college and is being implemented by the Fond du Lac county extension service. It is based on research about the resiliency of children who thrive despite the high-risk environment that surrounds them. The program's aim is to reduce the risk of juvenile substance abuse by strengthening family bonds and encouraging family communication.

A Substance Abuse Prevention Workshop

On Thursday evening at 6:00, about 30 people, including six FSC families, are gathered in a large room at the Head Start Center to attend the final session of the Family Times substance abuse prevention program. Each family is seated around a cafeteria table, one table per family. The Head Start child and older siblings are seated with their parents and the younger children are in a separate child care room.

The program opens with the Family Times Game Show. The game begins with the leader directing the families to list as many things as they can think of that make their family special. After three minutes, the leader blows a horn and everyone stands. The leader begins calling out the number of items a family may have listed starting at number five. The families sit down when the number of items on their list is called. The leader continues the count until she reaches 14 items, at which point only one family is still standing. A sign listing the prizes is posted at the front of the room next to a box containing all the prizes. The winning family chooses the "home entertainment center" which turns out to be a set of puzzle books and crayons.

After the game, the leader talks about how families are special. She shows an overhead transparency that displays the following list: family history, family traditions, family achievements, family values. The families are asked to write down "one thing you do as a family every year" and to describe how that tradition makes their family special. After the activity, the families share what they have written and the Family Times video of the week is shown on a 30-inch television at the front of the room. The video shows families being interviewed in their homes about the things that make families special (e.g., family history and traditions). During this 20-minute video, one parent takes notes, one feeds an infant, and another talks to her preschool aged child. Parents often have to quiet their children, reminding them to watch the movie.

At the end of the video, everyone enjoys cake and punch provided by the leader, and the FSC staff hand out certificates that state the family has graduated from the Family Times program. The program closes at 7:30 with a final round of the Family Times Game Show.

Support Services

The Family Service Center prides itself on providing the support that parents need in order to participate in FSC services. To avoid giving out actual cash to participants and to ensure that the money is spent as intended, the FSC director has arranged a voucher system with local day care providers. Parents request the vouchers from their case managers, who then seek approval from the program director. The request is approved if the child care is needed for the parent to participate in activities associated with the FSC, such as job interviews, GED or other adult education classes, and AODA counseling.

For transportation needs, case managers distribute bus tokens so parents can get to appointments with other human service agencies in town. In addition, the project director has set up a voucher system, similar to the one for child care, with a local gas station for the FSC families who own automobiles. In the rare event that a parent lives outside of town and has no functional vehicle, case managers will provide transportation in their own cars, although staff avoid this whenever possible.

Although the vast majority of the FSC families speak English, there are some adults with limited English proficiency. To serve the Hmong and Spanish-speaking FSC families, two bilingual case managers were hired. The case managers act as translators for FSC participants in their dealings with community service agencies.

Case Management Process

Case management at the FSC is carried out by two full-time and two part-time case managers. Each full-time case manager is responsible for maintaining contact with 20 FSC families, typically through weekly home visits. These weekly contacts are considered the minimum; case managers see some participants more often as the need arises or when participants are more active in the FSC. The assignment of an FSC family to a particular case manager is made first on the basis of the primary language spoken in the home. That is, the Hmong and Spanish-speaking case managers are assigned to the families who speak their native languages. For the majority of the FSC participants who speak English, the basis for assignment is the geographic area in which they live. This allows case managers to cluster their home visits within certain neighborhoods, reducing their driving time.

The intake process for FSC families involves several components. In the first session, an intake instrument is used to develop the family's profile, to find out the extent of the family's support network within the local community, and to determine the family's needs and goals. The latter is especially important as it offers the case manager a focus that was developed in cooperation with the family. Empowering family members to set their own goals is a major emphasis of the project's approach to case management. The aim is to build on the family's strengths by providing information and support to help them succeed in attaining their own goals. Rather than taking a "problem-oriented" approach, case managers stress the importance of respecting the family for "where they are and what they want to do with their lives."

FSC Referral Process

The case managers report that referring FSC families for services is made a great deal easier for them because many of these services are provided by ADVOCAP, the Head Start grantee whose offices are located in the same building as the FSC. In addition, the case managers are known to all the local human services agencies, inside and outside of ADVOCAP.

In making referrals, they often call agencies to make appointments for FSC families, sometimes accompanying the family when the parent feels threatened by social service agencies. The staff do not formally check to see whether a family has followed through with a referral. However, when the agency is part of ADVOCAP, the case managers often informally stop by and remind providers about a service request or check on the progress of an FSC participant receiving services. For example, case managers stop by the reading specialist's office at least once a week; if a parent hasn't been attending sessions regularly, the case manager is informed and follows up with the FSC participant.

FSC Staff

Staff in the Fond du Lac FSC include a project director, two full-time case managers, two part-time case managers, and a full-time job development specialist.

The FSC project director has a liberal arts degree and transferred from another department in ADVOCAP when the FSC grant was awarded. Prior to directing the FSC, she administered a job training program, also under ADVOCAP, for 15 years. She has many ties to the community and serves on the advisory boards of several community organizations.

The case managers have diverse backgrounds and experiences. The Hmong case manager earned his high school equivalency diploma and attended college for two years. He considers his personal experience as a Hmong refugee, as well as his years spent working to help other refugees receive social services, as his strongest qualifications for his job as a case manager. Another case manager emigrated from Mexico over 20 years ago, where she had been an accountant. When discussing her qualifications, she pointed to her personal experience as a Head Start parent 17 years ago, when she "learned the culture" of the U.S. and the social service system. The other two case managers have academic training in social work. One case manager has a master's degree in social work and had been a social worker at another Head Start in the past. Dissatisfied with her retirement, she came to work at the FSC on a part-time basis. The fourth case manager is a recent college graduate with a bachelor's degree in social work; this is her first job as a social worker.

The job development specialist has a bachelor's degree in psychology. She reports improved job satisfaction now that her role has been redefined to act as a consultant to the case managers. She feels she is no longer competing with the case managers for the same participants, but instead can focus on those parents who are motivated to work on job-related issues.

From the original FSC staff, only the project director, one case manager and the job specialist remain. One of the case managers found a permanent position as coordinator of the parent involvement component of the Head Start program in another county. Another case manager transferred to the regular Head Start program in Fond du Lac to work as an instructor in the

home-based program. The project director believes that the main reason the FSC lost both of these case managers is because it is a demonstration project that cannot offer a guarantee of permanent employment.

Despite problems with staff turnover in the past, the current group of case managers seem to enjoy a spirit of camaraderie and dedication. They appear to agree on the value of their work and derive much satisfaction from it. However, they acknowledge that the job is certainly not without its challenges. The case managers recognize the tremendous needs of some of the FSC families, and that these needs can be overwhelming to the worker. They discussed the importance of maintaining boundaries with the participants, such as not giving out home telephone numbers. The case managers report that it is "the successes that carry you through," such as those occasional instances when the participants make real improvements and the workers can feel that they played some small part in bringing about those changes in their clients' lives.

Staff Support Services

The primary vehicle for supervision of the FSC case managers and the job specialist is the weekly staff meeting in which the case managers discuss their families' progress with the FSC project director. This also is a time when case managers receive support from one another, sharing their ideas on how to handle difficult cases. Besides the weekly staff meetings, supervision also happens on an informal basis as staff share information throughout the work day about their interactions with FSC participants.

At the beginning of the program year, all case managers received training in the array of services available in the community and in the "family development model" of case management. Case managers were taught to look beyond the short-term needs of the individual and work towards building a relationship that will foster the growth of the entire family. To that end, case managers were given further training on brief family therapy. Since this particular type of therapy has a focus on solution development, case managers have found it to be especially relevant to their work. The training demonstrated concrete ways to move participants from expressing their problems to developing plans to solve them.

Training also has focused on the specific area of substance abuse. FSC staff have been trained to identify the signs of alcoholism and drug abuse, as well as to recognize particular drug paraphernalia that might be found in the home. The FSC staff also attended a training for leaders of the Family Times substance abuse prevention program.

Collaborations

The two outside service providers most closely involved in the FSC project are the AODA specialist and the reading specialist. While neither works directly for the FSC, both devote a significant portion of their time to working with FSC staff and families.

The case managers and the FSC project director noted that service providers within their community enjoy an exceptional spirit of collaboration, maintaining close contact and helping each other through coalitions and joint staff meetings. Case managers cited their membership in a coalition of community caregivers, a child care coalition, and a community partnership to prevent substance abuse as examples of this collaboration.

Conclusions

Responses of FSC Families to the Services

The FSC has recruited 60 Head Start parents to date. Nineteen of these parents have participated in literacy programs such as ESL classes, remedial reading programs, or GED classes. Eighteen parents have worked towards an employment-related goal through the help of the job specialist, including enrolling in job training programs, applying to the local technical college, and receiving one-to-one resume counseling. Fourteen families have participated in services aimed at the treatment or prevention of substance abuse; seven parents have been enrolled in treatment programs through the collaborative efforts of the FSC case managers and the local AODA agency, and seven families graduated from the Family Times substance abuse prevention program.

Program Features Most Important to the FSC's Success

According to the directors of the FSC and Head Start, the integration of their two programs has been the key to the FSC's success. The staff of the FSC and the regular Head Start program in Fond du Lac enjoy a strong camaraderie. This resulted from a conscious decision by the Head Start director and the director of ADVOCAP not to "professionalize" the FSC at its inception. By organizationally placing the FSC under the direction of Head Start, the agency set a tone of cooperation and integration from the very beginning. By using the same compensation schedule for FSC staff and regular Head Start social services staff, the agency has tried to ensure that the FSC case managers are not considered above regular Head Start staff in any hierarchical sense. As the Head Start director explained, what sets the FSC case managers apart is the individualized attention they can provide because of their smaller caseloads.

Collaborations between ADVOCAP agencies and the community of Fond du Lac also are considered important to the FSC's success. The FSC has been very active in making use of the many local agencies that provide relevant services. In addition, the services provided through ADVOCAP, most of which take place in the same building as the FSC, have been essential to case managers' successful advocacy on behalf of the FSC families. Of particular importance is the relationship between the FSC and the AODA specialist which has enabled FSC families to receive treatment for substance abuse.

Another feature of the FSC considered essential to its continued success is its ability to provide support services in the form of transportation subsidies and child care. FSC staff,

service providers, and FSC families indicated that this aspect of the program has been instrumental in enabling participants to take advantage of FSC services.

The location of the FSC also was reported to be important to the success of the program. With ADVOCAP, the Head Start program, and the FSC in the same newly-renovated building, families are able to take advantage of multiple services in one location. This proximity also enables easy communication between the FSC staff and the staff from Head Start and other agencies.

Challenges Faced by the FSC

FSC staff feel that their greatest challenge is finding ways to meet the needs of the FSC families. For those families facing domestic violence or alcohol and drug abuse, case managers must tackle the added obstacle of breaking through family denial of the problem. Many of these families survive by lurching from crisis to crisis. This also challenges the work of the case managers in that families often have difficulty setting goals or making long-term plans in the wake of these crises.

The reading specialist noted that one specific barrier FSC participants encounter in achieving a GED certificate is the Wisconsin GED requirement of a total test score of at least 250 points, 50 points above the nationally accepted passing score of 200 points. Family commitments and the stresses that FSC parents face were also reported to be distractions to FSC participants involved in literacy activities.

Grandview, Washington

Overview of the FSC Project

The Grandview Family Service Center (FSC) is sponsored by the Washington State Migrant Council (WSMC), an umbrella organization that offers a wide range of social services to migrant families. The Migrant Child Institute, a division of WSMC, operates the FSC in three area locations: Grandview, Toppenish, and Granger. The FSC serves only working migrant families, all of whom speak Spanish as their first, and often only, language. Literacy, employment, and substance abuse services are offered by collaborating agencies or through a Head Start Pre-CDA Training Program developed specifically for FSC participants.

Characteristics of the Community Served

Located in the Yakima River Valley, the towns of Grandview, Toppenish, and Granger are farm communities. Increasingly, the area is nationally known for its wineries, which are scattered across the valley. Other crops include hops (a major crop, supplying not just local but also European breweries), asparagus, cherries, apricots, peaches, and apples. Farm labor is supplied by migrant workers, who travel to the area mainly from Texas, arriving each spring in time for the asparagus crop and, generally, leaving after apple-picking in the fall.

The migrant families are mostly Mexican-American and often monolingual, speaking only Spanish. Most are two-parent families, and generally both parents work all day in the fields. Working days are long; it is not uncommon for farmworkers to begin work at 5 a.m. and work until 8 p.m. Migrant Head Start programs, unlike most other Head Start programs nationally, tailor their schedule to meet the child care needs of migrant families. During the growing season, programs provide full-day care while parents are working. (Both parents must be working for children to be eligible to participate in Migrant Head Start programs.) While services for migrant families are coordinated and made available by agencies such as the Washington State Migrant Council and the Farm Workers' Clinic, the needs of migrant families often outweigh the area resources.

The migrant families in the three communities served by the FSC (Toppenish, Grandview and Granger) have very different demographic profiles. Families in Toppenish are likely to be out-of-state migrants living in temporary housing, usually in migrant camps. Grandview has many more "settled out" migrants, that is, migrant families who no longer travel out-of-state to a home base in Texas, but instead travel within the state of Washington to pick other crops (e.g., peas, once asparagus is picked). The town also has become a dormitory for the smaller towns of Prosser and Sunnyside which, with their farms and vineyards, provide employment but have few retail stores or businesses. These "settled out" families live in their own homes or trailers in Grandview. Granger, the third community, has a mix of in- and out-of-state

migrants. Of the three, Granger is the poorest community, with an average household income of about $8,000 for a family of five, making it the poorest town for its size in the northwest.

This mix of families has implications for the structure of program services. In the case of "settled out" families, sometimes only the father moves around the state in search of work. Case management for those families continues throughout the year. For the more mobile families in Toppenish and Granger, case management services are either long distance via telephone or mail or at times suspended in the fall until the families return to the area the following spring.

Program Structure and Administration

The Washington State Migrant Council (WSMC), a public non-profit agency, oversees a variety of services for migrant families, including Migrant Head Start, which serves over 2,000 children, and the Family Service Center, which serves approximately 100 families. The WSMC headquarters are located in a newly-renovated, corporate office building in Grandview.

The main office of the FSC is located at the Migrant Child Institute in Grandview. The administrative work of the FSC is conducted primarily out of this location. The Grandview space contains conference and meeting rooms as well as offices for the project director, three case managers, and two administrative assistants. Case managers also have access to office space in Granger and Toppenish which they often share with other Head Start employees based in those locations. Families sometimes visit the FSC offices, especially at the Grandview location, but the case managers usually meet with participants in their homes.

Content and Delivery of FSC Services

The FSC developed a partnership between the Washington State Migrant Council (WSMC), the Job Training and Partnership Act (JTPA), and the Yakima Valley College (YVC) to provide literacy, employment, and life skills training to FSC participants. The partnership, known as the Pre-CDA Training Program, is intended to train Migrant Head Start parents to work in Head Start centers. While participants still have the option to access services separately from these collaborators, many families have chosen to participate in the Pre-CDA Training Program because it provides a way to end their dependence on temporary farm labor.

Literacy Services

Through the JTPA Work Experience (WEX) program, FSC participants are taught about Head Start through the Stanislus County Office of Education Training Model. The WEX portion of the training includes developing skills and knowledge in the areas of environment, interaction with parents, individualization, interaction with children, and exposure to developmentally appropriate curriculum.

FSC literacy services are provided by the WSMC Migrant Head Start program through their family literacy program. The WSMC offers both ESL and ABE classes four evenings per week at Head Start centers in the towns served by the FSC. Classes are often taught by YVC instructors and are attended by Migrant Head Start families. The WSMC makes no distinction between FSC and non-FSC participants, but the FSC case managers are often present to take attendance and monitor progress. Including the Pre-CDA participants, there are four people who regularly attend adult basic education classes, and 22 people who attend ESL classes. FSC participants who are part of the Pre-CDA Training Program must complete a minimum of 600 hours of ESL and/or adult basic education.

An ESL Class

The ESL class is being held at the Alice Grant Learning Center from 6 to 8 p.m. The participants arrive in small family groups. Sometimes, both husband and wife come in, accompanied by one or more children. At other times, the mother comes accompanied only by her children. On the way to the ESL classroom, the parents drop off their children in one of several classrooms where child care is being provided for the participants' children.

The ESL class is conducted in a large classroom; two long tables have been pulled together to make a single table around which sit 12 adults, about half of whom are men. There are two instructors leading the class—one is a certified ESL teacher, the other is an aide. The teacher is working with the more advanced group, the aide with participants who have less proficiency in English.

During the brief observation, the room is very quiet; everyone is writing on worksheets. The blackboard at the front of the room lists several English verb declensions and their past, present, and future tenses. The instructors move from person to person, offering help as needed.

Employment Services

The main resource for employment services is the Pre-CDA Training Program which consists of four components: JTPA Work Experience (WEX), English-as-a-Second-Language (ESL) or adult basic education (ABE) classes taught by the WSMC, the Displaced Homemaker's class through the YVC, and Migrant Head Start inservice. The training program requires full-time participation (40 hours a week) for 12 weeks. All classes are held at the Head Start centers in the three towns served by the FSC. Participants are compensated for the time that they are in training (JTPA pays minimum wage for 40 hours a week) and must, therefore, give up their farmwork jobs in order to attend classes during the day. Once the training program is completed, participants are employable at Migrant Head Start. At the time of the site visit, 14 FSC family members were participating in the Pre-CDA Training Program.

An integral part of the Pre-CDA Training Program is the Displaced Homemaker Program which focuses on life skills. Usually a course for single mothers, the Displaced Homemaker classes have been adapted for the needs of this migrant population. Technically, "displaced homemaker" includes individuals who are both homemakers and the sole income providers

supporting their family. Using this definition, the FSC has allowed both men and women, and even husbands and wives, to participate.

The Displaced Homemaker Program is taught by a staff member from the Yakima Valley College (YVC). The classes cover such topics as: awareness and self-esteem, women (and men) in relationships, stress management, dealing with the social service system, academic preparation, wellness issues, financial management, and employment readiness. The classes, conducted in Spanish, operate like a support group, requiring a high emotional commitment and a willingness to openly discuss personal issues. The two-hour classes are held every afternoon for five weeks and students are required to complete 50 hours. Including the Pre-CDA trainees, there are a total of 28 participants who attend the Displaced Homemaker classes, including two men.

Displaced Homemaker Class

The Displaced Homemaker class is held on Wednesday afternoons from 2:00-4:30 p.m. in a large classroom at the Alice Grant Learning Center. Three tables have been pulled together in the middle of the room, to make one large table that participants can sit around, conference-style. At the front of the room is a blackboard and, closer to the table, an easel.

This class is one in a series provided by staff from Yakima Valley College (YVC) that is intended to begin the process of preparing participants to enter the world of work. This session is on insurance of various kinds: auto, home, health, and life. The teacher is a bilingual YVC staff member. There are 10 participants—eight women and two men. All are in their mid to late twenties.

The teacher has been teaching similar classes for many years, but this is her first experience teaching a bilingual format to limited-English-proficient adults. She appears experienced and accessible, and her presentation is animated and varied; she sits at the head of the table, frequently jumping up to write things on the easel pad. She reviews the different kinds of insurance, their purpose, utility, and likely costs. The discussion is completely in Spanish. There are lots of questions; the male participants are particularly interested in this topic. The teacher asks a lot of questions about any experiences the class has had with insurance, occasionally writing on the easel the answers to her questions. Although the men talk more than the women, all the class members seem interested, and most have questions or comments. The teacher makes a genuine effort to involve everyone in the discussion, moving around the table to two of the quieter women and encouraging them to comment.

Substance Abuse Services

The FSC has just started to research substance abuse awareness programs, and services in this area have been very limited. Although case managers believe that 10 to 15 percent of the FSC families are dealing with alcohol issues, no one has ever requested help for an alcohol problem. Staff report that within the migrant population, it is culturally taboo to discuss drug or alcohol problems with people outside of the family, and this standard may account for the silence. FSC staff acknowledge a problem exists with Saturday night drinking and would like to offer family-oriented activities as alternatives on Saturday evenings.

Support Services

The FSC offers child care and limited transportation services. Since all of the staff connected to the FSC are bilingual, there is no need for translators.

Child care is provided at the Head Start centers for children five years old and younger for all FSC activities and services. In addition, during the growing season, Head Start centers in the area offer child care services from 5 a.m. to 6 p.m. to accommodate parents who work long hours in the fields. Head Start centers stay open longer hours when parent/family activities are offered.

Transportation, a major problem for families, is not readily available for FSC families. When necessary, case managers transport FSC participants in their personal cars.

The FSC solicits a great deal of in-kind contributions for the FSC families. Items such as health kits, blankets, flashlights, and free training on finances, legal issues, and agriculture certifications are made available to FSC families.

Case Management Process

Migrant families were given information about the FSC during their orientation to Head Start. Families were then referred by the Head Start Parent Involvement Coordinator to the FSC case managers, who were responsible for explaining the random assignment process. Once families were identified as FSC participants, case managers were assigned by geographic area, one case manager for each community served by the FSC. Each case manager works with approximately 25 to 30 FSC families.

Case management services began with a home visit during which all FSC families completed an intake form. The intake form focused on families' needs in the areas of housing, food, clothing, economics, physical health, mental health, transportation, education, substance abuse, legal issues, and literacy. Case managers helped families develop a service plan outlining their goals based on the needs assessment. Case managers are responsible for updating the forms whenever goals are achieved or changed.

Case managers try to meet with families once or twice a month, usually for an hour visit. Most families don't have telephones, so case managers make home visits during times when the adults are likely to be home. Since so many FSC participants work during the day, case managers often visit families in their homes in the evenings or on weekends. Families also can be contacted at the various classes and project activities.

FSC Referral Process

The FSC case managers identify basic needs of families from the intake forms and service plans and use additional questionnaires developed by the project to identify other needs that families may have. Families' needs can be acute at the beginning of the season if the work is delayed for a week or more. They may arrive with no money and no place to live until the housing camps are open to them.

Case managers arrange emergency housing through the Salvation Army or place families on a waiting list for the limited supply of public housing. Emergency food is obtained for families from local food banks and families are also referred for Food Stamps. For health services of all kinds, families are referred to the Farmworkers' Clinic, which charges for services using a sliding fee scale. In the intervals between harvests, when families may again run out of money, the case managers refer them to the Department of Employment Security for unemployment benefits.

For most referrals, the case managers send out a referral form to the appropriate agency and, if the family has transportation, the family is expected to follow-up the referral. If the family has no transportation, case managers will transport families in their own cars.

FSC Staff

In addition to the FSC project director, there are three case managers and two administrative assistants on the FSC staff. All of the staff are bilingual. There has been limited staff turnover at the project and the staff appear to be a cohesive unit, committed to helping the migrant families.

The project director is from a migrant family who eventually settled in Prosser. She has a bachelor's degree from the University of Washington and will be starting graduate studies there in the fall of 1994. She is responsible for the overall direction of the FSC, supervising the FSC case managers and administrative assistants, and coordinating with Head Start, the Migrant Council, and the FSC advisory board.

Two of the three case managers are from the area, and the third grew up in a town only a few hours away. All of the case managers have a great deal of case management and social service experience. Prior to joining the FSC, their experiences included working as a JTPA administrator, working as a school-based case manager for at-risk children, and working as an employment and training counselor. One of the case managers has a bachelor's degree and the other two are high school graduates with several years of college coursework. Their length of time working at the FSC ranges from two years for one case manager to six months for the newest case manager.

The case managers estimate that they spend about half of their time working directly with families, one quarter attending to paperwork and meetings, and one quarter of their time involved in community resource collaboration and agency contacts. Since almost all of the families are two-parent families, the case managers each have approximately 50-60 participants in their caseloads. With most of the FSC participants working or in the Pre-CDA program during the day, the case managers often conduct their home visits in the evenings and on weekends and usually work in excess of 40 hours a week.

Staff Support Services

Most of the staff support services are offered through Migrant Head Start. FSC staff attend a Head Start training each year in April to learn about issues such as eligibility, nutrition, and program features. In addition, case managers attended the annual Child Abuse Conference sponsored by Migrant Head Start, and they recently attended a substance abuse training. FSC staff also attend monthly Advisory Council meetings that include representatives from various service providers in the community.

The project director supervises the case managers individually and as a group and also is available to meet with staff informally. The FSC also meets as a group for weekly staff meetings to share information.

Collaborations

The FSC provides services entirely through case management and formal collaborations with other agencies. The primary collaborating agencies are JTPA and YVC, who together with WSMC, form the partnership that provides the Pre-CDA Training Program. Case managers hope that the Pre-CDA Training Program will become the prototype for other collaborations with area employers, so that FSC participants will have other options in addition to working in Migrant Head Start.

Conclusions

Responses of FSC Families to the Services

The program seems to have been effective in getting parents (often both parents) involved in services that will increase their chances of moving out of migrant farmwork and into more stable employment. The program staff attribute this as much to the families' aspirations and determination as to the work of the program staff. One indicator of this is the lobbying by non-FSC Head Start parents for the same services. Another is the willingness of a substantial number of parents to attend ESL classes in the evening after a long day in the fields.

Because many of the staff are children of migrants, they are sensitive to the issues that are unique to migrants. They do not assume that all migrant families will choose to abandon this way of life. Thus, they are not trying to change families for whom the migrant lifestyle is

comfortable and who are much less motivated to participate. Staff also understand the enormous work demands made on families and know that even motivated parents may be unable to attend every class.

Program Features Most Important to the FSC's Success

Staff consider the Pre-CDA training to be the most innovative aspect of the program because it represents a real effort to conceptualize a path to a job for parents with limited job skills. It draws together all the strands of education, life skills and work experiences that are necessary preparation for employment and creates a mechanism for replacing some part of the income that is foregone during the training.

Challenges Faced by the FSC

In addition to the problems that face most low-income families, migrant families have to contend with the disruption associated with constantly moving, the health and safety risks related to farming because of pesticides and using heavy machinery, sub-standard and overcrowded living conditions in migrant camps, and the challenge of educating their children in the context of a nomadic lifestyle. Despite these challenges, most project families seem to have a strong commitment to attaining self-sufficiency.

The FSC project in this site also faces several challenges related to the migrant status of their participants. One challenge is serving families for a shorter period of time than other FSCs. Despite their abbreviated service period, the project seems satisfied that case managers can work well enough with families in the time they have to motivate parents to find ESL and ABE programs once they return to Texas. A second challenge is continuing to provide Head Start and FSC services to parents who, in entering the Pre-CDA program, have left migrant work and are potentially ineligible for migrant Head Start services. As a result of the FSC project's strong advocacy, the Head Start Bureau ruled that families could continue to be served even if they were not working full-time. Staff report that the problem could be resolved by incorporating the FSC into Migrant Head Start and Regional Head Start to provide year-round transition.

In addition to the challenges faced by the FSC families and the project, there are two types of services that are not available to FSC participants—mental health services and transportation. There are essentially no mental health resources available to migrant families in the Yakima Valley. (The mental health programs available have few bilingual staff.) In addition, there is an absence of any public transportation. The lack of transportation is a major issue because it limits families' access to services. The FSC staff compensate for the lack of public transportation by transporting FSC participants in their own cars.

Greenville, South Carolina

Overview of the FSC Project

The Greenville Family Service Center is sponsored by Sunbelt Human Advancement Resources, Inc. (SHARE), a community action agency serving low-income families throughout three counties in the northwestern corner of South Carolina. SHARE is the grantee for the Greenville Head Start program under which the FSC operates. The Greenville FSC serves 100 Head Start families from Greenville County. The FSC operates out of a centralized site where intensive case management takes place. GED classes, substance abuse counseling, and job training are offered elsewhere in the city of Greenville by collaborating agencies.

Characteristics of the Community Served

Over 320,000 people reside in Greenville County, an area encompassing nearly 800 square miles. According to the 1990 Census, more than 15 percent of the households in Greenville County earned annual incomes of less than $10,000. Literacy also is a serious problem in Greenville County; nearly one quarter of its residents are illiterate according to a recent study. The vast majority of the Head Start families (78%) receive AFDC and are headed by a single parent. Nearly all of the FSC participants are African-American single mothers living mostly in public housing developments.

Program Structure and Administration

The FSC is located in one of the Greenville public housing projects which the FSC project serves. The housing project is a small development with two-story, townhouse-style brick apartment buildings in clusters of four building groups. The FSC was created by renovating two adjacent apartments; there is a reception and kitchen area downstairs and separate offices for each of the case managers upstairs.

SHARE, the grantee agency for both the Head Start program and the FSC, operates anti-poverty programs under four major divisions. The community services division provides general emergency assistance, ABE and life skills classes, as well as education programs to prevent teen pregnancy and provide mentoring for high-risk youth. Under the employment and training division, job training and employment programs are offered to adults and students at risk for dropping out of high school. The third division provides weatherization/energy services. The FSC operates under the fourth division, which is the Head Start program itself. Organizationally, the FSC falls under the jurisdiction of the Head Start director who serves as the immediate supervisor of the FSC director.

Content and Delivery of FSC Services

Literacy Services

The Greenville FSC collaborates with the Office of Lifelong Learning to offer literacy services to its clients. The main building of the Office of Lifelong Learning is known as the Sullivan Center. GED classes, high school classes for a diploma, ESL classes, and computer, typing, and business courses are offered at the Sullivan Center during the day. Evening satellite services are offered at neighborhood high schools. The school district of Greenville County sponsors these literacy programs, and anyone in the county is eligible to attend classes.

The FSC moved its literacy services to the Sullivan Center after one of the teachers from the Office of Lifelong Learning worked for the FSC during the summer. Approximately 14 FSC participants have taken advantage of literacy opportunities at the Sullivan Center—12 have attended GED classes, one young mother attended courses through the JOBS program sponsored by the Department of Social Services (DSS), and one completed credits toward a high school diploma.

The Sullivan Center employs a self-paced learning system to implement its approach of "academic upgrading." Students are initially assessed using the TABE Level D Survey, which includes sections on reading, math, and language skills. Students are then divided into two groups: (1) basic, when reading is below an eighth grade level, and (2) GED, when reading is at or above an eighth grade level. (Most non-readers are referred to the Greenville Literacy Association, because there are not enough staff and resources at the Sullivan Center to accommodate them.) One of the teachers at the Center develops a syllabus for the incoming student based on the test results. It is the responsibility of the student to attend classes and progress toward the established goals.

Classes for GED students are offered in the core subjects of science, math, reading, spelling, language, writing, social studies, and problem solving. Teachers are available as resources and usually do not lecture. Students progress by individually grading their own work and moving to the next section when they have scored at the appropriate level; therefore, students are at different levels within the same classroom. There is an open enrollment-open exit policy, so the student-teacher ratio varies from day to day.

Classes are offered four days a week between 9 a.m. and 2 p.m.. For one hour before classes and all day Friday, independent worktime is offered to allow students to focus on areas that interest and/or challenge them the most. There are two ABE teachers, two GED teachers, three high school units teachers, two JOBS instructors, one ESL teacher, and one business instructor, plus a few office administrators. Two floors of large classrooms and offices accommodate the teaching staff and students.

The Sullivan Center staff do not make a distinction between FSC and non-FSC participants. However, the FSC case managers communicate informally with the teachers several times per week to keep track of the participants' attendance and progress. The case managers also check with FSC participants who suddenly stop attending classes. Since the math and science teacher had worked at the FSC as a literacy instructor, the FSC staff feel comfortable communicating directly with her about the individual needs of their FSC families. Both agencies indicate that the collaboration functions smoothly and that families are receiving the services that they need.

GED Math Activity

Students begin to enter the math and science classroom at the Sullivan Center a few minutes after 10 a.m. There are seven round tables arranged in the center of the room, and students fill up seats around the tables. The teacher has written math problems involving fractions on the board before the students arrive. When the class begins, there are 15 students in the room: three men, and 12 women. Students seem to be sitting near their friends, with the majority of the students choosing to sit with people of their same race and age group. Ten of the students are African-American and five are white. The teacher's desk is at the side of the room, and the teacher, a white woman originally from New England, is at the board.

The teacher begins by telling students that they are working toward taking the 90-question review for the GED math test. She goes through the examples on the board—quickly giving instructions and going over rules. The problems include: reducing and raising fractions, changing mixed fractions to improper fractions, and adding and subtracting improper fractions. She encourages the class to call out the answers to the examples. The teacher gives praise and instruction as she goes through the examples. Students seem to feel free to express their difficulties with certain concepts by whispering the teacher's name and saying to her: "I can't do it" or "I know I'll be calling on you again for help." The teacher responds by circulating around the room, breaking down the problems into steps, and offering words of encouragement like "you can do this" and "exactly right!"

After the class members complete the problems on the board, they are instructed to work on the 90-question review at their own pace. Students quietly work at their seats, as the teacher walks around the room answering questions. On the walls there are several math and science posters as well as motivational posters which proclaim: "You've made the first step—together we can learn new skills to conquer life's challenges" and "Success comes in CANS not CANNOTS."

Employment Services

Employment services are offered to FSC participants through FSC group workshops and programs funded through the Job Training and Partnership Act (JTPA). JTPA provides services in three ways: (1) classroom job training; (2) on-the-job training (OJT) at area businesses; and (3) job training opportunities for senior citizens.

Classroom Job Training

Greenville Technical College, as well as other area vocational schools, provide classroom job training for JTPA-referred clients. Classes include programs in trucking, auto repair, nursing and medical professions, hotel services, and secretarial/office work. Students attend courses for three to eight weeks, depending on the course requirements. Sixty to seventy percent of

pay for books, certification costs, bus passes, and child care.

JTPA staff indicate that job placement rates after completing a training course depend on the

student becomes, the easier it is to place her or him. Often, with students who are more difficult to place, the JTPA staff try to be creative and to find non-traditional applications for

"paper processing" job at a large department store.

On-the-Job Training (OJT)

On-the-job training (OJT) is provided by local businesses which JTPA recruits. Ninety-five percent of OJT occurs at manufacturing firms and warehouses. Companies typically hire from

period, and typically there is a $0.50 per hour raise after the client completes the training and the company assumes the total salary payment.

requirements such as having a high school diploma or GED, being able to lift 100 pounds or more, having word processing skills, or having at least an eighth grade reading level. Because

to get the needed degree—although staff realize that OJT participants often are not in the position to go back to school. Students are typically referred to a company based on their

help pay up to $40 per week for child care ($100 per family per week, if there is more than one child) and provide bus passes as needed.

The Job Training Opportunities for Senior Citizens program is geared to the needs of individual clients. Participants may be offered courses at technical colleges or on-the-job

course which teaches them how to interview, prepare a resume, conduct a job search, etc.

An Employment Workshop at the FSC

Ten FSC participants attend an employment workshop on job applications early one afternoon at the Woodlawn Library located in a renovated apartment adjacent to the FSC site. All of the participants are young, African-American women. One of the women has a sleeping child in her arms. The workshop is led by one of the FSC case managers; the other two case managers assist.

The workshop begins with a skit about the right and wrong ways to seek a job application. One of the case managers acts as a personnel manager and the FSC office administrator plays the role of the applicant. When the applicant enters the room the first time, she is clearly the example of the "wrong" way to seek a job application. Everyone is laughing at her see-through flowered blouse, her striped stretch pants, and her flamboyant jewelry. The skit unfolds with the applicant making every conceivable mistake (including flirting with the director's boss when he walks by). When the skit is completed, the case manager debriefs the participants, pointing out what went wrong with this interaction. The next time the applicant enters the room for the second skit, she is dressed respectfully. She and the personnel manager perform the skit again, but, this time, the applicant asks appropriate questions, is prepared to complete the application, and is cordial and polite.

Following the skit, the case manager shows a short video, "Interview Me," one of a 17-part series on employment. This segment focuses on making a "master application." The video presents women and men from different ethnic and racial backgrounds discussing several aspects of filling out a job application. After the video, case managers give each participant two or three different applications from area businesses. They are instructed to begin filling out an application in pencil, making sure to ask questions when they are confused. This will serve as the participant's master application when they apply for a job.

As the participants complete their applications, the case managers field questions about items on particular applications. When the question of salary range is raised, the workshop leader advises: "Don't ask for minimum wage...start with seven dollars per hour...reach for the sky...ask for something as opposed to taking what they give you." He speaks about his own experience with unemployment and job searching. The case manager ends the workshop by handing out coupons for McDonalds and telling the group about a scheduled field trip to Lucus, an automotive parts manufacturer.

JTPA services are available to the entire Greenville community. Clients are referred to JTPA through a variety of sources, including SHARE Head Start and the FSC, DSS, United Ministries, flyers in housing areas and schools, job fares, community centers, word of mouth, and newspapers. The FSC has referred three people to OJT and one person to technical training in hotel services.

Case managers informally monitor their clients' progress by talking with JTPA staff, who report that they feel comfortable giving feedback to the FSC. JTPA staff indicate that, while no distinction is made between FSC and non-FSC participants, they are aware of FSC participation and appreciate the information that case managers provide about the FSC participant.

JTPA is staffed by a director, three case workers, a recruitment and placement coordinator, an in-house monitor, a financial accountant, a certification specialist, and a receptionist. Their goal as a staff is to provide good opportunities (i.e., not minimum wage) for participants

working toward self-sufficiency. They see people who have been in the system a long time as the least likely to want to make a change. However, JTPA staff are encouraged by younger women and men who "really want to make positive steps to get off welfare." The plan is for JTPA to offer a Life Skills course similar to the one being offered to older individuals. It is their hope that "people will be willing to go half way, so that JTPA can meet them."

Substance Abuse Services

The Greenville FSC provides substance abuse services through referrals to the local alcohol and other drug abuse (AODA) agency. The agency offers a full range of drug treatment services including three-to-five day detoxification, residential treatment, and outpatient counseling. The most active role the AODA agency has played with the FSC has been in training and consultation. The agency has trained the FSC case managers in identifying substance abuse problems as well as overcoming resistance and denial on the part of both the Head Start parent with the problem and other family members. The treatment director of the AODA agency also provides anonymous case consultations to the case managers on an as-needed basis.

Both the FSC project director and the case management staff acknowledged that addressing this service area has been, and continues to be, a tremendous challenge. FSC participants are suspicious of case managers whenever the question of substance abuse is raised. Parents are afraid the case manager will turn them over to law enforcement agencies and such fears are exacerbated by the close proximity of the housing authority police department office to the FSC site. Case managers also have difficultly detecting substance abuse and, in those rare instances where case managers have suspected it, FSC participants have simply denied the problem exists.

The FSC program has had very limited success in tackling this issue. In only one instance have case managers actually succeeded in enrolling an FSC parent in drug or alcohol treatment. Given this wall of denial, the project director has decided to take a less direct approach. Discussions of substance abuse and AIDS prevention have been treated as "bonus topics," blending them into workshops with more popular themes such as health promotion or parenting issues.

Support Services

The FSC has purchased two vans to provide transportation for FSC participants to all services. FSC case managers take turns driving participants around the county for activities as well as taking children to day care.

Child care also is provided for the FSC participants who need it. The FSC usually pools its resources with other services offering some type of child care (such as JTPA) in order to

maximize the amount of aid it can offer. Currently, five dollars per day is provided for private care, and day care is available through area agencies.

At workshops and other FSC gatherings, refreshments and beverages are served. Gifts are given away at least two times per year, depending on the number of donations from businesses.

Case Management Process

Head Start parents from Greenville County were recruited to participate in the FSC. Once the parents were interviewed and randomly assigned to the treatment group, they were assigned to a case manager based on the geographic location of their residence. Since most of the FSC participants live in public housing, each case manager works with families who live in particular housing developments that form neighborhoods throughout the county. This method of assigning cases allows each case manager to focus on certain neighborhoods, thus reducing the amount of time spent traveling for home visits.

Each case manager has an active caseload of 25 families whom they try to contact on a weekly basis. With most FSC participants, the case managers make weekly home visits. In those unusual cases where the parent works, these contacts may take place over the telephone. In addition to conducting home visits, the other primary responsibility of the case managers is to provide transportation to the FSC participants. The case managers share this responsibility, with each manager taking two or three days of transportation duty each week. Each case manager spends about 40 percent of his or her work week driving participants to various places including the Sullivan center where GED and pre-GED classes are held, social service agencies for appointments, and the FSC itself for employment workshops.

The case managers try to make the most of this time by engaging participants in seemingly casual conversations about the successes and obstacles the parents have recently experienced in moving towards their goals. Since transportation duty is shared, case managers often transport parents from each other's caseloads. Whatever is learned in the course of transporting parents that are officially assigned to another case manager is shared with that case manager through informal conversations throughout the work week. Thus, the case managers work closely together as a team, informally sharing each other's caseloads.

The case managers agree that their overall approach to case management entails "meeting the clients at their own level" and "offering them what the clients are interested in." To do this, the case managers begin their work with each family by conducting a needs assessment using a standard instrument developed by ACYF for Head Start families. During this first session, the case manager helps the FSC parent identify needs in areas such as employment, education, housing, health, and family relationships. Once needs have been identified, the case manager helps the family begin to set goals to meet those needs. The results of this intake session form

the basis of the family's service plan which the case manager uses to define the scope of work with each family.

To a large degree, the case managers see themselves in the role of motivator for their clients. In addition to helping families identify goals, case managers create "mini-goals" or small achievable steps that can build the participant's confidence. For example, getting the GED can "seem like a huge mountain" to some participants. The case manager helps the participant focus on mini-goals like passing one particular test or, even more immediately, attending classes at least twice a week, as signs of success. When participants succeed in attaining their goals, the case managers reward them not only with praise and encouragement but also with incentives such as a dinner at a local restaurant or a certificate of achievement.

FSC Referral Process

For most of the FSC participants, getting their GED is their primary goal. Case managers help participants enroll in GED classes by signing them up to take the entrance test. The literacy providers use the results of that test to place the individual into a particular class which can range from basic skills or pre-GED classes to high-school level GED classes. After the parent starts to attend classes, the FSC case manager keeps in touch with the participant's teacher regarding his/her progress. Students who are FSC participants sign a special attendance sheet which shows the time they arrive at class and when they leave. Case managers review the attendance sheets at least weekly. If a participant has not been attending classes as planned, the case manager follows up with the individual to find out why. (This method also is used to track attendance in other programs, such as job training sessions sponsored by JTPA.) If the client is facing particular obstacles such as problems with child care or transportation, the case manager works with the participant to address the obstacles. If the unexplained absences are due to a lapse in confidence or motivation, the case manager talks with the participant about these feelings and tries to get the participant "back on track."

In addition to its collaboration with literacy providers, the FSC also works closely with the local providers of alcohol and other drug abuse (AODA) counseling and job training. Staff members from the local AODA agency and the adult education center that sponsors GED classes have been involved in the FSC since the original submission of the grant proposal for this demonstration project.

Besides the providers of services in the three main FSC areas of literacy, employment, and substance abuse, case managers also collaborate with social service agencies such as the Department of Social Services (DSS) and the Public Housing Authority. In those instances where FSC participants are required to participate in the DSS work support program, case managers collaborate with the DSS case worker assigned to their clients. When the FSC/work support client fails to go to school or work, the DSS case worker contacts the FSC case manager, who in turn works with the individual to ensure compliance with whatever is

required to maintain AFDC benefits. Case managers also advocate for their clients with other social service agencies to help them receive the assistance they need. For example, an FSC family's apartment was burglarized recently. Since the family lived in public housing, the case manager advocated with the Housing Authority on the family's behalf to have the door replaced and the locks changed.

FSC Staff

The Greenville FSC has six full-time staff positions. In addition to the program director, there are four case managers and one staff person who provides administrative support. At the time of our site visit, one of the case manager positions was vacant.

The program director has a bachelor's degree in psychology and is presently studying for a master's degree in social work. Having grown up in Greenville, he left the area to join the Air Force and recently retired after 25 years of service. After his retirement, he returned to Greenville and was hired as the FSC project director by his former high school teacher who is now the director of Head Start. In his role as project director, he is responsible for overseeing all FSC program operations, supervising the case managers, and establishing collaborative partnerships with community agencies and neighborhood organizations associated with the public housing developments served by the FSC.

Case managers are required to have a college degree, as well as excellent interpersonal and communication skills. Case managers must also have a work record that establishes their reliability, ability to work autonomously, and experience in working with people from various backgrounds. The one case manager who has been employed at the project since the FSC began has a bachelor's degree in sociology. He worked in the past as a certified AODA counselor, working predominantly with patients who were referred for treatment by a probation officer. Another case manager has a bachelor's degree in marketing, and has experience as an intake worker at a psychiatric ward in New York City. The third case manager currently on staff has an associate's degree in business management and a bachelor's degree in engineering. In addition to 15 years of management experience, he also has taught remedial education.

The Greenville FSC has experienced a great deal of staff turnover since its inception. Only the program director and one case manager remain in their original roles. Two of the original case managers left the FSC to direct components of the regular Head Start program. These transfers from the FSC to the Head Start program were considered promotions that offered management experience and higher levels of compensation. While the FSC project director has discussed staff turnover with the Head Start director, he considers the promotion of excellent staff into permanent, better paying positions within Head Start to be unavoidable.

Case managers' satisfaction with their jobs does not seem to have suffered as a result of this turnover. Two of the case managers have been working in their current roles for about six months and assert that they are still learning all that their jobs entail. All three case managers reported that they find their jobs to be very rewarding, and that they feel an intrinsic sense of value from their work with their clients. They take particular pleasure and pride in those cases when they see participants succeed in reaching a goal such as getting a job or receiving a GED. The case managers also receive much appreciation from their clients, many of whom treat them "like a friend." They also enjoy the recognition they receive in the community as people who care.

Staff Support Services

In addition to the informal support the case managers offer each other on a daily basis, all staff meet formally every other week. These FSC staff meetings generally last from one to two hours and usually involve planning workshops and other program events for the FSC parents. Individual cases are not discussed in the staff meetings in order to protect participant confidentiality, but can be raised in private meetings between a case manager and the project director. In addition to the support received in the staff meetings, case managers also receive direct supervision through quarterly reviews of their clients' records. The project director ensures that the case managers have thoroughly documented their weekly contacts with all of their clients and, when applicable, received reports on participants' progress from GED instructors and/or job training providers. The project director then meets with each case manager individually to review each participant's progress over the previous quarter and to assist in developing objectives for the coming months. Any obstacles or problems with particular participants are also discussed in the quarterly reviews, and the program director helps the case manager to generate new approaches to the difficult issues.

In addition to the bimonthly FSC meetings, FSC staff meet with the entire staff of Head Start on a monthly basis. In these larger, all staff meetings, the Head Start director informs everyone of upcoming events ranging from Head Start training sessions at the regional and national levels to neighborhood watch meetings at the local level. These meetings also afford the FSC case managers an opportunity to coordinate transportation with the Head Start bus drivers. Case managers also use this time to confer with Head Start teachers regarding the progress of the children of FSC parents and talk with the Head Start transportation coordinator who helps case managers locate FSC parents who have moved.

Case managers have taken turns attending Head Start regional and national conferences on subjects such as adult literacy and HIV prevention. At the beginning of the school year, the AODA agency sponsored a workshop for both Head Start and FSC staff on how to recognize a family dealing with a substance abuse problem and how to approach a family about the problem. All the FSC case managers also attend the monthly training sessions held by the

AODA agency in order to receive or, in the instance of one of the case managers, maintain their certification as substance abuse counselors.

Collaborations

The FSC provides services entirely through case management and informal collaborations with other agencies. There are no service providers on the FSC staff. Positive working relationships have been established between the FSC and many of the community service providers in the area. There are several agencies in addition to the Office of Lifelong Learning, JTPA, and the Greenville County Commission on Alcohol and Drug Abuse (CARE) which are available to FSC participants. However, there has not been a great need to refer outside of these three main service providers, because the collaborations are working well.

It appears that there are few, if any, barriers to service provision for FSC participants and that needed services are available in the Greenville area.

Conclusions

Responses of FSC Families to the Services

Case managers report that a key to building rapport with families is through self-disclosure, sharing hard times from the case manager's past when he/she was unemployed and how he/she survived. The case manager who grew up in the same housing projects where the FSC participants live also acts as a role model, showing the participants that they can move out of the projects to a better place. With the support and encouragement of the case managers, participants become motivated and begin to make positive steps such as attending GED classes. Frequently, however, participants will unpredictably abandon their plans, falling back into the complacency that seems to result from their negative image and the social pressures that surround them. Thus, a cyclical pattern of participation emerges: the FSC participant responds to the case manager's efforts for a period of time, then the countervailing forces seem to take hold for a time, followed by another period of positive activity, and so on.

Case managers identified support networks within families as the single most important factor in keeping participants "on track." FSC participants who have the support of their own parents, children, or spouses are more likely to consistently move towards their goals such as regularly attending GED classes or sending out applications for employment. On the other hand, FSC participants who are lacking that kind of support often bow to peer pressure that no one can really get ahead and that no one escapes from the public housing projects. This pressure typically comes from the boyfriends of the FSC single mothers who prefer that the women stay at home. The case managers try to intervene in this pattern by meeting with the FSC mothers in the absence of the boyfriends and trying to convince the women that they can make positive changes in their own lives. Thus, the case managers are at least partly successful in providing the support that is missing from some FSC participants' family lives.

Program Features Most Important to the FSC's Success

The FSC staff indicate that their program is able to be so successful because they can respond effectively to families' basic needs for transportation and child care. Owning two vans and being able to offer child care allow the case managers to more effectively address the areas of literacy, employment, and substance abuse.

Challenges Faced by the FSC

The only difficulties reported by the case managers have to do with the frustration they sometimes feel at the slowness of bureaucracy and the unpredictability of some participants. Advocating on the behalf of participants with social service agencies requires a certain degree of tenacity and patience. Case managers feel that the response of the agencies can sometimes take too long to adequately meet their clients' needs. Additional frustrations arise when the participants themselves revert to complacency, sharing with their case managers beliefs such as, "I'm not gonna get anywhere anyway, so why bother?" The case managers agree that their jobs take a great deal of persistence and fortitude in the face of these challenges. They also agree that the effort is worthwhile, both in the value they place on their relationships with their clients and especially on those occasions when they can see their clients achieve a hard won goal.

Los Molinos, California

Overview of the FSC Project

The Los Molinos Family Service Center (FSC) is located in the small rural community of Los Molinos in northern California, about 100 miles north of Sacramento. The FSC is co-located with the main offices of Northern California Child Development, Inc. (NCCDI), the grantee for Tehama County Head Start and the Family Service Center. The FSC serves approximately 50 families from the rural communities of Los Molinos, Red Bluff, Tehama, and Corning. FSC staff includes a project director, two family advocates who conduct case management, a literacy consultant, a substance abuse consultant, and a project secretary. Services in literacy, employment, and substance abuse are provided to FSC participants primarily through community resources.

Characteristics of the Community Served

The FSC serves families living in Tehama County, a geographically dispersed, rural area in the Sacramento River Valley. FSC participants are concentrated in three communities: Red Bluff, Los Molinos, and Corning. The largest number of FSC families reside in Red Bluff, a small city of 20,000 people, which is located approximately 30 miles north of the FSC office. Los Molinos, an unincorporated town of 1,500 residents, lies at the center of the service area, and Corning, with a population of 5,000, is approximately 15 miles south of Los Molinos.

The economy of Tehama County is largely based on agriculture; the area contains large orchards well known for their harvests of walnuts, almonds, olives, prunes, and other fruits. Several olive processing plants are located in Corning. Red Bluff also draws tourists attracted to its many restored Victorian homes. Many residents in the area rely on seasonal employment, and job opportunities in the county are sparse. The region has experienced severe downturns in its beef and lumbering industries. Among the area's more infamous industries are the large number of marijuana growers and meth-amphetamine labs.

Staff report that the county's economy has always been "slightly depressed," even when lumbering mills were operational and the market for beef was better. Despite these economic conditions, staff describe farm families as being "stable," and report that property has always been affordable, making migration out of the area uncommon. A proposed Wal-Mart distribution center in Red Bluff is expected to improve the employment prospects of area residents, including FSC families.

Fifty percent of the Head Start population in Tehama County, similar to that of FSC participants, consists of intact families. Staff also report that they have observed an increase in the number of grandparents assuming responsibility for raising preschool children. Approximately two-thirds of all Head Start families are white, one-third are Hispanic, and a

very small number are African-American. The number of Head Start and FSC families who are employed fluctuates with the season and can be as high as 50 percent. Education levels for FSC parents vary; the average among white families is 11th grade, while the majority of Spanish-speaking families have not attended school beyond the elementary grades. Those who have emigrated from Mexico have little formal schooling. Staff estimate that approximately 12 FSC parents speak only Spanish.

Numerous social and human service programs are available to low- and moderate-income families throughout Tehama County and the NCCDI distributes a "Directory of Low or No Cost Services" to Head Start parents.

Program Structure and Administration

The Northern California Child Development, Inc, a private, non-profit organization serving families in Tehama County since 1969, is the grantee for Head Start and the Family Service Center. The agency operates three Head Start centers and employs nine Head Start home visitors to work with families who live more than five miles from a center. In total, Head Start serves 176 children. NCCDI also operates an Even Start program, serving families with center-based as well as home-based family literacy services.

The main offices of NCCDI are located in a portable building on a small lot across the street from the high school, near the center of Los Molinos. Three other portable units on the same lot house the FSC offices, a child care program, and an adult education program. The FSC portable is large and airy and is divided into work space for all of the FSC staff and consultants. The room also has a conference table, a sitting area, and an area for files and resource materials. The FSC staff meet with participants at the office when necessary, but most group activities and workshops take place in other locations in the county, such as schools and community buildings.

Content and Delivery of FSC Services

The FSC provides services to families in the areas of literacy, employment, and substance abuse. While the project works primarily with the mother of the Head Start child, they also have a number of fathers and non-married partners who participate in services. The FSC employs two consultants who provide individual and referral services in literacy and substance abuse. Employment services are coordinated through the family advocates and the project secretary.

In addition to activities in the three core services, the FSC also conducts evening programs each month in one of the communities served by the FSC. These programs are called "Infoshops" and most often involve an outside speaker brought in to provide education or useful information to FSC participants on a variety of topics such as immigration rights, smoking cessation, health issues, and employment training.

Literacy Services

Literacy services are coordinated through a half-time literacy consultant who is an employee of the Tehama County Department of Education. The consultant has office space at the FSC and has daily contact with the FSC staff.

The literacy consultant works individually with FSC participants and coordinates services for participants with community providers. She estimates that she works with about 20 FSC participants during the course of a typical month. She also meets regularly with adult education providers in the community as part of her responsibilities for the Department of Education.

Service delivery begins with a referral from one of the family advocates for an FSC participant who has expressed an interest in receiving literacy services. The consultant's first step is usually an assessment of the participant's literacy level using the Comprehensive Adult Student Assessment System (CASAS). Depending upon the result of the assessment, and where the participant lives, a variety of service options can be pursued.

When needed, the consultant provides one-to-one tutoring for FSC participants and also helps participants individually with other issues, such as writing a resume or preparing for GED tests. This happens most often for families living in communities with limited literacy resources. In other communities such as Los Molinos, Corning, and Tehama, FSC family members are referred to evening GED, English-as-a-second-language (ESL), and adult basic education (ABE) classes provided by Even Start. In Red Bluff, where Even Start services are not available, FSC families are referred to community agencies, such as the local library program that offers basic skills and ABE classes, or the Literacy Council that provides one-to-one tutoring, GED classes, and computer instruction.

Most of the literacy services in the county are offered in the evenings. While this is convenient for family members who work, it is difficult for some of the FSC participants to leave their children in the evening to attend classes. Staff feel that participation in literacy activities would be higher if classes were offered during the day.

Employment Services

The Job Training Center (JTC) of Tehama County provides the majority of employment services for FSC participants. Families also are referred to the Greater Avenues for Independence (GAIN) program, California's equivalent of the federal Job Opportunities and Basic Skills Training (JOBS) program, and to tutors in the community who teach business skills. FSC staff also offer career testing and a telephone skills workshop on-site at the project. In addition, the FSC developed a training program called Parents Involvement Training (PIT), which enables FSC participants to engage in part-time employment at the FSC and Head Start offices.

A Home Visit

The family advocate arrives at the FSC participant's home at 10:15 a.m. Her goal is to "check in" on the FSC mother and, in particular, to discuss the factors that have hindered her progress in working toward her GED. This parent finished 11th grade and plans to pursue GED studies in Red Bluff or Los Molinos. FSC staff have encouraged her to complete her GED before seeking employment.

The family advocate and the FSC mother sit at the table in a spacious kitchen decorated with plants and crafts. Two of the household's three children are at home. The four-year-old sits politely at the table with the adults while the 19-month-old naps intermittently, occasionally requiring her mother's attention.

The family advocate directs the discussion and begins the visit by reviewing the participant's goals, established five months before. Since that time, this FSC parent has decided that she would like to work with the handicapped, and the advocate probes for further clarification. This parent also reveals that she needs a quiet place to study for the GED; she and the family advocate discuss coming to the FSC office on a regular basis as a way to achieve this.

The conversation covers several other topics, including the family's health insurance coverage, child care issues, and the employment and health status of this parent's common-law husband. They discuss plans for him to come to the FSC office for career assessment testing.

Toward the end of this home visit, the family advocate and the FSC parent complete a two-page Family Action Plan, copies of which will be sent to the parent, and discuss a time for the literacy specialist to stop by the home to complete an assessment of educational needs for the participant. The home visit concludes at 10:50 a.m.

The JTC, located in Red Bluff, offers a variety of employment services to income eligible residents, including training in job search skills, a job placement service, on-the-job training, financial assistance for vocational training, and a basic skills lab.

The offices of GAIN also are located in Red Bluff. The program targets its employment, education, and training services to AFDC recipients, in an effort to prevent long-term welfare dependency. GAIN also subcontracts some of its employment services to JTC. The GAIN program provides child care and transportation assistance to its clients.

The FSC project secretary devotes an estimated 20 percent of her time to employment services for FSC families. Her primary responsibility in this area is supervising the Parents in Training (PIT) program. FSC parents in this program receive on-the-job training in office skills while providing clerical support to the organization. Three FSC parents have been involved in this program: one works three to four afternoons a week in the FSC office, another parent works in the reception area of the Head Start office, and the third participant serves as a translator and driver for the FSC.

The on-site telephone skills workshop, a four-hour session that uses JTC tapes to train participants on effective telephone communication, grew out of the PIT program. The workshop is open to all Head Start parents, and participants receive a certificate of attendance. The project secretary also administers a series of three tests in the Career

Occupational Preference System (COPS) that measure occupational interests, abilities, and values.

The FSC also pays for tutoring services in business skills, provided by two private companies in the area. In these sessions, students learn business communication skills such as how to type a business letter.

An Immigration Workshop

Twenty-six adults gathered one evening in the large community room of a church in Red Bluff for a workshop on immigration issues. The group consists of FSC parents and their friends and neighbors. At the far end of this room, in an area separated by a partition, the FSC's literacy specialist and a high school student supervise more than a dozen children in various activities; some are drawing or reading, while others are watching a video. Refreshments are available for everyone.

At approximately 7:15 p.m., one of the FSC's family advocates introduces the speaker for the evening, a bilingual paralegal from Butte County Legal Services. He addresses the audience in Spanish. Nearly all those attending are in some stage of the immigration process, and the presentation focuses on immigration laws and how to apply for permanent resident status. The speaker stresses the importance of parental involvement in their children's schools and in the community. He recommends that adults become citizens, and then petition for citizenship on behalf of their family members. He tells the group about citizenship classes offered by the Literacy Council and adult education opportunities in Los Molinos.

Towards the end the workshop, the speaker answers questions submitted in advance by the participants. The workshop ends at 9:30 p.m.

Substance Abuse Services

The substance abuse component has had a slow start at the Family Service Center. The consultant currently assigned to the FSC replaced a previous consultant who had only been in the position a few months before being terminated. The new consultant had been in her position for approximately a month at the time of the site visit. Staff explained that the previous consultant had not been successful in developing a substance abuse program at the FSC. This consultant was eventually terminated but the search for a new consultant who was both Spanish-speaking and experienced was lengthy. After a year-long search, the requirement for the consultant to be Spanish-speaking was dropped and the program was able to secure the current consultant.

The consultant is considered to be the substance abuse resource person for the FSC staff. Her responsibilities include individual assessments, education and group services for participants, staff training, and linking FSC participants to health-related services provided by the county, including drug and alcohol, mental health, and public health services. Referrals to county services may also be made by the FSC family advocates, depending on the participant's issues and the extent to which the consultant needs to be involved.

Since the consultant shares space with the FSC staff four days a week, she is easily accessible

staff complete a written referral for the consultant and she contacts the participant and arranges to conduct an assessment. Services are based on this assessment. Due to

outside resources. When necessary, the consultant may ask a participant to sign a release of information in order to share information with the family advocate on the participant's

A full range of substance abuse services are available to FSC participants in the county depending upon where the participant lives and his/her needs. Services provided include

codependency, chemical dependency, and adult children of alcoholics (ACA). The county also has dual-diagnosis beds available for participants with drug and alcohol problems as well

Substance abuse services for Spanish-speaking families are very limited in the county due to the difficulty in recruiting Spanish-speaking substance abuse counselors.

for families; provide additional training for staff; begin working with a Spanish-speaking counselor at a local residential program to arrange for drug and alcohol education services for

Start staff.

Support Services

means. The project has recently acquired a van, which it plans to use for group activities. The FSC also has access to several Head Start vehicles, when available. Family advocates use

members to appointments.

Family advocates try to link families who meet the income eligibility requirements to Child

County Office of Education. This organization makes available lists of approved child care vendors and retains a resource list for referrals to other family-related services. The FSC also

the school department in Los Molinos; this program is located in one of the portable units adjacent to the FSC office. In addition, the FSC arranges for on-site child care at its

Case Management Process

The FSC family advocates are each assigned approximately 25 FSC families, but the goal is to increase the caseloads to 30 families as new families are enrolled. Spanish-speaking families are assigned to the advocate who speaks Spanish; otherwise, no distinction is made in assignments.

Depending on the FSC families' needs and schedules, the advocates try to contact half of their assigned caseload at least once a month and the other half of the FSC families twice a month. A number of families are also contacted by telephone on a weekly basis, or seen during weekly home visits, FSC workshops, or classes.

The FSC family advocates have very little contact with non-FSC families except during the recruitment process. During the time of the FSC recruitment, the advocates conduct a needs assessment; part of this process involves referring families to needed services. Also, once or twice during the year, they have been asked by Head Start staff to make a referral for a non-FSC participant.

The family advocates begin their work with families by conducting a needs assessment using the standardized Head Start needs assessment form. During this process, they work with FSC families to identify goals and the steps necessary to achieve them. The advocates strive to help families obtain a realistic picture of their goals and strengths. Goals are reassessed periodically during the families' involvement with the Family Service Center.

The family advocates report that they try to empower families by providing information about available services rather than push families into services and programs. Staff estimate that about one-third of their time is spent conducting home visits, and another third with community contacts, and the remainder of their time is spent doing paperwork, attending staff meetings, and participating in staff training.

FSC Referral Process

Referrals to literacy and substance abuse services are usually made in writing by the family advocates to the two FSC consultants. On occasion, the family advocates also make referrals directly to community resources. The advocates handle most outside employment referrals and verbally refer participants to the project secretary for on-site employment workshops and training.

Workshops and employment training programs held at the FSC always have a participant sign-in sheet so staff can keep informed about attendance at on-site activities. The FSC also is currently developing a tracking system with the JTC to monitor FSC participants' employment activities in the community. Attendance at literacy activities is the responsibility of the literacy consultant, and she regularly shares this information with other FSC staff. As noted earlier, a

release of information signed by the FSC participant is needed for follow-up contact with

FSC Staff

supervises staff. She works full-time on her FSC responsibilities. She holds a degree in social years with Head Start and with the state's preschool program as a resource specialist working Public Welfare.

and volunteer, for several years. One family advocate has a bachelor's degree in psychology as a teacher and as a case manager, and has performed volunteer work at agencies oriented this is her first experience with the Head Start population. The second family advocate, who studies in liberal arts and social welfare in college. She has worked in a social service agency position is her first in the role of a case manager.

her salary is jointly funded by the FSC and Even Start. She has teaching credentials in home with handicapped children for six years, and spent three years working for the Literacy

The consultant for substance abuse services, employed by Tehama County Drug and Alcohol program. Eighty percent of her salary is paid by the FSC and 20 percent by Even Start. She has 10 years of experience in the field of chemical dependency.

GAIN and the Job Training Center and is a certified medical clerk. She spends approximately time on office training and ongoing supervision of parents involved in the PIT program,

One family advocate left the FSC "by mutual agreement" early in the life of the program. There has been no other turnover in FSC project staff.

Staff Support Services

Staff estimated that 60 percent of their time during the first year of FSC operations was devoted to training. During this period, staff attended workshops sponsored by county agencies on topics including substance abuse, domestic violence, and family mental health issues. The substance abuse consultant has provided FSC staff with additional training in chemical dependency, and is currently holding sessions as part of the employee assistance program for Head Start and FSC staff. FSC staff have also attended the National Family Literacy Conference, the national Head Start conference, and other Head Start training. One family advocate also attended a bilingual education training program, which offered strategies for empowering parents. The entire FSC staff also visited the FSC in San Jose to observe that project and to exchange ideas.

Supervision occurs as needed; staff share the same space (separated by movable partitions) and can easily consult one another. Case reviews are conducted at biweekly staff meetings, where staff also discuss agency business, plan participant group activities, and organize Infoshops. Family advocates also submit a written report on each FSC family to the project director on a monthly basis.

Collaborations

Staff reported that there is a good, collaborative relationship between the FSC and Head Start, and the FSC project director is a member of the Head Start management team, which meets weekly. As mentioned previously, the programs share adjacent portable units, and this further facilitates communication. FSC family advocates also are involved in recruiting for Head Start.

Community consultants feel that the interagency collaboration between the FSC and the Tehama County Drug and Alcohol Services is excellent and they are optimistic about working with the Head Start and FSC staff in Los Molinos.

Conclusions

Responses of FSC Families to the Services

Staff report that they feel the response to services has been good. Approximately 10 FSC participants have been involved in GED classes, and another five have attended ESL classes. The literacy consultant also estimates that she sees about 20 participants a month on a variety of literacy issues. Three FSC participants have been involved in PIT, and another six have received a certificate for completing the telephone skills workshop. In addition, several FSC family members, including spouses/partners, have been referred to JTC and GAIN. The FSC

has not been able to fully implement the substance abuse service component due to staff problems but they are hopeful that the new substance abuse consultant can begin developing these services shortly.

Program Features Most Important to the FSC's Success

According to FSC staff, the intensive case management and the family's relationship with a family advocate have been very important in building FSC participants' self-esteem and giving them the confidence they need to move forward. Staff feel that this relationship and the encouragement that families receive from the FSC are the most significant change agents.

Staff report that the FSC's focus on the adult and the three areas of employment, literacy, and substance abuse allows for a broad range of services to be provided. They also view the substantial training that they received during the project's start-up phase as an important factor in the FSC's success.

Challenges Faced by the FSC

Staff report that the lack of public transportation in the county and the lack of child care resources are major challenges in providing services to FSC participants. Another issue, according to staff, has been resistance on the part of the county to providing services for low-income residents. One example is the limited educational opportunities and services available in the county. Staff also feel that FSC parents often do not reach their goals or participate in services because of fear, a limited understanding of their strengths, low self-esteem, and a lifestyle filled with crises.

The lack of Spanish-speaking professionals among service providers in the community also is a frustration and barrier for Spanish-speaking families. Staff report that often they are forced to look outside the community for services for monolingual Spanish-speaking families. One example is the lack of materials for Spanish-speaking families at the pre-GED level in the county. A solution to this problem is training tutors in the community to work with Spanish-speaking participants at all skill levels. In addition to these community factors, other reasons why some Hispanic families do not participate in community resources include pride, spousal pressure, and lack of documentation.

Community consultants for substance abuse services spoke of the challenge, at a national level, of providing drug and alcohol services to the Head Start population. They cite high denial levels among many Head Start staff and feel that this contributes to problems across Head Start programs in identifying and treating FSC participants for substance abuse problems. They also feel that many Head Start staff themselves are dealing with ACA and codependency issues and that this affects their judgment in dealing with families with alcohol and drug issues. To alleviate some of these difficulties in Los Molinos, they have provided substance abuse education and training to the FSC staff and are planning additional staff development sessions for all Head Start staff as part of the employee assistance program.

Appendix G

Exhibit G.1
Outcomes Measured Between Baseline and 19-Month Follow-up (n=1462)

Outcome	Adjusted Program Mean	Adjusted Control Mean	t Statistic	Odds Ratio	Effect Size
Target Adult's Participation in Adult Education					
Any educational class	60.5%	43.9%	6.63***	2.17	
GED class	17.4%	11.0%	3.40**	2.32	
ESL class	6.2%	4.2%	2.08*	1.94	
Adult basic education (ABE) class	7.0%	3.5%	3.04**	2.19	
Computer instruction	8.0%	4.5%	2.72**	1.92	
Job training	19.0%	15.0%	1.97*	1.32	
Employability class	9.1%	4.2%	3.85***	2.40	
Assisted job search	5.0%	2.5%	2.47*	2.05	
College class	13.0%	9.7%	1.94	1.35	
Length of Participation in Months in Adult Education					
GED class	0.80	0.62	2.51*		0.08
ESL class	0.30	0.28	1.08		0.02
ABE class	0.25	0.24	0.61		0.01
Computer instruction	0.27	0.26	0.60		0.01
Job training	0.70	0.66	0.75		0.02
Employability class	0.16	0.14	1.56		0.02
Assisted job search	0.11	0.11	0.21		0.00
College class	1.00	0.96	0.64		0.01

* $p < 0.05$
** $p < 0.01$
*** $p < 0.001$

Note: Odds ratios for dichotomous variables estimated by $(P_p / 1- P_p)/ (P_c / 1-P_c)$, p=program, c=control. Effect sizes for continuous variables estimated by impact divided by pooled standard deviation.

Outcome	Adjusted Program Mean	Adjusted Control Mean	t Statistic	Odds Ratio	Effect Size
Target Adult's Participation in Substance Abuse Services					
Any type of drug program	11.0%	4.9%	4.48***	2.53	
Twelve-step program	3.9%	2.9%	1.12	1.17	
Education/awareness	5.2%	0.6%	5.50***	8.84	
Meeting With a Case Manager					
Met Head Start or FSC Case Manager	78.0%	28.1%	24.38***	13.90	
Met with FSC Case Manager	73.8%	7.8%	36.53***	51.88	
Topics Discussed With Case Manager					
Personal goals	72.0%	21.5%	24.45***	13.47	
Employment needs	58.6%	13.7%	21.24***	11.20	
Literacy needs	32.0%	5.3%	14.68***	12.66	
Substance abuse	14.9%	3.4%	8.27***	6.14	
Head Start activities	67.2%	22.8%	20.99***	9.85	
Improving life situation	67.3%	20.3%	22.38***	10.97	
Organizing life	46.9%	11.9%	16.75***	8.15	
Children's needs	66.1%	23.8%	19.77***	8.64	
Nutrition/food preparation	22.1%	5.7%	9.80***	5.58	
Medical care	30.9%	8.4%	11.87***	5.66	
Government assistance	17.9%	4.5%	8.82***	5.79	
Child abuse	5.9%	1.7%	4.43***	3.98	
Number of topics discussed	5.46	1.26	28.41***		1.42

* $p < 0.05$
** $p < 0.01$
*** $p < 0.001$

Note: Odds ratios for dichotomous variables estimated by $(P_p / 1- P_p)/ (P_c / 1-P_c)$, p=program, c=control. Effect sizes for continuous variables estimated by impact divided by pooled standard deviation.

Outcome	Adjusted Program Mean	Adjusted Control Mean	t Statistic	Odds Ratio	Effect Size
Regular Reading Activities at Home					
Regularly reads newspaper	52.2%	54.0%	-0.96	0.90	
Regularly reads books	76.2%	74.5%	0.45	1.07	
Regularly reads magazines	33.1%	34.0%	-0.57	0.98	
Employability and Pre-Employment Skills					
Answered newspaper ad	40.8%	40.8%	-0.07	0.97	
Wrote letter for job	23.0%	24.3%	-0.74	0.90	
Wrote resume	35.5%	31.0%	1.60	1.27	
Took vocational test	42.2%	31.3%	4.21***	1.59	
Went on job interview	55.7%	57.8%	-0.79	0.90	
Asked about unadvertised job	40.3%	39.7%	-0.03	0.97	
Instructed in looking for a job	51.8%	40.4%	4.12***	1.51	
Had internship or work experience	26.5%	24.8%	0.63	1.05	
Have clear idea of job	69.5%	67.1%	0.72	1.03	
Filled out job application	64.1%	61.1%	1.01	1.13	
Number of employment activities	4.46	4.21	1.87		0.09
Target Adult's Education					
Working toward any degree	47.5%	34.3%	5.08***	1.82	
Any postsecondary degree or certificate	22.6%	22.5%	-0.14	0.95	
Target Adult's Employment					
Employed	63.6%	64.1%	-0.20	0.97	
Average monthly earnings	$255.98	$261.93	-0.45		-0.02
Average hourly wage	$6.19	$6.15	0.25		0.01
Average hours worked/week	31.87	31.88	-0.01		0.00

* $p < 0.05$
** $p < 0.01$
*** $p < 0.001$

Note: Odds ratios for dichotomous variables estimated by $(P_p / 1- P_p)/ (P_c / 1-P_c)$, p=program, c=control. Effect sizes for continuous variables estimated by impact divided by pooled standard deviation.

Exhibit G.2
Outcomes Measured Between 7-Month Follow-up and 19-Month Follow-up (n=1462)

Outcome	Adjusted Program Mean	Adjusted Control Mean	t Statistic	Odds Ratio	Effect Size
Partner's Participation in Classes/Programs					
Took any class	15.5%	17.3%	-0.61	0.80	
Learned about class through HS or FSC	5.8%	2.6%	2.04*	2.83	
Took education class	11.6%	10.6%	0.42	1.07	
Took job training class	4.6%	6.7%	-1.22	0.64	
Had drug treatment	6.4%	6.1%	0.15	1.07	
Learned about drug treatment through HS or FSC	2.5%	0.3%	2.42*	2.24	
Partner's Substance Abuse					
Drank 5+ drinks in one sitting	16.8%	18.4%	-0.51	0.95	
Smoked cigarettes	45.4%	43.8%	0.43	1.08	
Used any drug	4.3%	4.6%	-0.16	0.91	
Used drug other than marijuana	1.5%	0.9%	0.74	2.02	
Used marijuana	3.4%	3.9%	-0.37	0.79	
Target Adult's Education					
Any postsecondary degree or certificate	30.9%	28.5%	0.73	0.93	
High school diploma or GED	66.8%	62.9%	1.37	1.15	
Working toward any degree	32.5%	23.9%	3.58**	1.57	

* $p < 0.05$
** $p < 0.01$
*** $p < 0.001$

Note: Odds ratios for dichotomous variables estimated by $(P_p / 1- P_p)/ (P_c / 1-P_c)$, p=program, c=control. Effect sizes for continuous variables estimated by impact divided by pooled standard deviation.

Outcome	Adjusted Program Mean	Adjusted Control Mean	t Statistic	Odds Ratio	Effect Size
Partner's Education					
Any postsecondary degree or certificate	65.6%	61.7%	1.04	1.26	
High school diploma or GED	60.3%	60.1%	0.07	1.02	
Target Adult's Literacy Level					
CASAS scaled score	238.16	238.72	-1.34		-0.04
CASAS levels	4.44	4.44	0.17		0.00
Target Adult's Substance Abuse and Depression					
High depressive symptoms	35.4%	33.1%	0.89	1.07	
Used any drug	3.3%	3.1%	0.10	0.97	
Used drug other than marijuana	0.9%	0.7%	0.45	1.90	
Drank 5+ drinks in one sitting	13.2%	9.9%	1.94	1.26	
Used marijuana	2.7%	2.4%	0.16	0.87	
Smoked cigarettes	41.5%	35.8%	2.22*	1.20	
Target Adult's Employment					
Employed	56.2%	58.9%	-0.70	0.90	
Average monthly earnings	$254.11	$262.14	-0.52		-0.02
Average hourly wage	$6.40	$6.53	-0.72		-0.04
Average hours worked per week	32.52	32.83	-0.29		-0.02
Average number of months employed	4.60	4.74	-0.62		-0.03
Household Benefits					
Receive AFDC/cash welfare	58.1%	55.3%	0.93	1.06	
Average monthly AFDC/cash welfare	$229.20	$223.22	0.76		0.03

* $p < 0.05$
** $p < 0.01$
*** $p < 0.001$

Note: Odds ratios for dichotomous variables estimated by $(P_p / 1- P_p)/ (P_c / 1-P_c)$, p=program, c=control. Effect sizes for continuous variables estimated by impact divided by pooled standard deviation.

Outcome	Adjusted Program Mean	Adjusted Control Mean	t Statistic	Odds Ratio	Effect Size
Household Benefits (continued)					
Average number of months on welfare	6.21	5.99	0.90		0.04
Receive unemployment insurance	7.3%	9.2%	-1.10	0.84	
Average monthly unemployment insurance	$10.92	$11.08	-0.34		0.00
Receive SSI (Supplemental Security Income)	10.9%	11.9%	-0.66	0.64	
Average monthly SSI	$46.98	$49.52	-0.96		-0.02
Receive Social Security, Retirement or Disability Insurance	7.3%	5.9%	1.04	1.13	
Average monthly Social Security, Retirement or Disability Insurance	$28.26	$27.00	0.57		0.01
Total amount of public assistance	$308.10	$309.81	-0.15		-0.01
Receive child support	21.5%	19.2%	1.35	1.16	
Average monthly child support	$26.45	$27.90	-0.68		-0.02
Receive earnings from other members of household	18.3%	20.9%	-1.18	0.76	
Average monthly earnings from other members of household	$150.41	$153.15	-0.50		-0.01
Food stamps	70.7%	70.7%	-0.12	0.99	
Medical assistance or Medicaid	78.4%	80.1%	-0.85	0.82	
WIC	60.8%	55.8%	1.71	1.13	
Public housing or housing assistance	27.4%	30.1%	-1.17	0.88	
Energy program assistance or fuel assistance	26.0%	26.5%	-0.14	1.01	
Proportion of welfare to earnings	0.56	0.54	0.82		1.04

* $p < 0.05$
** $p < 0.01$
*** $p < 0.001$

Note: Odds ratios for dichotomous variables estimated by $(P_p / 1- P_p)/ (P_c / 1-P_c)$, p=program, c=control. Effect sizes for continuous variables estimated by impact divided by pooled standard deviation.

Outcome	Adjusted Program Mean	Adjusted Control Mean	t Statistic	Odds Ratio	Effect Size
Partner's Employment					
Partner currently works	74.0%	69.2%	1.37	1.32	
Partner's hourly wage	$7.65	$7.73	-0.29		-0.02
Partner's monthly pay	$942.34	$840.49	1.62		0.12

* $p < 0.05$
** $p < 0.01$
*** $p < 0.001$

Note: Odds ratios for dichotomous variables estimated by $(P_p / 1- P_p)/ (P_c / 1-P_c)$, p=program, c=control. Effect sizes for continuous variables estimated by impact divided by pooled standard deviation.

Appendix H

RESULTS OF SUBGROUP ANALYSES

Exhibit H.1

Literacy/Education Outcomes: Self-Reported Need in Literacy and Less than High School Level on Baseline CASAS

Outcome Variable	Control		FSC	
	Baseline	Follow-up	Baseline	Follow-up
Attended any class*	22%	38%	16%	52%
Enrolled in GED classes	9%	12%	3%	19%
High school diploma	19%	24%	28%	29%
CASAS skill level	2.08	2.35	2.32	2.72
CASAS scaled score	212.90	215.80	211.30	216.90
Regularly reads books to child/self	38%	57%	40%	60%
Regularly reads magazines	13%	20%	10%	20%
Regularly reads newspaper	19%	33%	24%	33%

* Statistically significant difference ($p < .05$)
Source: Baseline and Follow-up Parent Interviews; n = 116 FSC and 115 control group adults.

Exhibit H.2

Employment Outcomes: Not Employed and Self-Reported Need in Job Training and Help Looking for a Job

Outcome Variable	Control		FSC	
	Baseline	Follow-up	Baseline	Follow-up
Receipt of AFDC	81%	69%	83%	72%
Average monthly earnings	$0.00	$112.80	$0.00	$147.30
Average hourly wage	$0.00	$6.60	$0.00	$6.30
Employed in prior twelve months	0%	41%	0%	40%
Average hours worked weekly	0.00	29.20	0.00	30.50
Attended job training classes	2%	15%	2%	14%
Clear idea of desired job	51%	65%	49%	69%
Worked in internship program	24%	29%	27%	24%
Went on job interview	66%	52%	67%	50%
Received job instruction*	42%	47%	46%	59%
Wrote letter for job	19%	21%	22%	21%
Wrote resume	32%	30%	30%	30%
Took job test*	37%	30%	38%	44%
Answered job advertisement	42%	39%	46%	37%

* Statistically significant difference ($p < .05$)
Source: Baseline and Follow-up Parent Interviews; n = 234 FSC and 217 control group adults.

Appendix I

DATA COLLECTION METHODS USED TO CONDUCT INTEGRATION STUDY

Appendix I
Data Collection Methods Used to Conduct Integration Study

Telephone Interviews

Telephone interviews were conducted with the FSC director or a Head Start administrator from each of the 61 sites, whomever was the most knowledgeable about the FSC and the integration process. The telephone calls were conducted in December of 1995 and January of 1996. The interviews lasted approximately 45 minutes and included open-ended questions about the FSC's integration process and the changes within the FSC and Head Start that occurred as a result of integration. Examples of issues discussed during the telephone interviews include:

Organizational changes: Did the FSC remain a separate project or become part of the Head Start program? How was it integrated?

Participation in the FSC/intensive case management: How many families participated in the FSC during the demonstration? How many families are participating now (receive intensive case management)?

Staffing changes: How many staff were employed in the FSC? What were their primary functions? Has this changed since integration? Have new staff positions been added to (or eliminated from) the FSC or Head Start as a result of integration?

Case managers: What was the average caseload size for FSC case managers during the demonstration? What was the average caseload size for Head Start case managers during the demonstration? Have these numbers changed? If so, in what way?

Specialists/consultants: Were there staff specialists or consultants in literacy, employment, and substance abuse when the FSC was a demonstration project? Are they still with the FSC project (or Head Start)?

Case management: Has the type and frequency of contact (e.g., home visits, office meetings, group activities) that FSC case managers have with families changed since the demonstration? If so, in what way?

Service delivery: What were the primary services offered to FSC families during the demonstration? Have the FSC services changed since integration?

If so, how have the services changed? Has the focus remained on employment, literacy, and substance abuse?

Collaborating agencies: Have the relationships and contracts with local service providers changed as a result of the integration?

Support services: Has the availability of FSC support services and resources (e.g., van, child care) for FSC families changed?

Process: How do you think the integration has gone? What areas of the FSC's integration have required the most planning? What factors have facilitated the FSC's integration into Head Start? Have there been obstacles that have hindered the integration process?

Effects: Now that the demonstration has ended, what are the major ways that the FSC has affected the Head Start program? What kinds of changes have occurred within the Head Start program as a result of the FSC?

Site Visits

Site visits were conducted in February and March of 1996 to a sample of five FSC projects in order to gain a more comprehensive understanding of how different FSC projects have been incorporated into Head Start. The five projects encompassed Wave II and III FSCs and were located in: Philadelphia, PA; Hiawatha, KS; Logan, UT; Stevens Point, WI; and Wheeling, WV. We selected these projects because they were representative of all programs across a range of characteristics, including: size of Head Start enrollment; geographic region; community type; integration model; and caseload size of FSC and Head Start case managers.

Two-person teams from Abt Associates spent approximately two days on-site interviewing FSC staff, Head Start staff, and personnel from collaborating agencies. Interviews were conducted using a site visit guide that focused on topics in four general areas: project structure, service delivery, project staffing, and conclusions about the integration process and perceived effects of the demonstration. The topics were divided according to the type of respondent being interviewed, and many issues were discussed with all respondents to obtain different perspectives on the same topic. In addition, respondents were asked about services during the demonstration as well as after the demonstration ended. Asking respondents to consider the same issues during different periods illuminated many of the changes and effects that the FSC's integration had on the Head Start programs.

Issues about the project structure were discussed primarily with the FSC and Head Start administrators and related to the following topics:

- grantee structure;
- Head Start program; and
- FSC demonstration and integration model.

Questions about service delivery were asked of the majority of respondents and focused on the following topics:

- case management;
- referrals and follow-up;
- program services;
- collaborating agency services; and
- support services.

Issues related to project staffing were asked of FSC and Head Start administrators. Questions in this area focused on staffing changes as well as the roles and responsibilities of the following personnel:

- case managers and supervisors;
- Head Start coordinators;
- specialists and consultants;
- Head Start teachers; and
- other Head Start and FSC staff.

Respondents within each of the categories listed above also were asked about their responsibilities and role with the FSC or Head Start and about training received related to integration.

All respondents were asked about their opinions and conclusions about the FSC process, including:

- FSC integration process;
- FSC effects; and
- recommendations.