

All Students Achieve Program - Parent Involvement and Education (ASAP-PIE) Final Evaluation Report

Highlights and Implications for Policy

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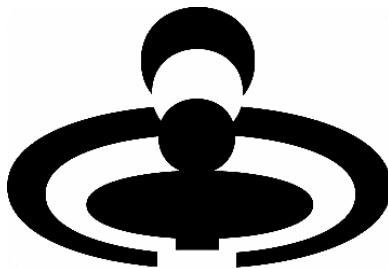
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June 2004

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Funding

This report was prepared under contract with the
Michigan Department of Education
Office of Early Childhood Education and Family Services
and funded by the Michigan Legislature through
the State School Aid Act of 2000 (Sec.32b)

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Overview

This report on the All Students Achieve Program – Parent Involvement and Education (ASAP-PIE) is designed for use by program staff and policy makers. It provides a summary of the information presented in three evaluation reports delivered to the Michigan Department of Education, Office of Early Childhood Education and Family Services.

Section 1 provides an introduction to the ASAP-PIE initiative, including a list of the grantees who received funds. It also lists the policy and program questions that were asked and answered in the evaluation report:

- **Does a collaborative approach result in better outcomes for families and children?**
- **Do different program delivery models (e.g., school-based, community-based) predict differences in the outcomes for children?**
- **Did ASAP-PIE reach all families with children age five or younger?**
- **What are the benefits and consequences of allowing grantees to define enrollment in the ASAP-PIE program?**
- **Did ASAP-PIE result in positive outcomes for children and families?**
- **Is family participation in different service components or different combinations of service components related to better outcomes for children?**
- **Do some families benefit more from one type of service than from others?**

Sections 2 through 4 provide the answers to these questions. Section 2 focuses on the collaboration required by the legislation and the extent to which differences in program delivery models had an impact on the benefits for children. Section 3 describes the participation in the ASAP-PIE program and the benefits and consequences of grantees defining their own enrollment criteria. Section 4 provides information on the benefits for children from participating in each of the services (e.g., home visiting or play groups) as well as from receiving a combination of services.

This report concludes with recommendations organized in three categories: Cross-agency collaboration, legislative and grant-making practices, and implementation guidelines.

1. Introduction

Background of the ASAP-PIE Initiative

All Students Achieve Program – Parent Involvement and Education (ASAP-PIE) was a \$45 million Michigan Department of Education grant program authorized by Section 32b of Public Act 121 of 2001. It served Michigan parents of children, birth to five years of age, who resided in the 23 intermediate school districts (ISDs) who received competitively awarded funding (Table 1). Although the original legislation authorized three years of funding, a series of economic crises and revenue reductions led to elimination of the third year of funding. However, programs could carry over unexpended funds awarded for years one and two.

The intended outcomes of the program were:

- Improvements in children’s school readiness.
- Reduction in children’s need for later special education services.
- Maintenance of stable families by encouraging positive parenting skills.

The program was guided by certain beliefs and values about how services should be delivered and what services are likely to lead to the desired outcomes. Key assumptions arising from these values are:

- Parents contribute significantly to their children’s development and services need to reflect this.
- School systems are responsible for programs that prepare young children for school.
- Universal services will be more acceptable and attract families who might not otherwise reach out for services.
- Early identification of at-risk children will facilitate remediation of concerns.
- Approaches should be collaborative, involving a number of community agencies that complement the services of the schools.

Recognizing that parents are children’s first teachers, the program focused on achieving these outcomes through services designed to enhance parenting skills, promote positive parent-child interaction and provide learning opportunities to promote children’s intellectual, physical, social and emotional growth. Periodic screening of health and development, promoting access to community services, and connecting parents with quality preschool complemented the core services offered to parents and their children.

Table 1.
ASAP-PIE Grantees in Descending Order of Population of
Children Age 0-5 Years

<i>Grantee</i>	<i>Population of children age 0-5 years</i>
Macomb	61,805
Genesee	38,236
Washtenaw	24,173
Ingham	21,259
Saginaw	17,275
St. Clair	13,360
Traverse Bay Area	11,027
Calhoun	10,945
Allegan	9,272
Eaton	7,980
Midland	6,572
Van Buren	6,243
Shiawassee	5,914
St. Joseph	5,389
Ionia	5,111
Mecosta-Osceola	4,646
Cheboygan-Presque Isle- Otsego	4,479
Charlevoix-Emmet	4,418
Lewis Cass	3,818
Wexford-Missaukee	3,520
Branch	3,484
Copper Country	3,065
Dickinson-Iron	2,554

The State Evaluation Process

The state evaluation of the ASAP-PIE program began in the spring of 2002 almost one year after grantees' programs began. The main goals of the evaluation were to:

- Analyze the grantees' success in achieving legislatively required outcomes.
- Compare the effectiveness of different service delivery models and service components.
- Identify accomplishments and barriers to implementation as well as program strengths and weaknesses.

With these goals in mind, the state evaluators proposed several questions that would be addressed in the evaluation.

Implementation

It was expected that grantees would have different experiences in program implementation based on their previous history in conducting programs for young children and their families and their previous experience in community collaboration. The first and second evaluation reports (September 2002 and April 2003) described variations in program implementation among the 23 grantees, their accomplishments, and the barriers they encountered in program implementation.

In this report we address two policy questions related to the ways in which programs were implemented.

- **Does a collaborative approach result in better outcomes for families and children?**
- **Do different program delivery models (e.g., school-based, community-based) predict differences in the outcomes for children?**

In Section 2 we discuss the four different structures that programs used to deliver services and how these different approaches related to the children and families served and the outcomes they achieved.

Outcomes

To analyze program success in achieving positive outcomes for children and families, the state evaluation team addressed several questions. In this report we will discuss questions for which there is sufficient data to draw some conclusions:

- **Did ASAP-PIE reach all families with children age five or younger?**
- **What are the benefits and consequences of allowing grantees to define enrollment in the ASAP-PIE program?**
- **Did ASAP-PIE result in positive outcomes for children and families?**
- **Is family participation in different service components or different combinations of service components related to better outcomes for children?**
- **Do some families benefit more from one type of service than from others?**

In Sections 3 and 4 we discuss the participation of families in different service components and the results of this participation.

Recommendations

In the final section, we make recommendations for policy and practice based on lessons learned over the past two years. These recommendations derive from both the analysis of data and experiences of program personnel in trying to implement their program.

2. Collaborative Approaches

Collaboration

Policy Question: Does a collaborative approach result in better outcomes for families and children?

Background

The requirement for a collaborative community effort is one of the distinctive characteristics of the ASAP-PIE initiative:

The program must be a collaborative community effort that includes at least the intermediate school district, or district, local multipurpose collaborative bodies, local health and welfare agencies, and private nonprofit agencies involved in programs and services for preschool children and their parents. (State School Aid Act of 2000 (sec.32b))

This requirement reflected the legislators' recognition that some services for parents and their children ages 0-5 years were already available in most communities. Further, this requirement acknowledged that the required services, such as periodic health, vision and hearing screening, were not generally the exclusive responsibility of the education system. Finally, it recognized that promoting family stability required referral of families to other community services.

What history of community collaboration existed?

Up to six programs, ranging from Infant Mental Health Services (Michigan Department of Community Health) to Early Head Start (Administration on Children and Families, U.S. Department of Health and Human Services) to Building Strong Families (Michigan State University Extension) and funded by local, state and/or federal funds, might be available in any given community to provide home visiting services to families with young children. It was expected that ASAP-PIE grantees might have prior relationships to these programs, and over half (56 percent) reported that they were members of other community groups concerned with families and children aged five years or younger.

In addition, ASAP-PIE grantees usually had pre-existing relationships with their local multipurpose collaborative body (MPCB). All grantees reported that their ISDs had previously been MPCB members and 16 reported that local school districts had previously been members. The majority of grantees (17; 74 percent) also reported that their multipurpose collaborative bodies helped to develop the grant proposals.

How did collaborative efforts change?

While all grantees worked with a collaborative committee that met the statutory requirements, approximately 25 percent of the grantees (6) had the benefit of a previously developed community plan for families with children 0-5 which laid the groundwork for their ASAP-PIE application. Whether or not there was such a community plan,

administrators generally cited the following factors as contributing to their project's collaborative success:

- Pre-existing, broad-based professional and community collaborative networks with strong school involvement.
- A history of collaborative projects in the region.
- Wide ownership of the project.
- Personal and professional commitment to implement shared goals and overcome barriers.

These factors may have offset some of the barriers to collaboration. Almost half of the grantees initially cited client confidentiality practices as a barrier to working together. The amount of trust among partners grew substantially over the life of the program. In 2003, administrators reported that a high level of trust among members had more than doubled.

The Community System of Care

Although the ASAP-PIE legislation did not mandate the development of a community system of care, the request for proposals specified a collaboratively developed community plan and suggested "...a vision for a continuum of integrated collaborative services." A community system of care is defined as (Tableman, 1998-99a):

(1) The organization of public and private service components within the community into (2) a comprehensive and interconnected web of services in order to accomplish better outcomes (3) for a defined population.

The values of a community system of care were inherent in the requirements for ASAP-PIE grants. Nonetheless, grantees varied in the extent to which they framed their initiative as a community system of care and the extent to which they operated collaboratively.

While changing outcomes for young children age 0-5 receiving ASAP-PIE services is the primary benefit of concern, we suggest that the effectiveness of this initiative can also be gauged by the extent to which grantees moved to a *community system of care*. The elements of a community system of care are shown below.

A Community System of Care for Very Young Children

Entry into the system

- Early identification of families who can benefit from services
- Systematic review by all services that routinely see very young children
- Referral to the appropriate service

Services

- A comprehensive array of services
- Use of informal as well as formal supports
- Smooth transitions between concurrent or sequential services
- Use of informal as well as formal support for parents

Among participating agencies

- Cross agency training
- Common forms
- Interagency plan of service for those families receiving service from more than one agency
- Data system providing feedback on system operation and outcomes
- Shared decision making
- Pooled funding

Interagency agreements and policies within each agency that support the system of care

Community System of Care Priorities and Values

Grantees varied in their programming emphases. Almost all (21) perceived the primary purpose of the initiative as providing specified services and supports for families. Two grantees indicated that their primary emphasis was on system development and change; however, most grantees reported a secondary or tertiary emphasis on system change or building relationships between agencies. The majority of grantees considered building public support for 0-5 services as the lowest priority. It is likely that the emphases on service delivery components in the legislation had an overall effect on these rankings. In the case of building public support, the ranking may be related to the relatively lower amount of funds these grantees were awarded.

The extent to which grantees provided services will be discussed in section 4. Examples of activities undertaken by grantees as part of a system-oriented focus included the following:

- **Pooled resources** by obtaining matching funds from community partners.
- Established or expanded a **systematic process for connecting with families of newborns** (early identification).
- Developed **smoothly functioning access** through “no wrong door” and referral processes.
- Developed **interagency review committees** to enable families to access the most appropriate service.
- **Made services accessible** by using neighborhood school and other community locations.
- Incorporated **screening and referrals**, as required by the request for proposal.
- Promoted **smooth transitions** to early childhood education and kindergarten.
- Delivered **cross-agency training** to home visit providers in the community.
- Developed or attempted to develop common **intake and service planning forms**.
- **Strengthened collaborative structures**; for half of the grantees, the collaborative body used for ASAP-PIE was involved with multiple 0-5 initiatives.

Did organizational structures make a difference?

Highlights

The grantees used two models with four basic structures:

- An educational system model, with the Intermediate School District (**ISD**) or the local school district (Local Education Agency; **LEA**) taking primary responsibility.
- A model centered on the community, with the ISD sharing responsibility with community agencies (**ISD-Community**), or with **Community** agencies taking primary responsibility.

There were substantial differences among grantees based on the organizational model used:

- **Community model:** Grantees using the Community model were the **most likely to show improvements in children whose first assessment indicated developmental**

delays. They were **more likely to report systems impacts on the community.** These grantees had the smallest amount of state and local resources allocated per child. Grantees using the community model were less likely to provide home visits (a reflection of their smaller resources) but **more likely to do developmental screening.** A majority of these grantees placed primary emphasis on case management in their supervisory sessions.

- **LEA model:** Grantees using the LEA model had **the largest populations to serve.** Together with grantees using the ISD model, they provided the largest amount of local funds allocated per child served. They were more likely than grantees using other models to provide parent-child play groups, suggesting a **greater emphasis on universal services,** and least likely to provide vision and hearing screening. **They tended not to report having system impacts on the community.** A number of these grantees emphasized administrative supervision.
- Grantees using the **ISD model** had the **smallest populations** and the largest amount of resources (state and local) allocated per child served. They served a **higher proportion of children eligible for Temporary Assistance for Needy Families (TANF).** They were the least likely to provide parent-child play groups and **more likely to undertake developmental screening, hearing and vision screening.** A majority of these grantees emphasized reflective supervision.
- Grantees using the **ISD-Community** model served a **higher proportion of TANF-eligible children,** were **more likely to make referrals,** and least likely to undertake developmental screening.

It is recognized that these summaries mask differences within each category.

Descriptions of the characteristics of specific grantees in each of the four models can be found in the technical report, All Students Achieve Program - Parent Involvement and Education (ASAP-PIE): Management and Outcomes, Report 3: Technical Report.

Specific Findings

Grantees used four basic structures

In all cases, the intermediate school district (ISD) was the fiscal agent for the award of funds from the Michigan Department of Education. Beyond this, the grantees utilized one of four basic structures through which ASAP-PIE services were developed and delivered.

- Half of the grantees considered the task essentially to be implementation of the specified services within the **educational system** (Figure 1; ISD and LEA models).
- Half of the grantees gave primary roles to **community agencies** in carrying out the initiative (Figure 2; ISD-Community and Community models).

Although these schematic representations of the organizational approaches do not represent the detail for each of the 23 grantees, they do capture the essential elements of their organization.

Figure 1. Education-Based Approaches

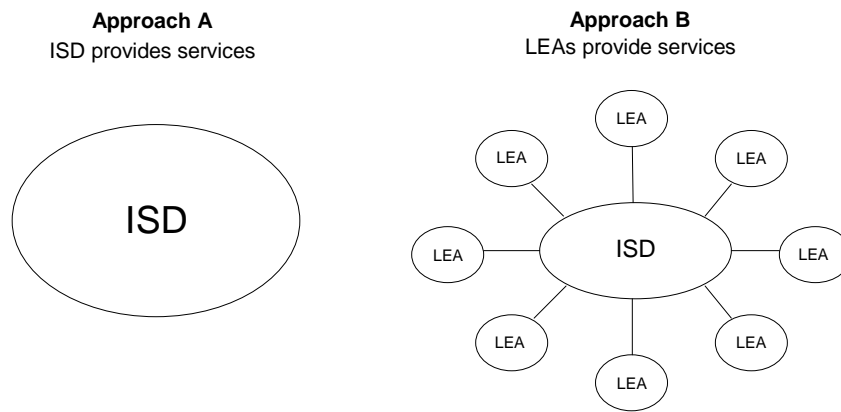
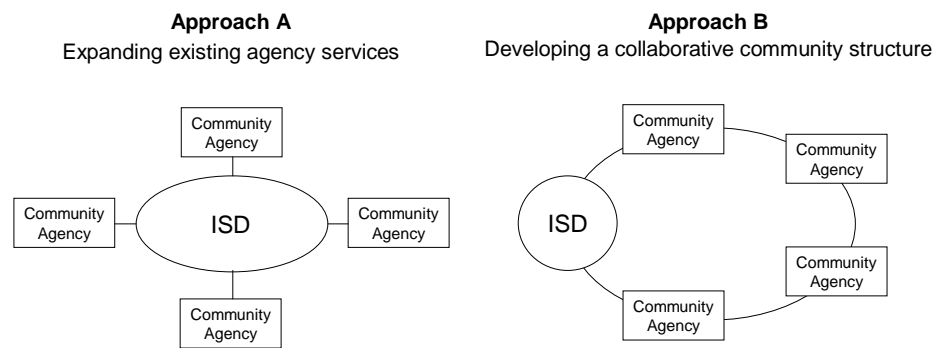


Figure 2. Community-Based Approaches



Within the Educational System

Four grantees utilized **the intermediate school district (ISD)** as organizer, manager, and service provider (Approach 1A). For seven grantees, the ISD organized and managed the initiative but relied on **local school districts** (local education agency or LEAs) to provide services (Approach 1B). This approach occurred primarily in the larger counties

where coordinators were assigned to elementary schools. Educational system-based grantees were more likely to:

- Co-locate or co-administer all 0-5 services operated by the ISD.
- Incorporate 0-5 services as part of the district's school improvement plan.
- Emphasize connecting parents to elementary schools.
- Promote planning for school transition.

Use of Community Service Providers

Some grantees emphasized the use of community providers (Figure 2). Five grantees **contracted with existing community agencies** to provide ASAP-PIE services by either expanding their existing service or undertaking new responsibilities (Approach 2A). Seven grantees **downplayed the role of the intermediate school district and emphasized the role of community agencies**, working toward the development of an inter-agency community system (Approach 2B). Grantees using the ISD-Community model were among those with the smallest populations and the most resources per child served. Grantees using a Community-based model were more likely to:

- Consider services provided by the ISD as only one component in an overall system.
- Include agencies providing services but not receiving ASAP-PIE subcontracts as partners.
- Co-locate ISD staff and staff of partner agencies.

Were there differences among the four models?

Size of Population Served

Grantees in the areas with the largest populations used the LEA model. Grantees in the areas with the smaller populations used the ISD model or the ISD-Community model. The one exception to these trends was a grantee with a large population that used the ISD-Community model.

Differences in Penetration

All four service models provided some type of service to between 28 and 38 percent of the children age 0-5 in their area. Grantees using the ISD and the ISD Community models served higher percentages of TANF-eligible children.

Differences in Services Provided

Grantees using each model were compared to the other three for the likelihood of a child receiving a particular service. While each grantee provided all services (with the possible exception of parent education groups), there were differences among the four service delivery models in the mix of services provided. No one model predominated in the use of home visits.

- Grantees using the ISD model were least likely to use parent-child play groups and parent education groups and more likely to provide children with developmental, hearing and vision screening and referrals.
- Grantees using the LEA model were most likely to use parent-child play groups and parent education groups and least likely to provide vision and hearing screening.

- Grantees using the ISD-Community model were more likely to make referrals and least likely to provide developmental screening.
- Grantees using the Community model were least likely to provide home visits and referrals and the most likely to provide developmental screening.

Differences in Funding

Funds allocated per child served varied among the four service delivery models, ranging from \$403 to \$1,091 per child served.

- Grantees using the ISD model had the largest amount of state and local funds allocated per child, although they had fewer children to serve.
- Grantees using the Community model had the smallest amount of state and local funds allocated per child served.
- ISD and LEA models, drawing on school resources, provided the highest amounts of local funds for the ASAP-PIE initiative.

Community Impact

When asked about the effects of ASAP-PIE initiative in the community, all or almost all (21 to 23) grantees felt that they had had an impact in adding service capacity, expanding access to services through the provision of information or assisting families, facilitating transitions to preschool, improving agency relationships, and improving community awareness of the importance of 0-5 services. Fewer (15 to 19) indicated an impact on facilitating families' transitions from one service to another, improving connections with preschools, initiating systems change efforts toward a community system of care, and increasing financial support for 0-5 services. Fewer still (11) felt they had had an impact on improving connections with elementary schools and providing a catalyst for working toward common forms. **Grantees using a Community model were *most likely* to respond affirmatively that they had made an impact in each of these areas; grantees using a LEA model were three times *less likely* to do so.**

Sustainability

Grantees reported that improved relationships among the 0-5 service providers and between the ISD and other service providers were expected to be sustained beyond the period of ASAP-PIE funding. **Two-thirds of the grantees also expected to maintain the systems change efforts they had begun.** Somewhat surprisingly, organizational type was not associated with this expectation.

Focus of Supervision

The extent and content of supervision makes a difference in what service providers emphasize and the extent to which they feel supported in working with families to promote school readiness through change in attitudes and behavior. The primary emphasis in supervision had some relationship to the organizational model.

- Emphasis on **administration**. This primary emphasis in supervision leaves little time for discussing issues involved in working with at-risk families or the service delivery concerns of staff. More than half of the grantees using the ISD-Community model and three out of seven of the grantees using the LEA model placed primary emphasis on administrative issues. **None of the Community grantees or the ISD grantees placed primary emphasis on Administration.**

- Emphasis on **case management**. This primary emphasis might be expected when the mode of operation involves assisting families to meet their needs and connecting families to resources through referral. **Four out of five of the grantees using the Community model and three out of seven of the grantees using the LEA model placed primary emphasis on case management.** None of the ISD-Community grantees placed primary emphasis on case management.
- Emphasis on **reflective supervision**. Reflective supervision permits staff to share what they are experiencing with families, problem solve and receive support for continuing their efforts. **Three-quarters of the grantees using the ISD model, three out of seven grantees using the ISD-Community model and one grantee each using the Community and the LEA model placed primary emphasis on reflective supervision.**

Did the model used make a difference for children?

There were differences among the four service delivery models in the likelihood that a child who had developmental delay at the first assessment showed improvement when subsequently assessed. **Children enrolled in a Community model were twice as likely to show improvement** on at least one subscale Ages and Stages Questionnaire (ASQ) as children enrolled in the other models.

On ASQ subscales, **children enrolled in a Community model were more likely to improve in communication and problem solving** than children enrolled in other models.

3. Participation in the ASAP-PIE Program

Policy Question:
Did ASAP-PIE grantees reach all families with children age five or younger in their area?

Background

The legislation required that “The Program must provide services to all families with children age five or younger residing within the intermediate district or district who choose to participate.” [32b(2)(a)]

Highlights

Based on data collected through July of 2003, the evaluation team examined the question of service provision to all children and the subset of children living in poverty.

- On average, grantees served one quarter (24 percent) of all children and their families.
- Grantees in larger communities served the smallest percent of their families and children.
- Nearly half (48 percent) of the children in poverty received some type of service.
- Grantees serving the most children in poverty had the smallest percentage of those children.

The benefits to families and children are presented in the sections discussing services and collaboration.

Specific Findings

How successful were the ASAP-PIE programs in reaching families with young children?

One way to answer this question is to examine the penetration rate, or the percent of children served out of all children aged 0-5 years in the counties served by the grantees. The penetration rate describes the degree to which grantees provided universal services; if grantees were completely successful in meeting the goal of universal service provision, the penetration rate would be 100 percent of children aged 0-5 in their service area.

Two factors are likely to have reduced grantees’ penetration rates:

- Grantees in more populous communities were less likely to have been able to access all young children than those serving small communities.

- Some grantees deliberately chose to maximize services for families with a greater number of risk factors. While the higher dosage of intervention may have increased the likelihood of successful outcomes, concentration of services on selected families is likely to have reduced the penetration rate.

The following are the participation and penetration rates for all children served (44,691) and also for children for whom poverty data were available (27,262; as defined by their household being TANF eligible).¹

All Children

- **On average, grantees served a quarter (24 percent) of the children and their families.**
- **Penetration rates varied widely among the grantees.** Almost half (11) of the grantees accessed 20-40 percent of their children, six grantees served less than 20 percent and three grantees served 60-80 percent of their available children.
- **The grantees who served the smallest percentage of children in their area were from the largest communities.** However, grantees with the smallest populations did not necessarily have the highest penetration rates.

Children in Poverty

- **Nearly half (48 percent) of the children for whom poverty data were available were TANF eligible and received some type of service.** This is 1.6 times the likelihood of receiving services compared to all children served.
- **Penetration rates for children in poverty were even more varied than for all children who received service.** In contrast to services received by all children, where no grantees served over 80 percent of their children, the largest number of grantees (7) served 80-100 percent of their children in poverty. An equal number of grantees (5) served 0-20 percent and 40-60 percent of their children in poverty.
- **The grantees with the highest penetration rates had the smallest populations of children in poverty,** and, in general, the grantees from communities with higher numbers of children in poverty had lower penetration rates.

Children with Other Risks

- **ASAP-PIE reached children with developmental delays;** of the 9,200 children who received at least one developmental screen, 23 percent indicated some developmental delay.
- **The program reached adolescent parents.** For those parents reporting age, only 3 percent were 18 years or younger. Their prevalence in the population (in these communities ranging from 5.5 percent to 16.4 percent) suggests a penetration rate ranging from 18 percent to 55 percent.

It was difficult for the evaluation team to determine the grantees' differential success with specific subpopulations because the collection of demographic data was inconsistent across grantees and even among a single grantee's service programs. It is likely that

¹ TANF stands for Temporary Assistance for Needy Families, a federal block grant created by the Personal Responsibility and Work Opportunity Reconciliation Act. It is a lump sum of money given to states to use in assisting families in need and may be used for the administration of the program and to support a wide range of services such as providing cash assistance, child care, and Work First.

TANF-eligibility data are relatively complete for intensive services such as home visiting, but not for other services such as play groups. Reports from grantees suggest that this was due in part to some grantees' reluctance to request personal family information. Other demographic data such as parent's age or income were not consistently reported. Although the ASAP-PIE program was initiated as a universal service, the absence of reliable subgroup data limits our ability to identify those children or parents for whom various components of the program might have been particularly helpful.

The lack of uniform demographic data was compounded by the fact that no uniform enrollment criteria were defined for the ASAP-PIE program. We have, therefore, posed a related policy question.

**Policy Question:
What are the benefits and consequences of
allowing grantees to define enrollment
in the ASAP-PIE Program?**

Background

The legislation defined the partners who should guide the ASAP-PIE initiative and the services to be provided; however, grantees were able to define enrollment criteria. Based on their own definitions, 43,064 families and 60,061 children were enrolled. Of the children, 44,691 (74 percent) received one or more of the primary services (e.g., home visiting, parent education groups, parent-child play groups, developmental, vision or hearing screening, or referrals), while the rest tended to receive newsletters or attend community events held by the grantee. Tables in the appendix describe the demographic characteristics of the 44,691 children who received one or more of the primary services and their families (34,200).

Benefit

- Grantees could define enrollment in ways that reflected their specific community needs.

Consequences

- The definitions of enrollment varied substantially among grantees, making cross-grantee comparisons difficult to interpret.
- There was no expectation that comparable enrollment information should be collected from community partners, likely resulting in an under-reporting of services delivered.
- In some instances, grantees' unique definitions of enrollment may have reduced the reach of the ASAP-PIE services.

How was enrollment defined?

All grantees enrolled families who received ongoing home visits. Most (20) grantees also enrolled families with newborns who received one home visit and a similar number (19) enrolled families who participated solely in play groups. However, few grantees limited their enrollment to these three categories.

Other factors were explored and no enrollment patterns were found. For example, some grantees focused on accessing children in early infancy thus limiting the participation of preschool children. These older children were referred to other early education and preschool programs. Depending on the grantee, these older children may or may not have been enrolled in the ASAP-PIE program.

Finally, grantees did not routinely collect enrollment information from their community partners. This would have been especially helpful from those who were providing primary services.

The various definitions of enrollment adopted by grantees made it difficult to conduct comparisons of service use across grantees. This report, therefore, focuses on the 44,691 children who received the primary services.

4. Service Components

Policy question:

Is family participation in different service components or different combinations of service components related to better outcomes for children? Do some families benefit more from one type of service than from others?

Background

In underwriting the ASAP-PIE initiative, the state legislature mandated inclusion of service components that are patterned after the Parents as Teachers Program (www.patnc.org), a program model designed to provide education services to parents of children from birth to five years of age. These program components are:

- Home visiting.
- Group meetings of participating parents.
- Periodic screening of children’s development, health, hearing, and vision.
- Increased access to community resources.
- Links to quality preschool.

The children served (44,691) received some combination of these services (Table 2).

Table 2.
Service Use: All Services (N = 44,691)

<i>Service component</i>	<i>Number</i>	<i>Percent of all children served</i>
CORE SERVICES	37,884	85%
Home visits	29,315	66%
Parent education groups	10,455	23%
Parent child play groups	19,812	44%
SCREENING	19,543	44%
Developmental	12,588	28%
Hearing	9,803	22%
Vision	8,786	20%
Referrals	15,032	34%

Highlights

Based on data collected through July of 2003, the evaluation team examined the questions of who participated in various services components and how they benefited from their participation.

Participation

- Home visiting was the most frequently used core service component, followed by parent-child play groups and parent education groups.
- Children at greater educational risk and younger children were more likely to receive home visiting.
- Families with fewer risk factors and children between 12 and 36 months of age were more likely to participate in parent-child play groups.

Benefits

- Overall, children who received home visiting had better outcomes.
- Children who had developmental delays and received home visiting, either alone or in combination with group services, were more likely to show improvement.
- Children with delays specifically in personal-social or problem-solving skills appeared to benefit from parent-child play groups.
- Grantees were effective in reaching out to low-income families with developmental, hearing and vision screening. They did not succeed in reaching *uninsured* children, a very high-risk group, with hearing and vision screening.
- Screening appeared to be effective in identifying children with potential developmental, hearing and vision problems, particularly among children younger than 12 months of age.
- Grantees appeared to succeed in facilitating family access to community services, particularly for higher risk families.

Implementation of Service Components

At the core of ASAP-PIE programs were individual and group services designed to enhance participants' parenting skills and encourage more positive parent-child interactions. All grantees offered home visiting, parent education groups, parent-child play groups or some combination of these three services to at least a segment of enrolled families. In this report, we refer to these three services as "core services."

The approach to providing required services varied from one grantee to another (see Report 2 for a detailed description of the array of services provided). Most services provided by grantees were designed for parents and children together – that is, home visiting and parent-child play groups.

Home Visiting

Almost all grantees used a structured curriculum for home visiting, and most used the Parents as Teachers (PAT) Program. Most adapted the model and incorporated components of other models designed to address parent-child relationship problems, such as the prevention of child abuse and neglect. However, home visitors used different approaches to delivering the curriculum. Some emphasized preparing children for school and focused on building parents' knowledge and skills; others emphasized the importance of balancing emphasis on curriculum with responsiveness to family needs.

Parent-Child Play Groups

Play groups were used to teach parents about quality parent-child interaction and to provide children with a socialization experience. For the most part, play groups were much less structured than was home visiting and in many cases they had open enrollment policies. Groups were offered in many community locations and the leaders were often PAT parent educators or *Early On*® staff.

Parent Education Groups

Unlike play groups, parent education groups offered information to parents without the child present. Topics for these groups varied and only a few used specific curricula. The most common topics were child management, child development, child care or parental issues. Sequential curricula focused on specific parents, such as African-American parents or grandparents, or effective parenting skills. Some grantees encouraged parent attendance at these groups by offering child care or reimbursement for transportation.

Screening

Usually, parent educators did the developmental screening, and hearing/vision screening was carried out by the public health department.

When screening indicated a developmental concern, grantees either referred children immediately for further assessment, or designed more intensive intervention programs to address the concern. If a child continued to show delays, he or she was referred to *Early On*® for additional assessment and services.

If hearing or vision problems were detected, the parent was notified and medical follow-up was recommended. Frequently families in home visiting received assistance from the home visitor in following up on concerns.

Referral to Community Resources

Grantees connected families to a variety of community services. Parent educators had different views of their role in the referral process. Some viewed their role as teaching self-sufficiency by assisting families to complete the referral themselves, whereas others provided families with much more support in dealing with other community resources because they viewed their primary role as making sure families received needed services.

Links to Quality Preschools

Grantees engaged in two types of activities to fulfill this requirement: 1) some focused on increasing the *quality* of preschools and/or their providers; 2) others chose to focus on increasing family *links* to preschool services. To improve quality, all grantees provided training to providers. Other strategies included providing information about the accreditation process, participation on community committees, helping with needs assessments, and providing information or financial assistance. To increase family links to preschool, grantees most often provided information by telephone; to increase links specifically to *quality* preschools, grantees were more likely to help parents through the enrollment process.

Results

Gaps in data indicate that all results should be interpreted with caution. Nevertheless, trends suggest that some service patterns were effective in improving developmental outcomes for children and that different families may benefit from different services.

Who received core services?

Three-quarters of the children enrolled in ASAP-PIE received one or more of the core services. The rest received items such as newsletters and community calendars. A number also received other community services that may have contributed to positive outcomes for them:

- 13 percent were enrolled in day care.
- 46 percent participated in other educational enrichment programs, such as Early Head Start, Head Start, or Michigan School Readiness Programs.
- 5 percent were already enrolled in *Early On*®, an early intervention system for children at risk of developmental delay.

Who received the different services, and how did they benefit?

In this section we will describe the families who received the different service components and whether or not participating in these services was associated with benefits for children. However, it is important to remember that the data about who participated in which services is incomplete, and therefore, we cannot say that this information describes the “typical” family who received one service or another.

Home Visiting

Who participated in home visiting?

Two thirds of enrolled children participated in home visiting.

Children received an average of eight home visits; however, almost half received four or fewer visits. A few received much more intensive services.

Children at greater educational risk were more likely to receive home visiting.

Families with one or more factors that placed their children “at risk” of not being ready for school were more likely to receive home visiting rather than play groups or parent education groups. These factors included low-family income, low-parental education, higher family mobility and living with a single or adolescent mother. In fact, families with more than one risk factor were more likely to have received home visiting. Given the additional support that these families will need to help prepare their children for school, it is promising to see that they had access to the more intensive services offered through home visiting.

Younger children were more likely to receive home visiting.

Younger children, particularly those under 12 months of age, were more likely to have participated in home visiting. It is logical that more intensive services be provided to

mothers of very young children who may need additional support in getting off to a good start.

Did children benefit from home visiting?

Overall, children who received home visiting were more likely to have better outcomes.

Children who had developmental delays when first screened and received home visiting were more likely to show improvement in their development when compared with children who did not receive the service. Among children who were screened using the ASQ, the home-visited group had significantly better outcomes in all developmental domains except gross motor skills, and they were also more likely to pass all scales at the second assessment.

Children with developmental delays who received more home visiting services were more likely to improve.

Children who had a delay in some area of development (for example, fine motor skills, communication skills) and subsequently improved tended to receive more home visits than those who did not improve or those who had no delays at the time of the first assessment.

Parent-Child Play Groups

Who participated in parent-child play groups?

Almost half of enrolled children and their families participated in parent-child play groups.

On average, families attended five play groups. However, over one third of the families participating in play groups attended only one group, and only one in four families attended more than five groups.

Play group participants tended to be families with fewer factors linked to educational risk.

Families in play groups were more likely to have only one or no risk factors for school readiness. They were less likely to have low incomes, and particularly likely to be families with annual incomes higher than \$60,000. They were also more likely to be two-parent families, have parents with more education, have not moved in the past year, and speak English as their primary language.

Play groups tended to serve older children.

Play group participants were more likely to be families with children older than 12 months. Most children participating in play groups tended to be between 12 and 36 months of age. Children of this age may benefit from group interaction and are not yet eligible for preschool programs such as Head Start and the Michigan School Readiness Program. Parent educators from one grantee indicated that they provide parent-child play groups to fill this need because there is a lack of access to quality preschools in their community.

Did children benefit from parent-child play groups?

Children who participated in play groups showed improvements in problem-solving and social skills.

Children who had developmental delays and participated in play groups were more likely to improve in the personal-social and problem solving skills, but not in other areas of development. As these groups encourage parent-child and child-child interactions, it is not surprising that they are linked with improvements in social skills.

Parent Education Groups

Who participated in parent education groups?

Less than one in four children were in families who participated in any parent education group.

About half of the participants attended only one meeting, and on average families attended three meetings. This was the least-developed service component, with many grantees choosing to focus on parent-child play groups instead.

Families in parent education groups had somewhat fewer educational risk factors than did those not participating.

These families were more likely to have private health insurance (a measure of stable employment and income), speak English as their primary language, and have parents who were high school graduates. On the other hand, parents of children enrolled in *Early On*®, a system for children with identified developmental delays or at risk of delay, were twice as likely as others to be a part of these groups. Possibly ISDs who were responsible for *Early On*® took this opportunity to provide parent education for *Early On*® parents.

Did children benefit from parent education groups?

Children of families in parent education groups did not show significant improvements in developmental delays.

Given a combination of the minimal dosage (one to three meetings) and high enrollment of parents with children in *Early On*®, it is likely that this service component could not be expected to result in developmental improvements for children.

Use of Multiple Core Services

While home visiting was the most frequent service offered to families, a significant number of children received several different core services, either simultaneously or sequentially. Some programs were designed to provide different services at different stages in the child's development, while others viewed the service configuration as a whole, with one service supplementing the other.

Who received multiple core services?

Almost one third of children received two or more of the core services.

Most frequently, children in this group received all three services or home visiting and play groups. A much smaller number received both parent education and parent-child play groups but no home visiting.

Did children benefit from multiple core services?

Children with developmental delays who received home visits in combination with groups were more likely to improve.

Children with developmental delays who received home visits and play groups were three times more likely to pass on the second assessment, while children receiving all three services were 2.7 times more likely to meet all developmental expectations. Children receiving home visits and parent education groups also showed improvement but the results were not statistically significant.

Screening Services

Who participated in Screening Services?

Grantees effectively reached out to low-income families to provide screening.

Developmental screening. Overall, about 30 percent of children enrolled in the ASAP-PIE Program received a developmental screening, but 40 percent of participants living in poverty were screened. In the service areas of the ASAP-PIE grantees, children in poverty were three times more likely to receive a developmental screening than other children. Although grantees reached out to only about 7 percent of the children living in the service area for developmental screening, they screened an average of 21 percent of the poor children. Nine grantees screened over 30 percent of the children living in poverty, and two screened at least half of the poor children.

Hearing/vision screening. Overall, about one in five ASAP-PIE participants received hearing and vision screening. Slightly more poor children (1 in 4) received hearing screening. On average, grantees screened only 1 in 20 children living in their service areas. However, children in poverty were almost three times as likely to receive hearing and vision screening.

Families with more risk factors were somewhat more likely to receive screening.

Although the results are not consistent, they suggest that families with characteristics that are linked to educational risk, such as low-parental education and lower income, were more likely to receive screening.

Grantees were less effective in providing screening to families who were uninsured.

Children whose families were uninsured were *much less* likely to receive screening than were children of families with public or private health insurance. This is of particular concern as these children would also be less likely to have any regular source of preventive health care. Although the total number of families without insurance is small, they comprise a particularly high-risk group for poor school readiness.

Did children benefit from screening?

Screening appeared to be effective in identifying potential developmental, hearing, and vision problems.

Developmental screening. Of the children who received developmental screening using the ASQ, 14 percent had some developmental concern at the first screening. The most common delay was in the domain of communication.

Hearing and vision screening. Among children who received these screenings, 24 percent were identified with potential hearing problems, and 20 percent with potential vision problems. A greater percentage of younger children (under 12 months) were identified in each category. These are children who would ordinarily not be picked up by public health screening programs, which tend to operate in preschool programs serving children three and over.

Did children benefit from screening?

Children with developmental delays in communication or problem solving were more likely to improve if they received hearing screening.

It is possible that delays in these areas were related to hearing problems and children who received screening also received medical attention that remediated the problem. Since we do not have complete information on children who received these screenings or the referral process subsequent to screening, it is not possible to determine whether this is in fact true.

Referrals to Community Resources

Who received community referrals and where were they referred?

ASAP-PIE programs referred families to a variety of community resources.

Most often referrals related to these issues:

- Health concerns (41 percent of referrals).
- Assessment, follow up and intervention for developmental delays (17 percent).
- Early education/school readiness programs (17 percent).
- Family social services (9 percent).
- Child behavior concerns (7 percent).

Families with low and high incomes received similar types of referrals.

Families at greater risk were referred more often than other families.

Families who had a number of risk factors, such as low income, high residential mobility, lack of health insurance and large family size were referred more often. This is logical in that these families are more likely to need support and services. It is encouraging to see that families without insurance, a high-risk group, were very much more likely to receive referrals for additional services.

Did children benefit from referrals?

Referrals were not related in any consistent way to child outcomes.

It is not surprising, given the variety of reasons why families might be referred, that there is no consistency in the outcomes of referrals. For example, a child with a health or developmental concern may be referred to a service for remediation, while another child may be referred to a preschool program because he/she is moving on to a higher developmental stage. A more appropriate measure of success would be whether or not the child/family received the desired service and whether it successfully addressed the problem. Unfortunately, we do not have information on the outcomes of referrals.

Sustaining Services Beyond the ASAP-PIE Grant Period

One measure of success for the ASAP-PIE program might be the extent to which communities are able to continue the services beyond the grant period. In July of 2003, grantees were asked which services they planned to continue beyond the grant period. Most expected to continue play groups (19 of 23) and referrals to community resources (18). Seventeen grantees planned to continue home visits and screening. However, most grantees said the amount of services they could provide would be reduced.

5. Policy and Practice Implications

When the Michigan Department of Education sponsored the ASAP-PIE program, it made a substantial investment in young children and their families. ASAP-PIE has been succeeded by a greatly reduced initiative, Great Parents, Great Start. This legislation has retained the expectation of universal services and collaborative partnerships as well as specifying services to at-risk children in order to accomplish the objectives of bringing children to school ready to succeed and maintaining stable families. In a period of limited resources, Great Parents, Great Start is a good faith commitment to the educational system's responsibility for 0-5 programming within a community collaboration.

The supporting information for these recommendations may not have been presented in these highlights and readers are referred to the three evaluation reports for additional information. In any future development of Great Parents, Great Start, we would encourage the following:

Cross-Agency Collaboration

At both the local and state levels, cross-agency collaboration is essential to accomplish the stated outcomes. Good outcomes for children are so inter-related that a solely education-focused approach will not accomplish the initiative's objectives. The Children's Trust Fund, with its concerns for child abuse prevention, and the Michigan Department of Community Health, that oversees infant mental health and maternal and child health services, are obvious partners for this venture.

This cross-agency group could be challenged with elaborating the philosophy of this early childhood initiative as well as promoting cross-agency systems change. Making ASAP-PIE services universally available had the benefit of attracting some families that might not have otherwise received services. However, some grantees also made different levels of service available based on families' needs. While data on outcomes were primarily available for the most intensive services (i.e., home visiting), encouraging grantees to develop different levels of service has the potential for targeting services in ways that can be more helpful to families and make the best use of funding.

Legislative and Grant-Making Practices

There are several improvements in the grant-making process that could benefit the initiative:

- State allocations were not related to the size of the population to be served. Thus, it was difficult for large communities to participate. Further, these ASAP-PIE grantees reached 22 percent of the children in their areas and provided a primary service to 16 percent of the children. While we recognize that families' choice was a factor in service use, two funding changes could extend the reach of this program. First, **funds could be allocated to communities based on the population of children age**

0-5. In ASAP-PIE, the same amount of dollars was available to large communities and small communities. Second, those **funds could be adjusted for the percentage of children in poverty** (i.e., TANF eligible), since these children are more likely to fail in school.

- Communities with little previous collaborative experience were at a disadvantage. Unfortunately, these are likely to be the same communities where families and children can benefit from integrated early childhood opportunities. **Funds should be set aside for planning grants** in these communities so that supportive inter-agency collaborations could be built prior to the initiation of services.
- Many of the ASAP-PIE grantees did an admirable job of working with community service providers to build or expand an early childhood system of care. However, some ISDs or local school districts chose to concentrate on their own delivery of services. This latter is inconsistent with the collaborative cross-department approach recommended above. **ISDs and other community agencies** should be required to **submit a single integrated proposal** to meet the mandated outcomes.
- **Community-based models of service delivery** appear to provide better outcomes for children with a lower investment of dollars. Use of these models should be encouraged.
- The ASAP-PIE program had sufficient **funds for a state-wide evaluation**, but comparatively little **support for technical assistance and oversight**. Both types of support are critical to the success of any initiative and should be funded.
- The state-wide evaluation was funded well into grantees' implementation cycle. This resulted in a wide disparity in the type and degree of outcomes measured and data collected. When a state department makes such a substantial investment in services for families and children, it is critical to plan for the timely investment in a state-wide evaluation. Therefore **the state-wide evaluator should be identified prior to, or shortly after, local contracts are awarded**.
- Collection of data was an expensive activity, in time and/or funds, for most grantees. **A proposal review criterion** should include the extent to which a **realistic plan and allocation of resources is proposed for collecting the data** described below.

Implementation Guidelines

Here, implementation guidance includes specification of how the services are to be organized, delivered and success evaluated. Overall, the ASAP-PIE grantees had to individually develop their own definitions for services, criteria for enrollment, and parameters for evaluation. Therefore, we recommend that the following be part of the expectations in the grant award and/or the state-wide evaluation process.

- **Definitions of age-appropriate and/or developmentally-appropriate success criteria.** The ASAP-PIE initiative described outcomes that might not have been achieved given the duration of the award for all children. Defining “school readiness” differentially, for example for infants, preschool children and children entering kindergarten, would have allowed grantees to report on their success whatever the age of the children served.
- **Definitions of services, their levels and expected dosage.** For example, there was wide variation in what was considered a play group. Also, grantees were not clear whether a referral meant talking with a family or the family receiving a service.

- **Definitions of enrollment criteria.** The MSU evaluation team queried grantees to identify the services they included in their definition of an enrollment family or child. While there was a common subset of services, overall grantees' enrollment practices were not consistent.
- **Specification of common participant demographic data** to be collected and **evaluation tools** to be administered **across all partners** delivering the related service. This would solve two difficulties encountered by the state-wide evaluation team and the grantees: 1) the dearth of measures that could be used across all grantees; 2) the absence of demographic and outcome data from community partners delivering key services.
- **Home visiting for younger children, particularly those at higher educational risk.** Although our data are only suggestive, it appears that home visiting did benefit children at greater educational risk, and in particular was beneficial to children who had developmental delays. Since these children had more room to improve, the intensive services may have brought about more benefits.
- **Parent-child play groups as part of an array of universal services.** Although play groups tended to serve families with fewer educational risk factors, they did fill gaps in services to children between 12 and 36 months of age and appeared to benefit children with delays in social and problem-solving skills. In combination with home visiting, they appeared to increase the effectiveness of services to children with developmental delays.
- **Screening for children at higher educational risk.** All forms of screening were effective in identifying children with concerns. This was particularly true among children under 12 months of age. Children with no health insurance should be specifically targeted.
- **Outcomes of referrals to community resources.** We know from this report that a variety of community referrals were made and that referrals were not related in any consistent way to children's developmental outcomes. Given the variety of reasons for which children are referred, this is not surprising. Better measures of access to the community network would be that referrals were completed and that families received the service for which they were referred.

Data Sources

This report summarizes information presented in three evaluation reports. The reports and the sources of their data are presented below:

- *Statewide Evaluation of the ASAP-PIE Program – Year 1 Report* (September 2, 2002).
 - Population data from the U.S Census Bureau, the Annie E. Casey Foundation: Kids Count Census Data Online, and the Michigan Department of Community Health.
 - Grantees’ proposals, program reports and meeting minutes.
 - Interviews with grantee administrators.
- *Statewide Evaluation of the ASAP-PIE Program – Report 2 with an Emphasis on Grantees’ Programs* (April 3, 2003).
 - Grantees’ proposals, Narrative Summary Reports (August 30, 2002) and FY 2001-2002 Continuation Grant Applications submitted to the Michigan Department of Education, and collaborative body meeting minutes.
 - Reanalysis of administrators’ interviews.
 - Population data from the U.S. Census Bureau.
 - Focus groups of parent educators.
- *All Students Achieve Program—Parent Involvement and Education (ASAP-PIE): Management and Outcomes, Report 3: Technical Report*
 - Grantees’ ASAP-PIE Year Two Narrative Check List Report (July 2003).
 - Service and outcomes data collected by grantees.

Appendix

Demographic Characteristics of Families, Parents and Children Served by the ASAP-PIE Initiative

Table 3
Family Characteristics at Enrollment (**N** = 32,400 families)

	<i>Percent of families out of those with data on the variable^a</i>	<i>Percent of families with data on this variable^b</i>	<i>Number of grantees who collected data on this variable</i>
TANF-eligible (<i>n</i> = 26,472)	50%	82%	23
INCOME (<i>n</i> =5,673)		18%	11
\$20,000 and under	24%		
\$20-\$40,000	26%		
\$40-\$60,000	26%		
\$60,000 and up	24%		
PRIMARY LANGUAGE (<i>n</i> = 17,468)		54%	19
English	96%		
Spanish	2%		
Other	3%		
TYPE OF INSURANCE (<i>n</i> = 6,285)		19%	9
None	4%		
Public	46%		
Private	50%		
FAMILY CONFIGURATION (<i>n</i> = 1,295)		4%	2
Both parents	72%		
Mom	24%		
Dad	<1%		
Neither parent	4%		
TOTAL NUMBER IN HOUSEHOLD (<i>n</i> =12,332)		38%	18
2-5	90%		
6 or more	10%		
MOVES IN PAST YEAR (<i>n</i> = 2,495)		8%	6
0	89%		
1	8%		
More than 1	3%		

Table 4. Parent Characteristics at Enrollment (out of 32,400 families)

	MOTHER			FATHER		
	<i>Percent of all mothers (out of those with data on the variable)^a</i>	<i>Percent of mothers with data on this variable (out of mothers of all children)^b</i>	<i>Number of grantees who collected data on this variable</i>	<i>Percent of all fathers (out of those with data on the variable)^a</i>	<i>Percent of fathers with data on this variable (out of fathers of all children)^b</i>	<i>Number of grantees who collected data on this variable</i>
AGE (mothers \underline{n} = 10,566, fathers \underline{n} = 8,602)		33%	15		27%	13
Under 18 yr	3%			<1%		
18-22 yr	12%			5%		
22-30 yr	38%			28%		
30-40 yr	41%			53%		
Over 40 yr	6%			14%		
EDUCATION (mothers \underline{n} = 9,521, fathers \underline{n} = 638)		29%	14		2%	6
Less than high school	11%			5%		
High school diploma	59%			46%		
Bachelor's degree	25%			39%		
Graduate degree	6%			11%		
EMPLOYMENT (mothers \underline{n} = 5,738, fathers \underline{n} = 529)		18%	13		2%	6
None	60%			49%		
Part time	20%			3%		
Full time	20%			48%		
Employed (mothers \underline{n} = 8,087, fathers \underline{n} = 600)	46%	25%	14	57%	2%	6
Parent is single (mothers \underline{n} = 7,596, fathers \underline{n} = 5,469)	23%	23%	14	14%	17%	11

Table 5. Child Characteristics at Enrollment (N = 44,691)

	<i>Percent of children out of those with data on the variable^a</i>	<i>Percent of children with data on this variable^b</i>	<i>Number of grantees with data</i>
Male (<u>n</u> = 28,332)	53	63	21
AGE AT ENROLLMENT (<u>n</u> = 27,617)		62	22
0-3 months	14		
3.01-6 months	7		
6.01 to 12 months	10		
1.01 to 2 years	20		
2.01 to 3 years	19		
3.01 to 4 years	16		
4.01 to 5 years	12		
5.01 to 6 years	2		
6.01 years and up	<1		
RACE (<u>n</u> = 21,806)		49	22
White	78		
African American	11		
Hispanic	5		
Asian/Pacific Islander	1		
American Indian/Native American	1		
Multi-racial	4		
Other	1		
Preterm: Less than 36 weeks gestation (<u>n</u> = 4,317)	7	10	7
NUMBER OF SIBLINGS UNDER AGE 5 (<u>n</u> = 44,691)		99	23
0	42		
1-2	53		
3 plus	5		
OTHER SERVICES			
In daycare (<u>n</u> = 5,599)	14	13	7
In preschool, Head Start, Early Head Start, MSRP (<u>n</u> = 2,461)	44	6	7