

Statewide Evaluation of The ASAP-PIE Program

Report 2

With an Emphasis on Grantees' Programs

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Institute for Children, Youth, and Families
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Executive Summary

A Worthwhile Initiative

ASAP-PIE provided a unique opportunity for 23 grantees to develop, link, and promote services that help children enter kindergarten “ready to succeed.” Across 35 counties, educational systems and their community partners used a variety of strategies to influence educational outcomes for children birth to five years. The 90th legislature, the Department of Education, and the 23 grantees deserve commendation for their contributions to this groundbreaking initiative, which touched some 32,000 children during a two-year period.

This second of three reports focuses on grantees’ program processes and collaboration. It describes the similarities and differences among the 23 grantees’ approaches and has two purposes:

- Provide a framework in which the grantees’ diverse experiences can be described and lessons for future programming can be suggested; and
- Identify program characteristics that can potentially account for differences that may be found in grantees’ successes, to be reported in September 2003.

Grantees—all of them intermediate school districts—differed substantially in the way they implemented the expectations outlined in the legislation.

ORGANIZATION

Some grantees organized within the educational system, providing services through the intermediate school district, or the intermediate school district plus the local school districts (LEAs). Other grantees took a community-based approach, utilizing community providers of 0-5 services. A few emphasized the community system of care, conceptualizing and putting into place arrangements, services, and linkages that transcended single service providers.

CHILDREN SERVED

■ Universality vs. risk

While ASAP-PIE proposed a system of universal services, most grantees recognized that accomplishing the objectives of school readiness and reduction in special education required attention to children in high-risk situations. The majority of grantees found that the concept of universality facilitated the acceptance of service by high-risk families. In addition, some grantees put into place mechanisms for assigning families, particularly those with newborns, to a level of service appropriate to their degree of need. Some grantees also made explicit efforts to recruit children in circumstances that suggested risk.

■ Ages served

Grantees also varied in the proportion of children served along the 0-to-5 age continuum. Grantees using a community-based approach were more likely to serve a higher proportion of newborns; school system-based grantees were more likely to concentrate on the older preschoolers.

ARRAY OF SERVICES

All grantees were required to provide the same components—home visiting, group meetings of parents (widely interpreted as parent-child play groups), screening, links to quality preschool, and increased access to community services. Grantees varied in their relative emphasis on the different service components. In addition, they varied services in response to the levels of need presented by children and their families. Thus, some grantees

- Varied the frequency of home visits depending on the needs of the children;
- Offered multiple models of home visiting; or
- Expanded the service array to include specialized components such as speech and language services, other professional resources, and a component to prevent expulsion from preschool.

While the summary accomplishments of the 23 grantees await the analysis of service and outcome data in the September, 2003 report, the narrative material and anecdotal evidence in this report suggests that ASAP-PIE is

- Changing situations for some children whose parents are increasingly interacting in ways that support children's social-emotional and cognitive development;
- Making early remedial interventions available for more children with identified developmental delays or health problems; and
- Creating new linkages between services, connecting 0-5 services to schools, and using a collaborative structure to move toward a community system of care.

Recommendations

After assessing what has been learned through the ASAP-PIE experience and looking forward to Michigan's next effort to support families in accomplishing positive outcomes for their children, we are making the following recommendations.

POPULATION SERVED

- **All children including children most at risk**
Emphasis should continue to be placed on serving all children (universal services) but accomplishing the objectives requires that appropriate levels and types of services reach children most at risk of not being prepared for school.
- **Adults functioning as parents**
Because 60% of mothers of young children work outside of the home, many young children spend significant amounts of time in the care of other adults. To maximize child outcomes, future legislation should allow for services to children in out-of-home care with relatives or others who act in the role of parents when parents are working.
- **Pregnant women**
Research indicates that programs linking high-risk pregnant women with professionally delivered home visiting are more effective than

similar services beginning after birth. To improve outcomes, future legislation should allow home visiting services to be delivered to high-risk women during pregnancy.

SERVICES PROVIDED

- **Array of services**
Evidence suggests that a Great Start requires attention to all facets of development that impinge on school readiness and need for special education. Future legislation should specify the inclusion of, or linkage with, services that address all facets of development.
- **Asset orientation**
Future legislation should explicitly encourage applicants to incorporate an asset orientation or strength-based approach into the organization and delivery of services and provide resources for training and/or technical assistance to grantees in how to implement this approach.

PLANNING PERIOD

- **Planning grant**
Future legislation should provide communities the option of short-term planning grants to enable them to develop collaborative relationships and an effective plan reflecting a system of care.
- **Characteristics of children**
One task to be accomplished during a planning period is the development of baseline data on the population of children in the service area. Communities should examine the characteristics of children who enter kindergarten not ready to succeed and identify that portion of the special education population that might be reduced through early identification and intervention. This data can be used to plan services that target the population of children likely to benefit most from services.
- **Community investment in 0-5 services**
As part of the planning process, communities should develop information about the current investment of federal, state, and local funds in 0-5 services. The identified services should be included in the formulation of the overall system of care.

THE COLLABORATIVE UNDERTAKING

■ Local collaboration

Future legislation should specify the development of a community system of care in order to strengthen the linkages among education, early childhood service providers, and other human services.

■ State-level collaboration

Future legislation should specify a single state interdepartmental collaborative committee to be responsible for all state-funded and state-administered 0-5 initiatives.

A SINGLE NAME FOR 0-5 INITIATIVES

■ Brand name

Currently the ASAP-PIE program lacks a unified identity among families and the general public

because the 23 programs operate under unique local names. Future legislation or interdepartmental agreement should designate a single name for all state-funded 0-5 initiatives to enhance public awareness.

FUNDING

■ Proportional funding with an adjustment for poverty level

Maximum allowable funding for grants in future legislation should be based on a realistic amount per child 0-5, adjusted to reflect the number of children living in poverty within each grantee's service area.

1. Introduction

This Report

This is the second of three state-wide reports on the accomplishments of the 23 local projects funded in 2000 by the Michigan Department of Education (MDE) for the All Students Achieve Program-Parent Involvement and Education initiative, known as ASAP-PIE (see Table I for a list of ASAP-PIE grantees and the number of children available to be served in their area).

Table I
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 Intermediate School District	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 first report provided background on the ASAP-PIE initiative, described the program characteristics of the 23 grantees, and provided data on the children and families in their service area (Van Egeren et al., 2002).

This second report focuses on grantees' program processes and collaboration. It describes the similarities and differences among the 23 grantees' approaches and has two purposes:

- Provide a framework in which the grantees' diverse experiences can be described and lessons for future programming can be suggested; and
- Identify program characteristics that may account for potential differences in grantees' successes, to be reported in September 2003.

Many sources were synthesized in this report. Documents include grantees' proposals and reports to the Michigan Department of Education, grantees' Temporary Assistance to Needy Families (TANF) data, administrators' interviews, and parent educators' focus groups. The methods used and evidence for this report are specified in Appendix A.

The final report will document grantees' progress toward achieving legislative outcomes for children and their families. Grantees' accomplishments are based on two years of service; results will be constrained by the limitations of the available data. The quantitative analyses will be augmented with further descriptions of grantees' management, their linkages to quality pre-schools, and transition services.

The ASAP-PIE Initiative

ASAP-PIE is one of a number of All Students Achieve Programs. It was authorized by the legislature in 2000-2001 and grants were made to 23 intermediate school districts in February 2001.¹ The program was originally authorized as a three-year initiative, but the economic downturn resulted in the

¹State School Aid Act of 2000 (Sec.32b).

elimination of funding for the third year. However, grantees have been permitted to carry over unexpended funds to June 2003 and beyond.

All of the grantees discussed here share the common ASAP-PIE outcomes. They are organized to improve school readiness for children birth to age 5, foster the maintenance of stable families and reduce the need for special education services by:

- Encouraging positive parenting skills;
- Enhancing parent-child interactions;
- Providing learning opportunities that promote development; and
- Promoting access to needed community services.

The law specified that these improvements were to occur “through a home-school-community partnership that provided parents with information on child development from birth to age 5.”

Thus, program services were designed to focus on improving school readiness primarily by changing or enhancing the environment provided by parents. This approach is based on a growing understanding of how early relationships with parents and other caregivers can have an impact on children’s development, and of how early intervention can influence those relationships (Bornstein, 1995; National Research Council and Institute of Medicine, 2000). The ASAP-PIE legislation specified a set of program components characteristic of the Parents as Teachers Program (PAT)²: 1) home visiting for parents and their young children; 2) group meetings of participating parents; 3) developmental, health, hearing and vision screening; 4) links to quality preschools; and 5) increased access to community services.

One picture of how these service components link to improve outcomes for parents and their young children is shown in Figure 1.

This picture illustrates that school readiness, the desired legislative educational outcome, can be influenced by three factors that contribute to family stability (Caughy, 1996; Radke-Yarrow, Nottleman,

Martinez, Fox, & Belmont, 1992), another legislative outcome:

- Parents’ ability to meet children’s basic needs (e.g., emotional, nutritional, or safety needs);
- Parents’ interactions with their children (e.g., discipline, communication); and
- Parents’ teaching skills.

Home visiting, a required component of the ASAP-PIE services, refers to services provided by parent educators or other professionals or paraprofessionals to parents and children together in the family home. Home visiting has been shown to improve parent-child interactions and parental teaching, as well as increase families’ access to services when they have unmet needs (Fitzgerald, Mann, Cabrara, & Wong, 2003; Tableman, 1999-2000). Parent education groups and parent-child play groups are venues where additional information, social support from other parents, and modeling of positive parenting behaviors can be offered to enhance parent-child relationships. Early screening of children’s development, health, vision and hearing can identify children who have health concerns or developmental delays that are amenable to remediation. By providing corrective services early, it is expected that some children will have a reduced need for future special education services.

Assumptions of the Legislation

Several assumptions were built into the legislation and are implicit in this picture. These include:

■ **K-12 schools need to be concerned about early childhood**

Research has shown that children who enter school without the competencies and characteristics defined as “school readiness” have a more difficult adjustment to school and are at increased risk for school failure over the long term (Entwisle & Alexander, 1993; National Research Council and Institute of Medicine,

²For more information about this widely used model of universal services for young children see Parents as Teachers National Center, 10176 Corporate Square Drive, St. Louis, MO 63132; www.patnc.org.

2000). Most of these children will never catch up to their peers who display greater school readiness at school entrance, and will in fact fall further and further behind (Hart & Risley, 1995).

■ **Parents’ skills as their children’s first teacher can make a difference**

Research has shown that the guidance and supports children receive through experiences with their parents and other care-giving adults prepare children who are ready to succeed in school—that is, who are confident, curious, persistent, self-controlled, cooperative and communicative (Huffman, Mehlinger, & Kervian, 2000; Zero to Three National Center for Infants, Toddlers, and Families, 1992).

■ **Children from diverse families can benefit**

Universal services—that is, those services provided without eligibility requirements (e.g., low income, low parent education, teen parenthood)—may succeed in attracting families who might not otherwise reach out for services. Families who do not meet the eligibility tests for traditional services because of income or diagnostic classification but who are still at risk

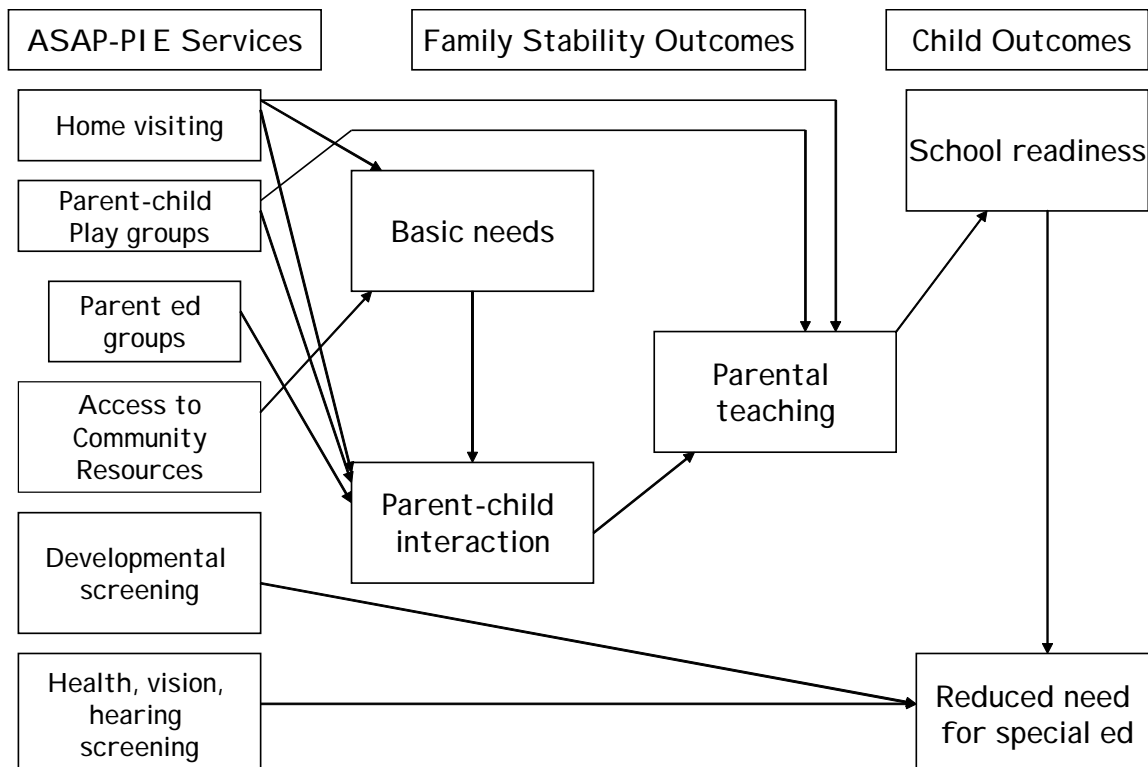
include parents experiencing substance abuse problems, postpartum depression, isolation and/or anger management issues. In short, parents from all kinds of backgrounds and all socioeconomic levels may want or need information and support services that are offered by the programs.

■ **Supporting families as they prepare children for school is a community-wide task**

Readying children for school, particularly through family support, is too complex to be addressed by a single organization. These outcomes can only be achieved through a partnership among families, community agencies, schools and other voluntary organizations. Michigan legislators recognized this necessity by requiring a community collaborative effort. Therefore, in addition to the intermediate school district, community partners minimally include the local multipurpose collaborative body, local health and welfare agencies, and private nonprofit agencies involved in programs and services for preschool children and their parents.

The same purpose, program components and legislative assumptions guide each grantee’s ASAP-

Figure 1
ASAP-PIE theory of change



PIE effort. However, these commonalities have not resulted in standardized organizational configurations, service arrangements, service partners and/or participating families; nor should they. Differences in community composition and values, the availability of local resources, family situations, prior experiences with collaboration, and the role played by the intermediate school district in programming for young children are just some of the factors that have contributed to the development of varied PIE responses.

2. A Community System of Care

Project variations create challenges for understanding the significance and impact of the ASAP-PIE program. As a way of understanding these 23 diverse programs, the Evaluation Team has chosen to view grantees' efforts against a Community System of Care Framework. 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.

Although the ASAP-PIE legislation did not mandate the development of a community system of care, communities were pointed in that direction by the legislative requirement that public and private

organizations collaborate on the project. The request for proposals asked applicants to describe services that were being delivered, prohibited the use of funds for duplicative services and required grantees to promote access to community services. Also in line with a community system of care framework, the ASAP-PIE legislation identified a target population: all children 0-5 years of age.

A comprehensive community system of care for young children has identifiable components. Some of these are elements specifically related to the system. Some of the elements also affect the ways that agencies do their own business, and some are shared with and affect families using the system of care.

No ASAP-PIE grantee was expected to develop such a comprehensive approach to providing services for their families. However, viewing the work of the grantees through the lens of a community system of care provides an established framework with which to more clearly delineate the strategies that contribute most to positive outcomes for children.

A Comprehensive Community System of Care

Systems Components

- A continuum of services
- Systematic review and referral by all services
- Referral to the appropriate system
- A holistic approach to service delivery

Systems Components Shared by Participating Agencies

- Cross agency training
- Assignment of staff to attend to systems issues and to provide coordination of services for each family.
- A data system that provides feedback on the operation of the system and on outcomes
- Interagency agreements and policies within each agency that support the system of care

Systems Components Shared with Families

- Access to a comprehensive array of concurrent services
- Smooth transitions between sequential services
- Facilitated access to informal, as well as formal, supports for parents
- An interagency plan of service for those families receiving services from more than one agency

Organization of Community Services

In all cases, the intermediate school district (ISD) was the fiscal agent for the award from the Michigan Department of Education. Beyond this, each of the 23 grantees built a unique structure through which ASAP-PIE services were developed and delivered. Grantees used one of two general approaches to organize the way in which services were developed.

ORGANIZATION OF SERVICES WITHIN THE EDUCATIONAL SYSTEM

Some grantees considered the task essentially to be implementation of the specified services within the educational system. Two general patterns were evident (Figures 2 and 3). One grouping of grantees emphasized the intermediate school district in the primary roles of organizer, manager and service provider (Approach 2a).

In another group of grantees, the intermediate school district organized and managed the initiative but relied on local school districts (local education authorities, or LEAs) to provide services (Approach 2b). This occurred primarily in larger counties where coordinators were assigned to elementary schools. The coordinators were responsible for identifying families, determining their needs and connecting them to or providing services.

In some, but not all instances, the ASAP-PIE initiative provided these grantees with an opportunity to

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

Grantees categorized as organizing services within the educational system may also have had limited contracts with community agencies for specific services, such as screening or play groups.

Figure 2
Education-based approaches

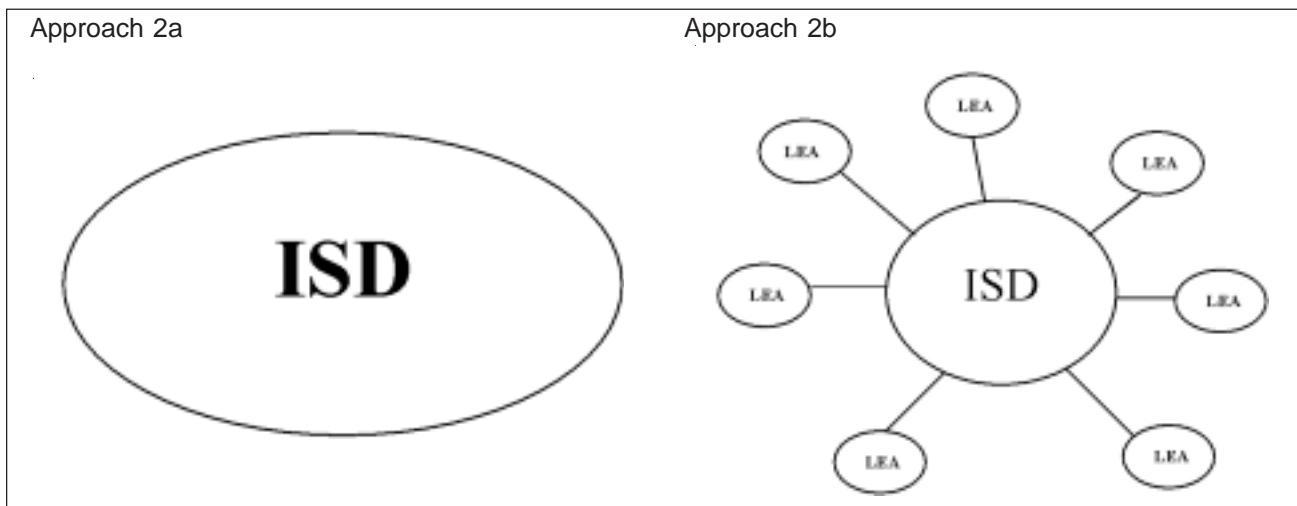
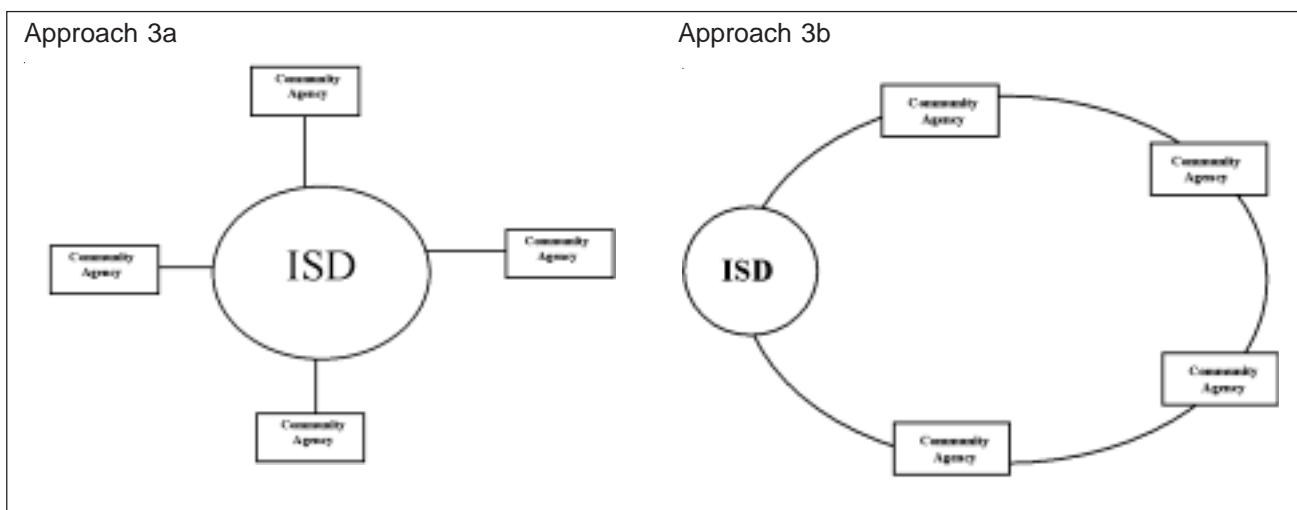


Figure 3
Community-based approaches



USE OF EXISTING COMMUNITY SERVICE PROVIDERS

Some grantees perceived the task as one of expanding 0-5 services using community providers (Figure 3). These grantees contracted with existing community agencies to provide ASAP-PIE services by either expanding their existing services or funding new responsibilities (Approach 3a).

Other grantees emphasized the development of a collaborative community structure, organizing the whole into a coherent inter-agency community system (Approach 3b).

While these grantees also used ASAP-PIE funds to expand and improve existing services, they:

- Considered services provided by the ISD as only one component in an overall system;
- Included agencies providing services but not receiving ASAP-PIE subcontracts as partners; and

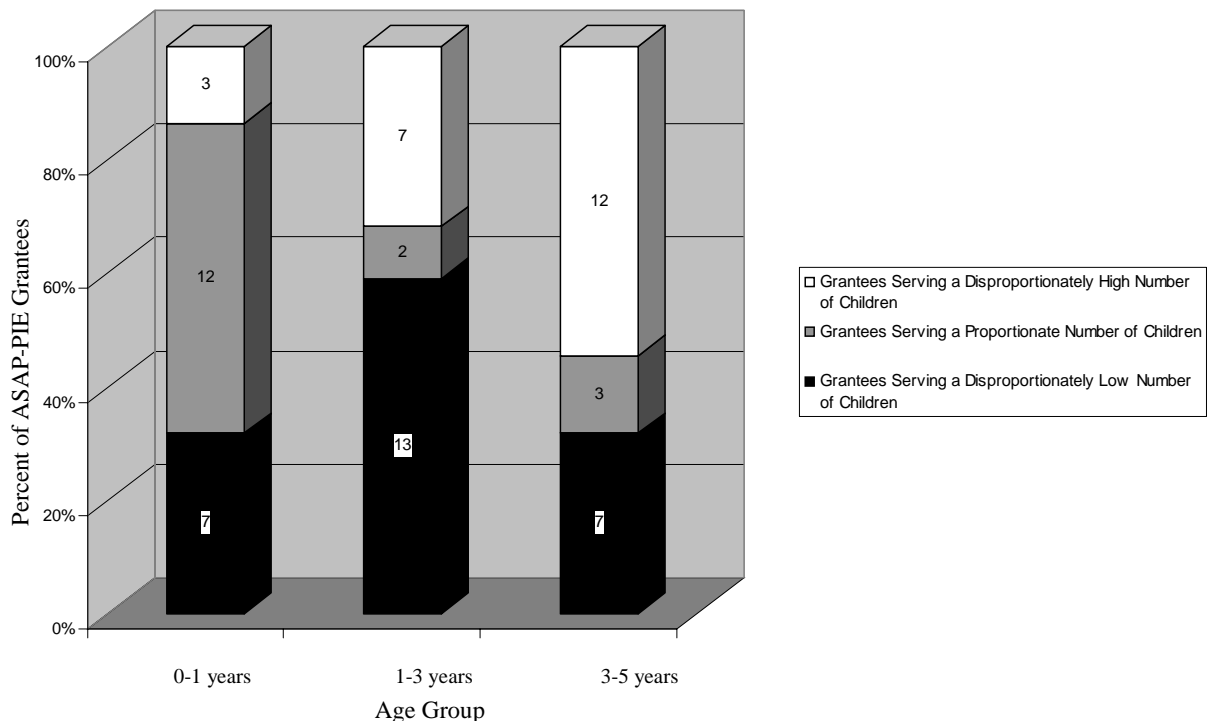
- Sometimes co-located ISD staff and staff of partner agencies.

These basic approaches are schematic representations of the organizational approaches developed by each of the 23 grantees. They do not represent the detail for each grantee, but they do capture the essential elements of their organization.

The Population of Children

Both the legislation and the MDE request for proposals emphasized ASAP-PIE services that were to be offered to any child 0-5 years old. The concurrent emphases on bringing children to school ready to succeed and reducing the number of children receiving special education services suggest particular attention to those portions of the population who are most likely to have poor outcomes. Grantees balanced these directives in different ways.

Figure 4
Proportions of children served in the three age groups



SERVING ALL CHILDREN

If grantees conformed to the maxim of universality, their service figures would conform to the proportions of children at each age. This means that: 20% of the children served would be 0 - <1 years of age; 40% of the children served would be 1 - <3; and 40% would be 3-5 years old.

Grantees varied considerably in the proportions of children served in the three age groups (Figure 4). A few grantees placed greater emphasis on newborns, others on 1 to 3 year olds, and more than half on 3 to 5 year olds.

Three grantees emphasized service to 0-1 year olds; 30 to 56 percent of the children they served were in this category. Seven grantees emphasized service to 1 to 3 year olds. Twelve grantees—52 percent—emphasized service to 3 to 5 year olds.

Most of the grantees that chose to organize ISD/school-based services provided a greater proportion of service to 3 to 5 year olds and did not emphasize services to newborns.

Table II
Research on competencies related to school readiness

	<i>Not ready for school</i>
COGNITIVE	
Recognize numbers, shapes, and counting to 10	6%
Recognizing letters	34%
Understanding relative size	42%
Understanding beginning and ending sounds of words	71-83%
Understanding number sequences	80%
BEHAVIORAL	
Behavioral self control	10%
Persistent, eager to learn, able to pay attention	25-34%

Based on a nationally representative sample of children entering kindergarten in 1998. U.S. Department of Education, National Center for Education Statistics. (2000, February). *America's Kindergarteners. Statistical Analysis Report. Early Childhood Longitudinal Study – Kindergarten Class of 1998-99, Fall 1998.*

TARGETING CHILDREN WITH RISKS

Grantees varied widely in their approach to targeting families and children for service provision. Some grantees developed new services for high risk families. Other grantees identified services for high-risk families that were already available in their communities. These grantees interpreted the ASAP-PIE function as filling the service gaps for lower-risk families and for those families unable to meet existing eligibility requirements. Finally, some grantees considered that the specification of universality meant that services could not be targeted.

Persistent poverty is the single greatest risk factor associated with poor school readiness (Brooks-Gunn & Duncan, 1997; Brooks-Gunn, Leventhal, & Duncan, 2000; McLoyd, 1998), but it is only an approximation of the many factors that place children at risk for lack of school success. National figures indicate that a large number of children come to school lacking in one or more of the basic competencies that contribute to school readiness.

Research tells us some of the factors that are related to children being “at risk” of entering school without the adequate competencies (Table II). Generally, these factors fall into three categories of characteristics related to: the child, the family and/or the environment in which the child lives. These risk factors may or may not be causally related to school readiness. For example, poverty does not “cause” children to be unprepared for school but we know that young children who live in poverty are more likely to be inadequately prepared for school. Other risk factors, such as poor parenting skills, are causally related to school readiness, so improving parenting skills should lead to increased school readiness for children. In addition, risk is not “all or nothing” but rather a continuum, with families/children who face multiple barriers to success being at greater risk (Huffman et al., 2000).

Success stories that were submitted to the Michigan Department of Education by ASAP-PIE grantees as part of their Year 2 Continuation reports illustrate the range of risks that families face. Direct quotes from case descriptions are in italics.

PARENTAL RISK FACTORS

Figure 5 shows the parental risk factors that are most likely to affect children's school readiness.

Single Parenthood

Many single parents, especially if they are also teen parents (Furstenberg, Brooks-Gunn, & Chase-Lansdale, 1989; Moore, Morrison, & Greene, 1997), are parenting under greater stress than two parent families because of lack of support and/or resources. Many times they are struggling to meet basic family or personal needs and are not focused on helping children develop the skills that contribute to school readiness as illustrated by a parent educator's comments about one single mother:

At enrollment her primary concerns in child rearing were keeping the children clean and well fed. Her focus on school readiness was minimal.

Low Levels of Education

In addition, many parents served by PIE programs have less than a high school education or read on a

very low level so they are less able to provide the children with the kinds of stimulating experiences that encourage language development (Huffman et al., 2000). Some parents are themselves developmentally or learning disabled. One home visitor describes the 3½ year-old twins of one developmentally disabled couple:

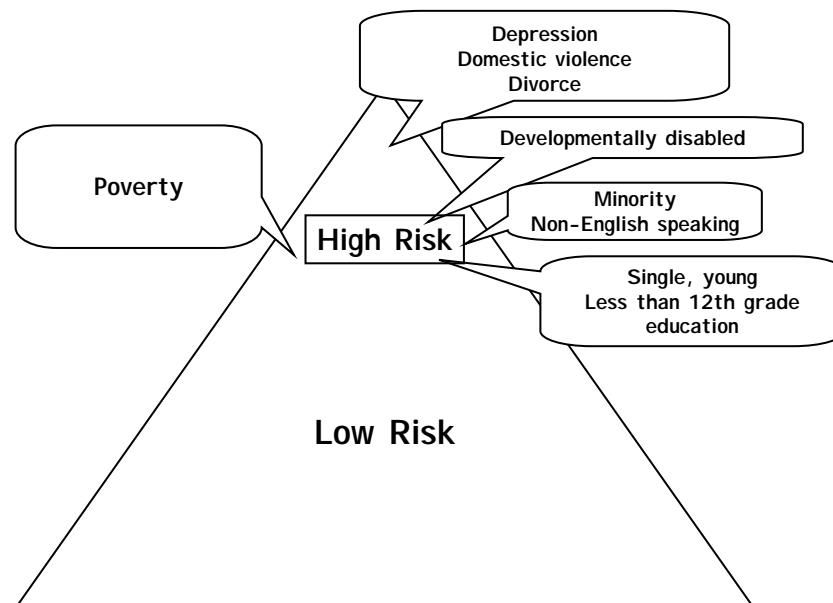
The girls did not speak, lacked expression, and were generally unresponsive when approached.

English as a Second Language

Parents who speak a language other than English are at a significant disadvantage in preparing their children for U.S. schools (James, 1997), and a program such as PIE can help them to provide the supplementary experiences children will need, as well as to help the parents strengthen their own language skills.

The parents are new to this country...father was a little reluctant in the home visits. After the first month he commented on how pleased he was with the home visits...he noticed that some of the activities we did with his daughter...helped her learn colors

Figure 5
Parental risk factors



in both languages. He and his wife are taking turns reading to their children in English and Spanish...He has shown interest in returning to school to receive his GED.

Mental Health Problems

Depression, domestic violence or other mental health issues can severely affect an individual's ability to parent effectively. A parent who is vulnerable emotionally is less able to be responsive and "emotionally available" to his or her children (Field, 1995; Fitzgerald, Davies, & Zucker, 2002; Howes, Rodning, Galluzzo, & Myers, 1988; Howes & Smith, 1995). One home visitor described a young mother on initial home visits as

...So anxious she was unable to sit down during the sessions. With a history of severe abuse, low self-esteem, depression, an eating disorder, and a learning disability, she explained she didn't know how to be a good parent.

Nevertheless, she

wanted [program name] to help her give her children a better life than her own.

CHILD RISK FACTORS

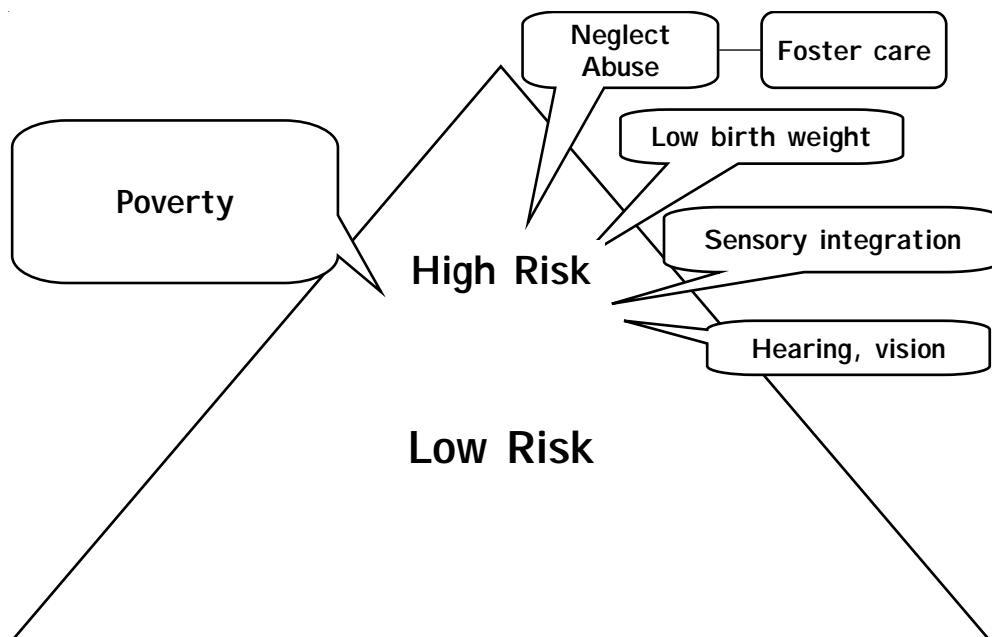
While parental skills and life circumstances certainly have an influence on the developmental trajectory of young children, characteristics of the child—either those he was born with or those resulting from early life experiences—can also have an impact on whether or not he comes to school ready to succeed (Figure 6).

Children with health problems, born prematurely or who have been abused or neglected are at greater risk of developmental delays (Cohen, Velez, Brook, & Smith, 1989; Hack et al., 1992; Schothorst & Engeland, 1996). Children whose "temperament" interferes with their ability to engage actively and positively with the environment can challenge the parenting skills of many parents (Martin, 1989; Maziade, Caron, Cote, Boutin, & Thivierge, 1990; Mun, Fitzgerald, Puttler, Zucker, & von Eye, 2001; Sanson & Rothbart, 1995).

Hearing and Vision Problems

The early screening component of ASAP-PIE program has helped to identify hearing and vision problems that are amenable to remediation—as a

Figure 6
Child risk factors



result developmental delays have been prevented. One story is typical of the benefits that children derive from these screenings. One 22-month-old boy who was referred for screening,

...was observed to have no words of his own and kept to himself. The parents reported that their son rarely interacted with others. The results of the screenings determined [he] had a build up of wax in both ears, preventing him from hearing...[and] also required glasses for amblyopia.

After appropriate medical treatment and services from a home visitor, the boy,

...is beginning to put words together, attempts to elicit attention from others with words, listens to and imitates others and has progressed developmentally.

Health Problems

Other health problems and prematurity may result in parenting issues that overwhelm many parents, even those with material and social resources.

A- is a child who began life with serious physical complications at birth. Though now physically healthy...A- is unusually bright but exhibits extreme behavioral problems...Though this was an intact family, the stress of raising a difficult child and the resulting feelings of inadequacy were taking its [sic] toll.

Difficult Temperament

Some parents seek help from PIE programs because their children possess characteristics that can be loosely called “difficult temperaments.” Children who are extremely shy, active or aggressive can particularly challenge the parenting skills of less experienced parents and cause them to question whether their child is “OK.” Helping children with these characteristics learn positive ways to interact with their environment will assist them in developing those “ready to succeed” competencies noted earlier: persistence, eagerness to learn, ability to pay attention. These descriptions by home visitors illustrate some of the challenges parents of these children face:

At the first home visit, the child ran through the house throwing popcorn, grinding popcorn into the carpet, swearing and jumping on furniture...The parent shared with the parent educator that the behavior was typical of her son and that she wanted help.

...A 4-year-old girl with a history of severe emotional problems. The mother reported that her daughter has always suffered from extreme separation anxiety...has a history of violent temper tantrums...and was diagnosed with ADHD as a toddler. Although many of the problems had stopped...mother was still concerned about how her daughter would do once she had to start going to school.

Summary

In this section, we discussed the assumptions and requirements of the ASAP-PIE legislation and the varied ways in which grantees organized their programs to meet these requirements. The premise under which a program operates and the ways programs are organized affect choices regarding which families to serve and have implications for how successful programs are likely to be in meeting the legislatively required outcomes.

LOGIC OF THE ASAP-PIE PROGRAM

ASAP-PIE focuses on two main approaches to improving school readiness and reducing the need for special education services, based on the logic model illustrated in Figure 1, page 7:

- Improving parenting skills and practices to improve children’s school readiness; and
- Early identification and remediation of health concerns and developmental delays to reduce the need for future special education services.

By requiring communities to collaborate to increase access to community services, it implies that grantees should be developing a system of care. Although the legislation emphasized universal services, some children are more likely than others to be unprepared for school (e.g., are at greater risk),

and therefore can improve more as a result of program interventions.

PROGRAM ORGANIZATION

Two organizational approaches were used by grantees:

- Services organized within the educational system; and
- Using and supplementing existing community services.

CHILDREN SERVED

The population of children served by grantees varied along two dimensions:

- Proportion of children served in each age group (less than 1 year, 1 to less than 3 years, 3 to 5 years of age); and
- Proportion of children served who are in groups considered at higher risk for being unprepared for school.

IMPLICATIONS OF PROGRAM VARIATIONS

These differences among grantees as to program structure and children served may influence issues such as success in achieving program outcomes and long-term sustainability of the initiative. The following are two of the observations we can make at this point:

1. The age of children served by the program tends to be related to program organization. For example, grantees who organized within the educational system tended to emphasize services to 3-5-year-old children.
2. Some grantees were more likely than others to target “at risk” children within a universal program. We expect grantees that targeted children/families with risk factors to see more dramatic improvement in indicators of school readiness over time; however, data to support this hypothesis await assessment of program outcomes.

3. Outreach to Families

A community system of care recruits families systematically, through an organized process for early identification and for referral by agencies. (Tableman, 1998-99a)

Families who used ASAP-PIE services found out about these services from many different sources. ASAP-PIE grantees that queried their families receiving their services reported that families heard about the program from (in descending order of frequency):

- News media
- Schools
- Other community agencies
- Family or friends
- Health care providers
- Hospitals
- Employers
- Churches

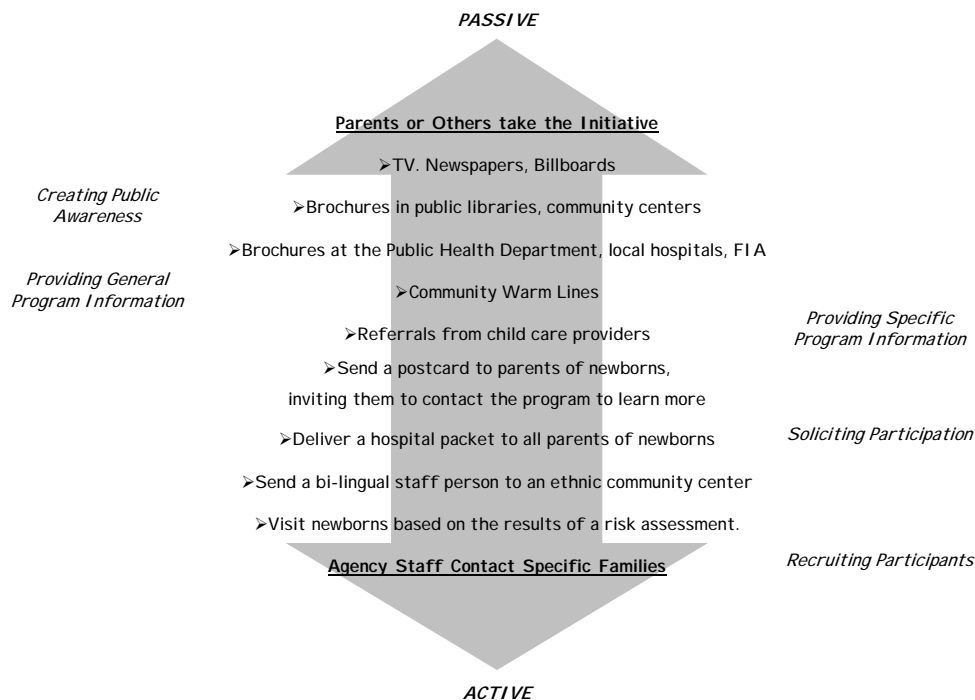
Families accessed services in three general ways: (1) self-referral (i.e., taking the initiative to contact

information and referral lines or ASAP-PIE staff); (2) referral from another agency knowledgeable about ASAP-PIE services; and (3) as a result of a systematic approach by ASAP-PIE programs to connect with families.

The Mix of Recruitment Strategies

Most grantees used a mix of recruitment strategies. The strategies generally fell along a continuum from passive to active approaches (Figure 7). Passive recruitment strategies are those in which program staff merely makes information available to families, such as posting flyers in accessible locations. Active strategies are those in which staff recruit participants face to face. An example of an active strategy is sending a bilingual staff member into an ethnic community to inform families about the program.

Figure 7
The continuum of passive to active recruitment strategies



PASSIVE APPROACHES TO RECRUITMENT

Media

Grantees used public media to build awareness of the importance of the years from birth to five, to indicate availability of service, and to encourage families into service. Approximately one third of the grantees used radio advertising, TV commercials and/or newspaper stories to communicate their messages. A few use billboards or display advertising.

Twelve grantees also used a portion of their funds (totaling \$700,000) to underwrite the first phase of a TV and radio media series, “Be Their Hero from Age Zero,” sponsored by the Ready to Succeed Partnership. While these advertisements undoubtedly built public awareness and encouraged positive responses to very young children, their messages did not clearly communicate the need for parents to talk to, read to, and play with their babies and young children. Nor did these messages provide information so that interested people could contact their local ASAP-PIE program.

Informational Materials

All of the grantees developed brochures outlining their services. Informational materials were generally spread widely throughout the community, both in traditional sites such as human service agencies and in non-traditional sites such as grocery stores and restaurants. Most grantees made schedules of playgroups available. Some grantees developed websites.

Information and Referral Telephone Lines

A number of the grantees established or used an already existing informational and referral telephone line. Some operators responded to inquiries by directing callers to an appropriate community service. Other operators, regardless of the information requested, also gave general information on the availability of home visits, play groups, and screening.

Referral from Other Families

Parents commonly reported that they were referred by other parents. One grantee provided parents who came to play groups with an entry card to give to a friend.

Referral from Agencies

All grantees received referrals from child care providers, *Early On*®, Family Independence Agency, health care providers, and public health. About half of the grantees received referrals from Michigan Works, homeless shelters, Child Abuse and Neglect Councils, and churches.

Given that many of the grantees operated on the premise of universality, which was interpreted as offering all families the option of participating in services, the criteria for referral were simply the age of the child and the willingness of the parent to participate.

ACTIVE RECRUITMENT STRATEGIES

Outreach to All Families

Some grantees explicitly stated that they did not target specific populations for recruitment. These grantees referenced the universality of the program, stating that they meant to serve every family with an eligible child. Further, these grantees declared that they hoped that by disseminating program information to the public that this information would “trickle down” to those who needed it most.

A few grantees offered an initial home visit to all families, regardless of the age of the child. Staff from the health department or parent educators performed these visits.

Outreach to Families with Newborns

The most common targeted recruitment strategy employed by ASAP-PIE grantees was systematic outreach to families with newborns. This was a strategy where most grantees partnered with or built on existing programs offered by hospital and public health staff. It is also a strategy emphasized in a community system of care (Tableman, 1998-99b):

A community system of care for very young children incorporates a systematic approach to connecting to families of newborns when parents are most open to information and support.

Targeted approaches to families with newborns included the provision of both information and home visiting services.

Information

- Many grantees provided all families of newborns with an infant packet. This packet was made available in several different ways: (a) at the hospital, (b) by hospital staff or others; (c) during a home visit by nurses or others; (d) through the local library.
- Contents of the infant packet varied. In one instance, a R.E.A.D.Y. Kit, a pamphlet on the dangers of passive smoke, the Child Find wheel of developmental milestones, information about the effects of violence and substance abuse, and a resource directory were provided. Other grantees limited the packet to the R.E.A.D.Y. Kit and information about ASAP-PIE services.
- Two grantees sent a post card to all families with newborns, inviting parents to contact the program to learn more about available services, obtain a free set of materials, including a resource guide/directory, or to receive a newsletter. Often, a follow-up mailing occurred at 6 months for non-responders.
- One grantee mailed out a refrigerator magnet containing information about available services with the infant's birth certificate.

Home Visits to All Newborns

Some grantees provided a visit to all families with newborns who agreed to be visited. Among the strategies used to deliver newborn visits were:

- A Welcome Baby visit for all newborns from either parent educators or Americorps volunteers.
- Newborn visitation services performed by public health or local hospital staff were incorporated into ASAP-PIE as a point of entry for education and support, assessment, and referral to intensive services as needed.

- In an area where a substantial number of births occurred in hospitals outside the county, one grantee used a combination of health department visits to in-county newborns and a record review for those born outside the county.

Some families who received a first visit chose to participate in ongoing home visiting services. Other families, although they did not choose to participate in regular home visiting, did agree to a more limited degree of home visiting. Grantees took different approaches to this component:

- Several grantees made a newborn home visit, followed by a second visit during infancy
- One grantee contracted with area hospitals outside the county for three postpartum visits by nurses.
- Some made a newborn home visit, followed by up to 5 additional visits as needed.
- Some made a newborn home visit, followed by an annual birthday visit.

In-Hospital Screening

To identify newborns that could benefit from home visiting, some grantees did screening in the hospital or health department. The information was used to assess differential service needs and to make referrals of identified families to appropriate services. Some grantees provided Welcome Baby visits to those families with no identified risk. Those families identified at high risk from hospital records received a home visit from the appropriate program. Techniques for identifying risk included a variety of approaches. Grantees used the Borgess Interaction Assessment (records and observation by hospital nurses), the Kempe Parental Stress Survey (interview), or a review of hospital or birth records (by a health department nurse, parent educator or other staff).

TARGETING SPECIFIC AND/OR HIGH RISK POPULATIONS

Some grantees targeted specific populations with their services. The referral sources and/or the approach to these families varied:

- **Parenting teens**
School nurses and counselors were contacted and special parenting groups were offered.

■ **Grandparents raising grandchildren**

Referrals often came from foster care agencies.

■ **Fathers**

Were attracted by offering program events aimed specifically at dads, including incarcerated fathers.

■ **Ethnic populations, including migrant families**

Targeted through bi-lingual staff and non-English program literature.

■ **Families with children who have older siblings in special education**

Targeted via mailing campaigns.

Grantees were ingenious in making use of incentives for contact and participation. Among the most creative are (1) the offer to parents of bilirubin testing for newly discharged newborns and (2) individual development accounts for teen parents.

Summary

In this section, we discussed some of the approaches grantees used to reach out to families, and which families were targeted for recruitment into services. The strategies they chose to use reflect the community values as well as the grantees beliefs about the best ways to successfully implement the program

APPROACHES TO RECRUITMENT OF FAMILIES

Strategies for recruiting families into services varied along a continuum from passive to active.

Passive Strategies

Passive strategies require the family, or sometimes another agency, to take the initiative to seek services. Common passive strategies include brochures and pamphlets, media ads, information and referral lines, referral from agencies or others in the community.

Advantages of Passive Strategies

- They reach broad spectrum of the community.
- They are relatively inexpensive.

Disadvantages of Passive Strategies

- Since they require initiative on the part of the family, they are unlikely to recruit the families who are most at risk.
- They may be ineffective with segments of the community who don't read well or who don't have telephones.
- The strategies will not reach families who are not English-speaking unless they are multilingual.
- They may not be effective with ethnic populations who need personal contact to become engaged.

Active Strategies

Active strategies involve sending individuals out into the community to make contact with families and to engage them with the program.

Advantages of Active Strategies

- They are more likely to engage "hard to reach" families.
- They can use community-based personnel to engage with ethnic or non-English-speaking families.
- They can target outreach to high risk groups and other special populations.

Disadvantages of Active Strategies

- Personnel costs can be high.
- Some families may perceive it as intrusive.
- They may not concur with community values (e.g., "family choice").

Outreach to Special Populations

Grantees also varied in the extent to which they targeted recruitment to certain segments of the population. Most frequently targeted groups were:

- Families of newborns;
- High risk families (e.g., adolescent mothers, non-English speaking families, low income families); and
- Other special groups (e.g., fathers, parenting grandparents).

Some grantees systematically assessed family risk among newborns and tried to engage families in specific services appropriate to their needs.

Advantages of Outreach to Special Populations

- Families of newborns are more likely to be open to advice about parenting.
- Targeting high risk families and referring them to appropriate services may make service provision more efficient and effective.
- Special programs for other groups, such as fathers, can increase participation of all family members and enhance community support for the initiative.

Disadvantages of Outreach to Special Populations

- Some programs saw it as a violation of the principle of universality.

- It may be perceived as stigmatizing certain families.
- It may not concur with community values of family choice.

Finally, although grantees used multiple approaches for recruitment, it appears that families still had not heard their message. Several grantees administered surveys to parents and found that from 7% - 42% of them did not know that ASAP-PIE services (home visits, parent education groups and/or play groups) were available.

4. A Comprehensive Array of Services

In a community with a system of care (Tableman, 1998-99b)

A comprehensive array of services from which parents and very young children can benefit is provided across a range of community agencies.

Grantees provided home visiting, group meetings of families (most often parent education and parent-child play groups), screening, access to quality preschools and connections to other community services. All families with children ages 0-5 were welcome to use the ASAP-PIE services, without regard to income, life events, or diagnostic eligibility requirements.

Grantees generally arrayed their services in a continuum from delivery of printed materials/newsletters to home visits (Table III).

Most often, grantees presented ASAP-PIE services as choices available to families, rather than assigning families to services based on an assessment of their needs. Several grantees did develop a formal recruitment and assessment process, primarily—but not exclusively—targeted to parents of newborns.

During focus groups, parent educators reported using different assumptions about how program activities link to outcomes in order to guide the development and organization of their services. Briefly, the assumptions were:

- Increasing parents' knowledge of child development improves children's school readiness.
- Changing parents' attitudes about childrearing improves children's school readiness.
- Increasing parents' parenting skills improves children's school readiness.
- Improving parent-child interactions improves children's school readiness.
- Families' basic needs must first be met in order for them to focus on school readiness needs.
- More parent involvement with their child's school improves children's school readiness.
- Children who enter school eager to learn will be more ready for school.
- Early identification and response to parents' concerns and/or children's delays reduce children's later need for special education services.

Table III
One grantee's service levels

<i>Level</i>	<i>Evidence of Risk</i>	<i>Services Offered</i>
Level 1	No risk	Newsletters
Level 2	Risk evident; not eligible for services based on income or diagnosis	Assigned to ASAP-PIE - funded home visitor
Level 3	Risk evident; eligible for services based on income or diagnosis	Assigned to Healthy Families, Infant Mental Health Services, etc.

Services Aimed at Positive Parenting and Improved Parent-Child Interactions

Services designed to increase positive parenting and improve parent-child interactions varied along two primary dimensions: the amount of structure designed into the program and the requirement for the child's participation (Table IV).

Structure was most often achieved through the use of a standard curriculum. Most of the home visiting services as well as some parent education series and play groups were conducted using standard

curricula. Structure could also be achieved by requiring enrollment, thus keeping the members of the group constant, as was done in some play groups and support groups. In contrast, other grantees made play groups, parent education sessions and support groups open, so that the membership revolved from session to session.

SERVICES DESIGNED FOR PARENTS AND CHILDREN TOGETHER

ASAP-PIE grantees were required to provide home visits; all also elected to offer play groups. Some augmented these parent-child learning activities with other opportunities such as family field trips, tours and open houses.

Home Visits

The ASAP-PIE initiative used the generic phrase *parent educator* for all home visitors. The Parents as Teachers (PAT) curriculum was used by all but two of the grantees to provide in-home parent education services. In addition, nearly all of the grantees used one or more additional models as well (Table V).

Focus of the Visit

Parent educators structured their visits using one of two general approaches to guide their interactions with families. One approach emphasized the parent's role in readying the child for school. These home visitors were more likely to focus on increasing parents' knowledge and skills. They reported

teaching child development content, how to observe the child's development, reinforcing good parenting behavior, modeling appropriate developmental activities and helping parents enjoy their children.

In the other approach, some parent educators expressed the opinion that their most important role was balancing an emphasis on the curriculum with responsiveness to family needs. They stressed the importance of tailoring services to families' needs and desires. A few parent educators explicitly operated from the perspective that the family's socio-emotional and concrete needs must be met before an emphasis on school readiness is possible.

Response to Families and Their Needs

Accessibility and convenience for families were stressed. Many parent educators offered flexible hours and visiting times that fit family schedules, such as Saturdays and evenings.

Home visitors varied in the scheduling of visits. Characteristically, those programs using Parents as Teachers scheduled monthly visits. However, some grantees stated that frequency of visits varied from weekly, semi-weekly to monthly according to the family's needs. One grantee timed visits according to the child's developmental milestones.

Even when home visiting services were universally available, a limited number of grantees explicitly incorporated the concept of levels of risk into their program design. These grantees used a formal method of assessing levels of family functioning and assigned families to different models of home visiting associated with different risk levels. An example from one grantee illustrates how the timing

Table IV
Services Designed to Encourage Positive Parenting and Enhance Parent-Child Interactions

Participants	AMOUNT OF STRUCTURE		
	More Structure		Less Structure
Parent and child (or family)	Home visits	Play groups requiring enrollment	Open enrollment play groups Family fun time Family field trips and tours
Parent (or parenting adult) only	Parent education series	Support groups for specific types of parents (dads, grandparents, etc.)	One-time only parent education sessions Informal education for parents presented at other venues (such as screening) Information resources (brochures, newsletters, etc.)

and the content of the visits varied according to the family's level of need (Figure 8).

Seven grantees incorporated infant mental health services into their continuum of care for those families with issues of attachment or maternal issues that did not reach the level of diagnostic eligibility for community mental health-funded services. Several grantees used a program model for survivors of child abuse and domestic assault.

Play Groups

Parents are taught about quality interaction with their children during playgroups. Some grantees utilized PAT parent educators to run playgroups; others used *Early On*® staff or other agencies. A number of grantees emphasized playgroups over home visits; their assessment of services in their area had indicated sufficient home visiting services were provided in their area by other agencies.

Content

Content of the playgroups was minimally specified. Most playgroups were available on an open enrollment basis, offering individual free-standing sessions rather than a linked program sequence. Examples of some of the different kinds of groups offered by individual grantees include weekly groups at the schools for families not yet enrolled in home visiting and play groups for the children combined with a parent education session for the parents.

Locations

Many locations were used for playgroups (Figure 9). Some sites were selected because they offered access to specific groups of parents and children, others simply because there was space available. Early childhood agencies were one preferred site. Many grantees also used elementary schools, libraries and churches.

Table V
Home visiting models

<i>Model</i>	<i>Primary Focus</i>	<i>Designed For</i>	<i>Enable Parents To</i>	<i>Comments</i>
Parents as Teachers (PAT)	Cognitive development	All income levels, ethnicities	Enhance home learning environment through play	Curriculum sometimes used with other models.
Healthy Families America (HFA)	Prevent child abuse, neglect	First time families identified at risk through systematic screening at birth	Manage stress, understand child development, appropriate child care	Some programs using a combined PAT/Healthy Families curriculum.
Infant Mental Health Services	Social-emotional development	Families with, or at risk of, disturbances in parent-child relationship	Improve parent-child relationships/ parent-child interaction. Multiple strategies	Trained professional delivers services.
Building Strong Families	Parent education	Parents with limited literacy or knowledge	Understand child development, improve child care	Curriculum uses principles of adult learning; visual aids
Growing Great Kids	Healthy child development with emphasis on relationships	All family members and others raising a child	Understand child development, promote parent-child relationships	Strength-based curriculum
Hanen Program	Early language development	Children at risk of delays in speech and language	Incorporate language learning into play and everyday activities	Parent-child communication curriculum
Learning Ladder	Emerging literacy	All parents	Expand literacy activities, enhance communication	Curriculum
Infant Support Services	Promote health, prevent child abuse and neglect	Infants at risk of poor developmental outcomes	Enhance health, nutrition, mother's parenting capacity.	Team of nurse, dietician, social worker or IMH specialist.

Among the other sites used by a small number of grantees were resource centers (neighborhood network centers), other educational sites (ISD, vocational education center), other community agencies (public health, YMCA) and residential settings (apartment complex, housing project). Some grantees also held play groups at sites that provided access to families such as the Salvation Army, shelters, and pediatrician's office. Grantees also reported using outdoor areas (parks, playgrounds, orchards), cultural areas (children's museum, zoo) and public areas (fast food play area, mall).

Families' Choices for Service

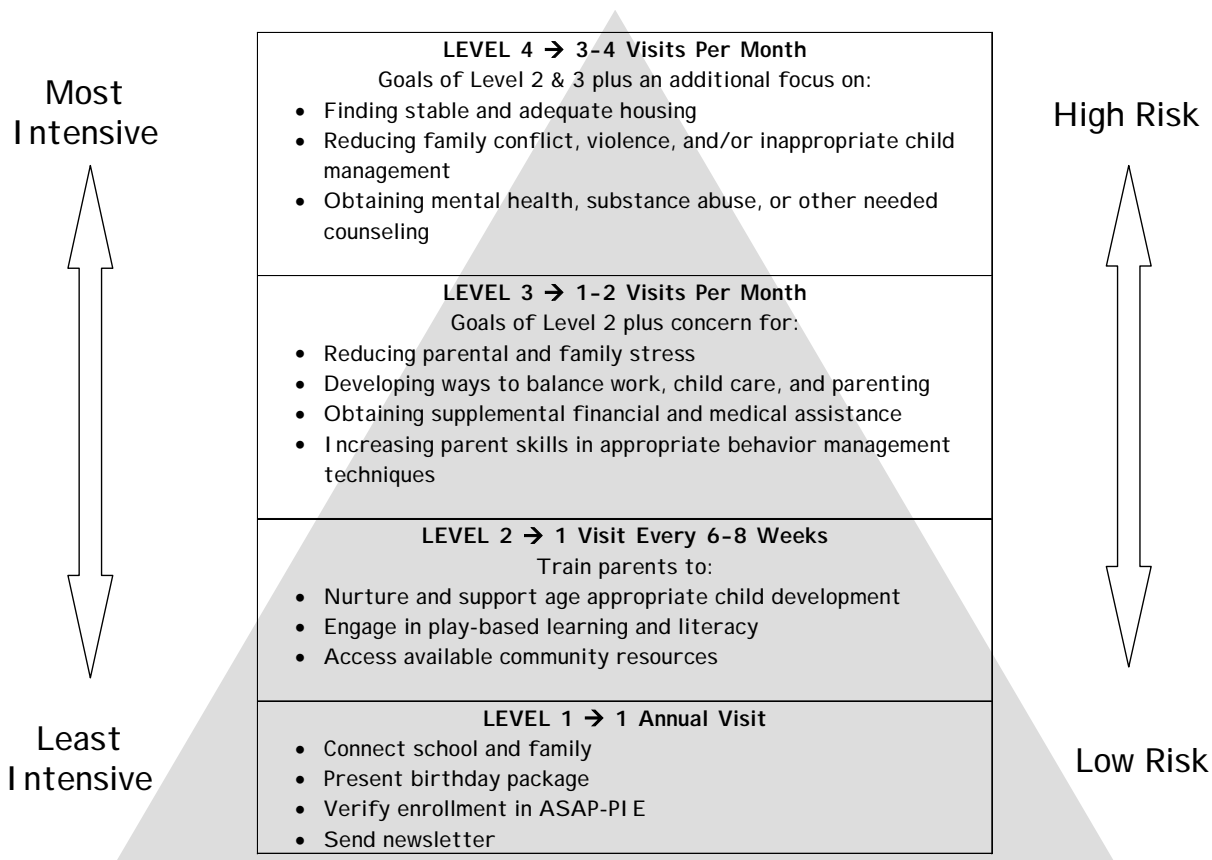
Families gave different reasons for choosing to have home visits versus participating in playgroups. Generally, families who chose home visits reported that they wanted the personal interaction and

appreciated the convenience of having the service come to them.

Parents who selected playgroups generally preferred the impersonal group setting, and appreciated the support or socialization from other parents and the socialization for their child. Both groups concurred on two reasons: they wanted child development information and to learn fun things to do with their child.

Not having enough time and not needing the home visits were two primary factors given by parents for the refusal of home visits. Scheduling difficulties appeared to be a primary reason for families not participating in playgroups or parent education sessions, described in the next section. The availability of transportation also appears to play a sizable role in parents' participation in ASAP-PIE home visiting services.

Figure 8
One example of a graduated services model



SERVICES DESIGNED FOR PARENTS ONLY

Parent Education

Parent education, without the child present, consisted of both one-time lectures and sequential curricula delivered over a series of meetings (Table VI). One-time presentations covered four basic topics: child management (such as positive discipline); child development (such as, language development); child care (toilet training or safety); parental issues (stress reduction). Sequential curricula focused on the needs of specific parents (such as grandparents or African American parents) and effective parenting skills.

Several unique variations occurred. In at least two instances, parent education classes were used by the family court, which initially mandated families' attendance. One grantee provided quarterly meetings at schools for parents of 3 to 4 year olds, with speakers, handouts and incentives. Another grantee provided a monthly parent education group tour. Several grantees paid for parents to attend conferences that had a child development emphasis. Grantees also took advantage of informal learning occasions. Several reported using conversations with

parents who had received results of their children's developmental screening as parent education opportunities.

Some grantees made it easier for families to attend parent education sessions. They provided childcare and reimbursement for transportation for parents attending sessions.

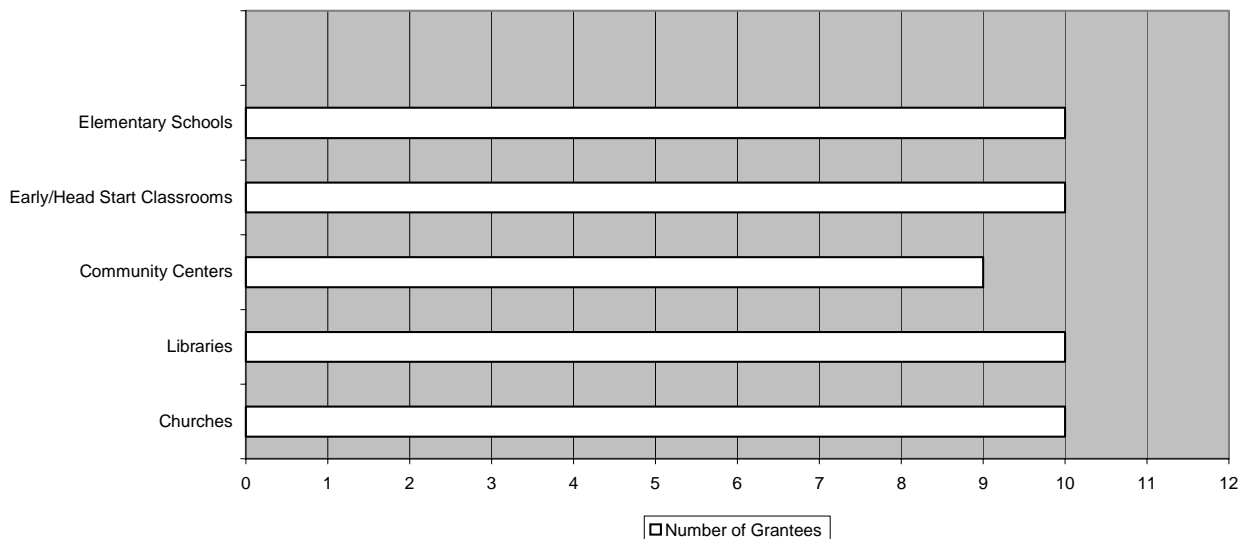
Other Family Support Services

In addition to the services specified in the legislation, many grantees expanded the range of services, with the most frequent expansions in the areas of parent support groups. Parent support groups most frequently targeted teen parents. Other unique groups targeted:

- Families in shelters
- Single parents
- Fathers
- Grandparents raising grandchildren
- Hispanic parents
- Parents of multiple children

Approximately one third of the grantees developed a father's component. These offerings were diverse, ranging from a fatherhood specialist in Head Start to breakfast meetings, playgroups in the evening,

Figure 9
Locations used for play groups



contacts with incarcerated fathers, or home visits with fathers.

Informational Services

Grantees varied in the type and way in which informational services were provided to parents. Some of these have already been discussed as recruitment tools, but they also provided information to families. For example, some grantees distributed brochures for use beyond recruitment, such as provision of information about quality preschools and what to look for when picking a preschool. A few grantees developed multilingual materials.

■ Newsletters

Approximately half of the grantees used

newsletters as an information tool. In some instances mailing lists were substantial, reaching 4000 families in one ISD. It was not always clear whether the newsletter provided information about ASAP-PIE and scheduled services, or whether the newsletter had a focus on developmental information and parenting.

■ Resource centers

Many grantees established informational resource centers or lending libraries, usually providing books, sometimes audiotapes or videotapes, and occasionally toys. These were generally placed in elementary schools, family resource centers, or libraries. One grantee established a multi-purpose resource center in a shopping mall that had computers, a service directory, classes, and other resources.

Table VI
Parent education curricula

<i>Model</i>	<i>Primary Focus</i>	<i>Designed For</i>	<i>Enable Parents To</i>	<i>Comments</i>
Systematic Training for Effective Parenting (STEP)	Child management and improved parent-child relationships	All parents	Understand child behavior, build child's self-esteem, communicate with young children	
Avance Parent-Child Education Program	Parenting skills	Low income, hard to reach, particularly Hispanic parents	Nurture the optimal development of children and promote educational success	Part of a larger family-centered, community-based model that includes parental literacy, employment, child abuse prevention.
Effective Black Parenting	Parenting skills	African-American parents of children 2-12.	Build parenting skills and establish effective communication with children	Respectful of African-American communication patterns and role of extended family
Second Time Around	Parent support	Grandparents who are parenting their grandchildren.		
Love and Logic	Gain respectful and healthy relationships with children	All parents	Teach consequences, set limits and manage behavior without anger	
Playful Literacy and You (PlaY)	Emergent literacy	Classroom teachers	Enhance literacy environment in the home.	
MELD	Child development, parenting skills	All parents of young children	Improve the quality of parenting through support and education	Has a peer support component.

■ Other methods

Some grantees used feature stories and a periodic column in local newspapers to disseminate information on 0-5 development. One grantee established, and another planned, informational video loops to be played in physician or agency offices. Several grantees used mobile vans as a means of bringing resource information to dispersed communities.

Screening

The legislation required that grantees provide overall development, health, hearing and vision screening. In addition, a few emphasized lead screening. One grantee provided dental screening and another provided bilirubin screening. The parent educators characteristically undertook developmental screening while hearing, vision and health screening were usually a health department responsibility. Some grantees made use of specialized staff or other community resources. Several grantees provided services at sites where families of special concern could be found: at offices of Family Independence Agency (FIA), public health, Michigan Works!, homeless shelters and alternative schools

USES OF SCREENINGS

Many grantees viewed the screening process as a parental teaching tool, even for children with normal screens. Parent educators mentioned teaching parents to appreciate what their child could do, learning what the next stages of development were, and what they could do to encourage their child's development. Normal screens were also used for parental reassurance.

Developmental screenings suggesting the potential for delay were used to individualize services to children, tailor interventions to specific delays, and teach parents specific remediation techniques. One grantee used a combination of the family's and the children's risk factors to identify need for additional screening or services. In this program:

■ Additional screening

Children with suspect screens were referred directly to *Early On*® or other resource for additional screening.

■ Continued monitoring

Children with suspect delays were given more intensive and targeted intervention, often involving parents, while development was closely monitored.

■ Additional services

Children with significant delays or who did not respond to intensive intervention were referred to *Early On*®/Child Find for services.

SCREENING RESULTS

Many grantees report that most children (> 90 percent) passed the screens they used. The most common delays found were speech and language/communication, followed by parent-child interaction or relationship issues. Included in relationship issues were child behavior problems, which were viewed as child management problems. A few grantees reported also finding medical, vision, hearing or dental concerns. Some grantees mentioned that as a result of the screening program, increased numbers of children were being enrolled in *Early On*® services or Pre Primary Impaired classrooms.

Specialized Components

Some grantees recognized the necessity to respond differentially to those children at greatest risk by adding specialized components or responses:

■ Speech and language

Several grantees hired speech and language specialists who provided one-on-one therapy once a week or assisted in play groups to identify and provide services to children with language delay. One grantee contracted with the speech and hearing clinic for a doctoral student who could provide screens and another trained home visitors to identify children for referral. Another grantee provided access to a speech/audiology clinic for families with no other resources.

■ Expulsion prevention

Several grantees contracted with mental health consultants to work with preschool staff and parents to prevent the expulsion of behaviorally difficult children.

■ Specialized home visits

Two grantees used nurse specialists to provide home visiting for those families where health

issues compromised development. One grantee's ISD staff accompanied the home visitor and provided up to three consultative home visits.

■ **Specialized services**

These included developmental specialists for special needs children or for screening, readiness transition specialists, a mental health therapist to work with parents of children with behavior problems, an occupational therapist, and a family advocate for case management.

Access to Community Services Through a Community Resource Network

ASAP-PIE grantees were required to develop a community resource network. That service component was enacted through one or more of the following means.

COMMUNITY DIRECTORIES

ASAP-PIE grantees reported that community resource directories were distributed to families through a variety of means:

- A website
- By the grantee to all parents
- As a folder or family record of services to all first-time parents
- As a "family passport" with information regarding fun, low- or no-cost activities for families
- At the public library
- By other agencies
- A resource packet for parents available in every public building, with information, pamphlets, and fliers from all the agencies that are available in the county

In the latter instance, this represents a passive version of a "no wrong door" policy, in which a family is able to go to any community agency and find information on other available services.

INFORMATION AND REFERRAL LINES

A number of the grantees report that a Warm Line, Parent Line, or Information and Referral Line is available in their community. Families could actively seek referrals by calling these sources. The telephone line is operated by one of the following: the ISD, the local hospital, health department, or a community agency. The lines were usually toll-free.

REFERRALS TO AGENCIES

Grantees connected their families directly to a variety of community agencies. The extent to which ASAP-PIE home visitors distributed information or went with the family to the agency, i.e., used passive or active means to facilitate access to community services, appeared to reflect the parent educator's own philosophy of service. Almost all grantees indicated they made referrals to health, mental health, and educational organizations including:

- Health Department; WIC and immunization program; private health care providers
- Community Mental Health; *Early On*®
- MSU Extension
- Head Start, Michigan School Readiness Program (MSRP)
- Local schools
- Libraries

In addition, the majority reported that they refer families for services related to basic family needs, family-related issues or the specific child risks of abuse/neglect or high lead levels. The agencies addressing these needs included:

- FIA basic family services
- Food banks, housing commission
- Domestic assault services
- FIA prevention or protective services programs
- Health Department lead screening program

Grantees were least likely to report making referrals to community recreational and arts programs, courts, or Michigan Works!

Referrals from home visitors appeared to be helpful. Informal feedback from parents, reported by grantees, indicated that they never would have thought of a resource if their home visitor had not suggested it.

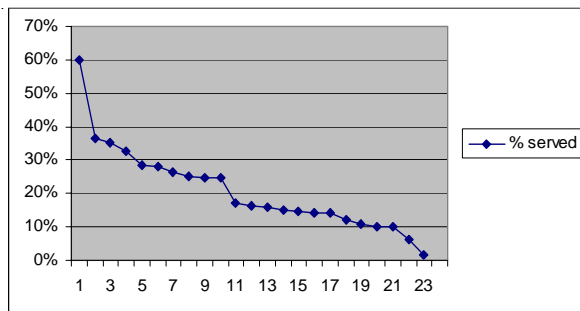
5. What Is ASAP-PIE Accomplishing?

A more complete answer to “What is ASAP-PIE accomplishing?” for the grantees will be presented in the final evaluation report, when their quantitative data have been analyzed. Grantees are submitting program participation and outcome data on their families and children covering the period from the initiation of their projects through June 1, 2003. Here we provide three glimpses of grantees’ accomplishments.

Reaching All Children

Figure 10 illustrates the percent of children 0-5 in their service area that grantees served as of September, 2002. The proportion of children served by grantees varied from 2% to 60% of the total population of children 0-5. In general, the larger communities served a smaller proportion of the population than did smaller communities; this is probably a reflection of the greater complexity of their communities. However, there were exceptions to this general trend. Other factors besides the size of the community may influence the numbers served, such as whether the grantee chose to focus on home visiting or play groups.

Figure 10
Percent of children served by grantees



Data sources: U.S. Census Bureau (<http://factfinder.census.gov>), US. Census, 2000. Grantee reports to Michigan Department of Education of TANF-eligible children served as of September 30, 2002.

Targeting ASAP-PIE Resources

While ASAP-PIE is a universal service, we have suggested that there is the potential for greater gains over time on indicators of school readiness for at risk children than for children who are not at risk. One estimate of the extent to which grantees served at risk children is the proportion of children served who were TANF-eligible. TANF eligibility is one measure of families living in poverty.

Figure 11 depicts the relationship between the percent of children living in poverty in a grantee’s county or multi-county area and the percent of children receiving ASAP-PIE services who were TANF-eligible. If a grantee provided service to children in the same proportion as the number of those living in poverty, their resource assignment should fall along the line in the chart. As can be seen, most grantees were serving more than a proportionate share of children living in poverty.

Stories from Parent Educators

For this report, we have synthesized stories from the Narrative Summary Reports submitted by grantees. Grantees were asked to provide three anecdotal summaries that display the changes resulting from ASAP-PIE efforts. The following section describes some of the successful strategies used by PIE parent educators.

Research suggests, and the examples cited earlier in our discussion of risk factors clearly demonstrate, that to be effective PIE programs must do more than pass out information about child development and give suggestions for parent-child activities. While many families can make good use of such information, those whose children are most at risk of being unprepared for school are also less likely to be

able to use such information effectively. Success with many families requires developing relationships over time that help parents increase their capacity to be effective parents.

HELPING PARENTS ENHANCE THE HOME LEARNING ENVIRONMENT

For some parents, helping them to understand what children need to succeed leads to changes in parenting behavior, as illustrated in the case of a single mother previously mentioned. At enrollment, this mother viewed “good mothering” as simply meeting her children’s basic physical needs. Through participation in the PAT-based home visiting program, this mother:

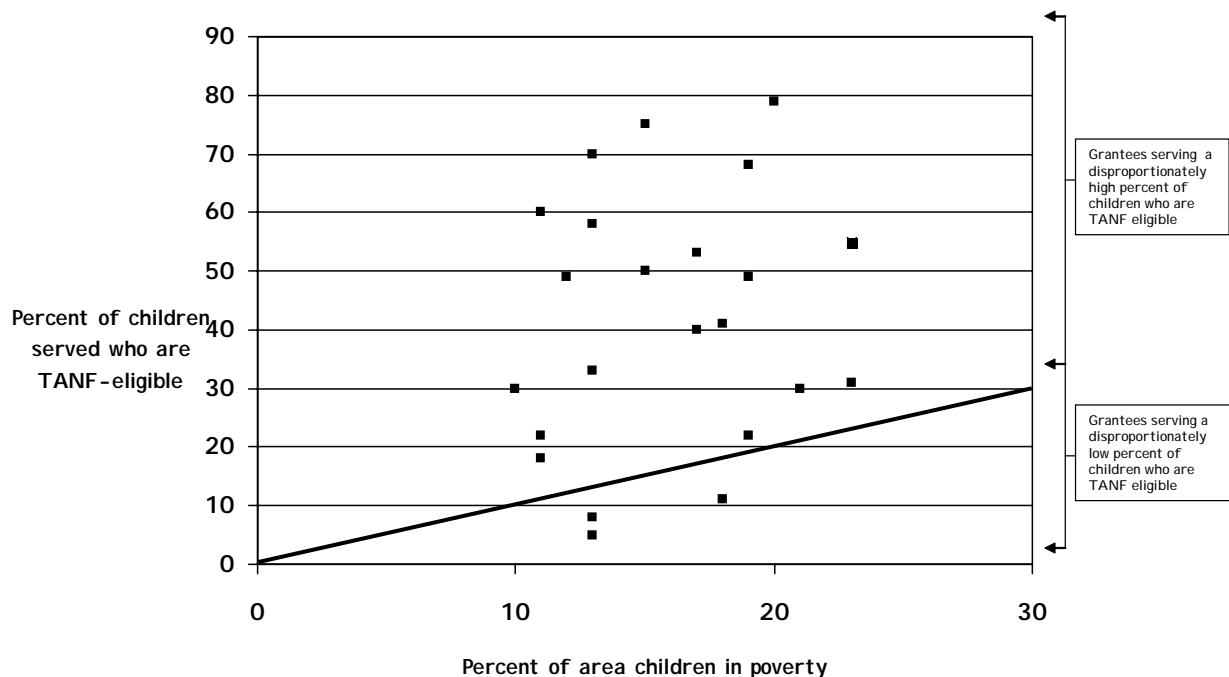
...began to gain strengths in reading to the children and working to find effective discipline tools... When asked at the final visit what her parenting strengths were...she recited a list of strengths that included

meeting the children’s social and emotional needs, interactive play time and exposure to a variety of environments.

Home visitors must work with the strengths parents have, offering help that is sensitive and respectful of family values and culture. One home visitor found an innovative way to help a Spanish-speaking family with 3 children under 3 years of age to enhance the literacy environment in their home.

On one visit I took a tape recorder and taped the 3-year-old boy’s voice. He was fascinated. I asked mom, who speaks and reads some English, if she would be comfortable if I recorded her reading Brown Bear, Brown Bear to her children. She did a fine job. On each subsequent visit, she got out the tape and read a story. On one visit I took a Spanish/English book and she read the English and I read the Spanish. We helped each other with pronunciation, giggling our way through.

Figure 11
Assignment of resources



Data sources: U.S. Census Bureau (http://www.census.gov/hhes/www.saip/e98_00.htm), “State estimates for people under age 5 in poverty for US: 1998.” Grantee reports to Michigan Department of Education of TANF-eligible children served as of September 30, 2002.

Mom reported that the children played the tapes for Dad and that she and the kids were speaking more English at home.

TARGETING SERVICES TO REMEDIATE IDENTIFIED DELAYS

The early and periodic screening in PIE programs often identify health or developmental concerns well before children enter the K-12 system. Many times, interventions targeted to identified delays can enable children to “catch up” well before school entry. By far the greatest number of delays mentioned by home visitors were in speech, language and communication. Most often remediation for these children involves some combination of speech therapy, home visiting targeted to communication skills, and involvement in play groups.

However, delays can be found in all the developmental domains, as illustrated by the following example:

When I started home visits with this family, the child had delays in gross motor, fine motor, and her ability to relate to people...After six months she was re-evaluated [and]...no longer showed any delays.

FACILITATING ACCESS TO CONCURRENT COMMUNITY SERVICES

Many families face more than one of the risk factors discussed earlier, and parents challenged with multiple barriers in day-to-day life are unlikely to be focused on preparing their children for school. In addition, the stress associated with multiple problems may affect the parent-child interaction in negative ways.

In these cases, the parent educator must become a service broker to help parents solve the more pressing problems of meeting basic family needs, accessing needed medical services, or developing skills that lead to self-sufficiency for families. By helping families to maintain family stability, the parent educators can then help parents develop their own capacities to be more responsible and effective parents. Services that are needed are quite diverse,

and the following story illustrates only a few of the service needs of families with multiple barriers to success:

A sixteen year old first time mother was referred...from the local hospital upon the birth of her...child. She had dropped out of high school...[and] was living with her boyfriend and his parents. The...parent educator linked the new mother with the county's Even Start program to focus on achieving one of her goals, high school completion. During the next year as the mother attended Even Start...the parent educator provided ongoing support in her home...Family stress and crises arose during the year, with the father's unemployment, living with his parents and the demands of school and a new baby. The Family Plan of Service helped the teen parents identify goals that were attainable and reachable, high school graduation and a place to live on their own. The mother graduated from high school in June...[and] plans on attending community college this fall to pursue a nursing degree.

For parents who have mental health needs themselves, it is essential to address these needs as part of a parenting program. Parents who are suffering from depression, severe stress, or anxiety are frequently unable to maintain the positive parent-child relationships that help children develop their own competencies. One mother who was suffering from a host of mental health issues related to her difficult past, including anxiety, depression, an eating disorder and a learning disability. With the support of the PIE parent educator, she was able to access some of the services she needed to improve her psychological well-being and her parenting:

Highly motivated, she worked during and between home visits to implement new consistent discipline methods, predictable routines, and positive interactions...She entered mental health services for herself, enrolled her oldest child in Head Start...and worked with the Infant Mental Health Specialist on issues regarding parent-child attachment.

After several months in the program, the home visitor was able to observe improvements:

...The children seem happier, tantrums are rare, and fine motor skills of all three children have improved...This mother feels better about her children's development, her own parenting skills, and their future together.

PARENT-CHILD RELATIONSHIP BUILDING

Even in less extreme cases, the stresses of daily life or problems with the child's health or behavior can sometimes cause frustration in parents and disrupt their relationships with their children. One of the strategies used by parent educators is to help parents learn behaviors that will help them develop more positive interactions with their children.

In some cases this involves learning more effective ways to manage difficult child behavior. One parent coach reports on her progress with a mother who was responding ineffectively to aggressive behavior on the part of her son:

Through the process of personal visits, mother began to realize the importance of consistency in applying limits and consequences with her children. She observed the parent coach modeling these skills...and was very impressed that her children could respond to consistent limit-setting and follow-through, and that she could do this without getting angry, yelling, or being aggressive with her children. Mother continues to work toward... parenting strategies which help to maintain stability and reduce aggression in her family.

For other parents, the parent educator has helped them to refocus on their importance as parents and to appreciate the joys of parenting. One parent reported to the program that

...while she always loved her children, "Family was something to put up with...I didn't understand." She now appreciates her children who "brighten your day and improve the quality of your life." She thanks her home visitor for helping her to come to this view.

USING PARENT-CHILD PLAY GROUPS TO MEET PARENT AND CHILD NEEDS

While the focus of service is often home visiting, grantees have also used parent-child play groups in creative ways to help children and families prepare for school.

In some cases, parent educators have used involvement in play groups as a teaching tool for parents. One home visitor describes the positive influence that parent-child play groups had with a mom and dad who had learning disabilities and physical limitations.

They had sought assistance through formal parenting classes, but they seemed not to grasp anything in that setting. The father had little interaction with the little girl...Much has taken place since the first play group. They have seen parenting through observation, which has had a great impact. They feel free to ask questions one on one...[Father] now lies on the floor playing with his little girl. He is often seen doing little dances, singing the songs or holding the jar of bubble mix for his little daughter.

Play groups are also used to build competencies in children—particularly in the social domains—and to help children make smooth transitions to school.

One grantee mentioned that few children had access to quality preschool in their area and children were enrolled in parent-child play groups to help fill this gap.

The same 4-year-old girl mentioned previously (on page 15), who had a history of social and emotional problems and separation anxiety, benefited from her involvement in play groups, and her mother was reassured that she could successfully adjust in school.

This mother and daughter attended playgroups almost every week...The daughter really blossomed during the time they spent attending playgroup. She socialized appropriately with the other children and gradually became comfortable playing at farther distances from her mother.

The child was enrolled in the Michigan School Readiness Program and reportedly “is looking forward to attending ‘school’ by herself.”

Summary

These examples suggest that consistent, targeted ASAP-PIE services, provided by a parent educator, can make positive differences for families and their children. Quantitative data on outcome indicators from the grantees will be analyzed in the final report to assess how widespread these changes are.

6. Collaboration

The ASAP-PIE legislation specified (see Footnote 1, page 5) that:

The program must be a collaborative community effort that includes at least the intermediate 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.

The requirement for a collaborative community effort is one of the distinctive characteristics of the ASAP-PIE initiative. This requirement reflected the recognition that some services for 0-5 already existed in most communities (Table VII), as well as an understanding that accomplishing the ASAP-PIE

educational objectives required services that were not a responsibility of the education system alone.

While multipurpose collaborative bodies that involve public and private agencies and community representatives have existed in all Michigan counties since the middle '90s, the understanding of collaboration and practices vary widely among individuals, agencies and communities (Figure 12).

Members of an interagency body do not begin their work together by collaborating. Members must have experiences that allow them to develop relationships and ways of working together.

Collaborative relationships and processes take time to develop. The timeframe for the ASAP-PIE initiative was very short. Prospective grantees had

Table VII
Pre-existing Michigan 0-5 services

Name	State Agency	Local Agency	Type
MSS/ISS ¹	MDCH	Public Health	HV; part of Medicaid contract
Infant Mental Health Services	MDCH	Mental Health	HV; home-based service under Medicaid
Healthy Families	Children's Trust Fund (FIA, DOE funds)	Varies	HV; competitive grant; high risk
Building Strong Families	--	MSUE	HV
Even Start	MDE (federal funds)	ISD, LEA	Competitive grant
Early On®	MDE (federal funds)	ISD	Coordination; handicapped/at risk
Early Head Start	-- (federal funds)	Varies	May be HV, HV/Center, or Center only. Competitive grant; low income
Head Start	-- (federal funds)	Varies	Center; competitive grant; low income
MSRP ²	DOE	LEA, nonprofit organizations	Center; school district and competitive nonprofit grant; 60% low income

HV = Home visiting

¹MSS/ISS= Maternal Support Services/Infant Support Services

²Michigan School Readiness Program

nine weeks to submit an application, and successful applicants had a three month time period to organize the implementation of services. It is no accident that the successful applicants for ASAP-PIE funds in most (but not all) instances were ISDs in counties that had a history of collaborative activity, including some who had already developed the broad outlines of a community system of care for families with children aged 0-5.

Collaboration Defined

Federal and state agencies and foundations have increasingly required “collaboration” in the specifications for agencies applying for grants, generally without the recognition that collaborating is a complex process that develops over time. Community agencies working together function on four levels that represent different types of activities and require increasingly more complex relationships. While each of these sets of strategies may sometimes be referred to as “collaboration,” only those whose relationships change the partners themselves meet the test of our definitions. See Appendix B for a table of the dimensions on which each of the approaches to working together vary.

NETWORKING

The Networking level of working together is evidenced in such activities as

- Signing off on each other’s grant proposals;
- Sharing information about services; becoming acquainted with each other; and
- Sending and receiving referrals.

COORDINATING

The Coordinating level of working together adds

- Sharing information about clients and services provided to them (with consent); and
- Agreeing upon a plan of services for a mutual client.

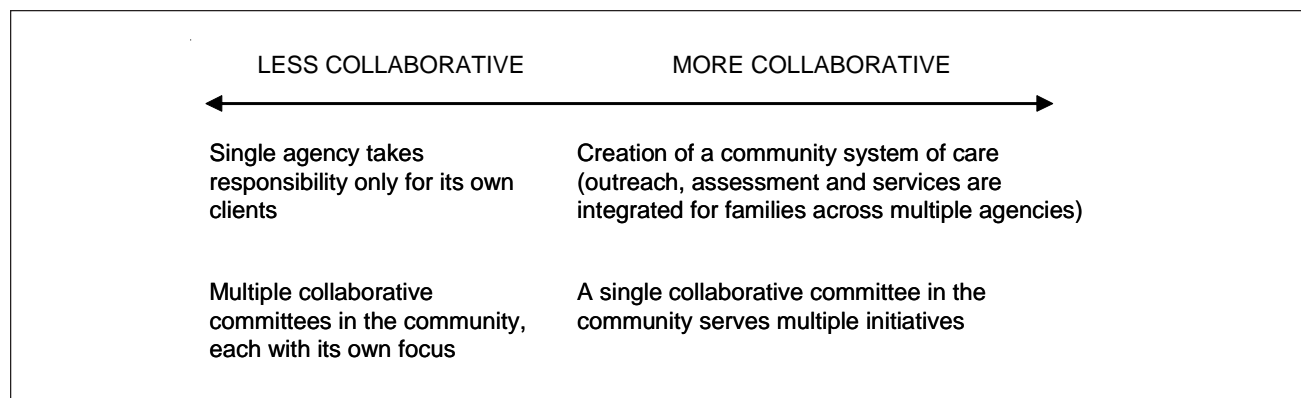
With the exception of the first item under Networking, these activities involve informal relationships between front-line service providers.

COOPERATING

The Cooperating level of working together reflects more planful interface of activities. It involves executive decision making in the context of an agreed upon focus. Cooperation is operationalized through such activities as

- Sharing of resources with or without reimbursement (e.g., space, vehicles)
- Provision of services to the clients of another agency in their setting (as in services delivered in a school)
- Co-location of staff of two or more agencies
- Cross agency training directed at information

Figure 12
Continuum of collaborative approaches in a community



Agency executives recognize that they have responsibilities for a common population and engage in decision making to plan and deliver services, but services remain discrete and essentially unchanged. Decisions to provide and maintain services essentially remain within each agency.

COLLABORATION

Collaboration is substantively different from the other three levels. Interagency action at this level requires executives to make major change in their own organization, operation, and service delivery. Collaboration substantially changes the service system.

Collaboration involves some or all of the following:

- A shared vision that incorporates responsibility for a shared population
- Agreed upon outcomes
- Commitment to shared initiatives
- Development of community plans
- Shared decision making with respect to interagency development of services and grant applications
- Pooled resources: cash and staff, as well as space, supplies, materiel
- Assigned responsibility for joint ventures
- Shared decision making with respect to interagency oversight of shared initiatives
- Cross-agency training directed at changing service delivery
- Reconfiguration of service delivery
- Cross-agency teams
- Common forms
- Common evaluation/information system

In order to be sustained over time, a collaborative enterprise needs written agreements between:

- The collaborative body and the agency assigned primary responsibility concerning their respective roles, and
- The agency assigned primary responsibility and agencies receiving or providing resources.

Written changes in the policies and procedures of participating agencies also institutionalize the collaborative approach to service delivery.

Evidence of Collaborative Actions

In the implementation of an ASAP-PIE project, evidence of collaboration might be expected in the aspects outlined below.

THE MULTIPURPOSE COLLABORATIVE BODY'S SPONSORSHIP AND SUPPORT

As required, all grantees documented support from their multipurpose collaborative body. Staff of some MPCBs were very much involved in the development of the proposal, but this was not a universal pattern. Almost all grantees continue to provide periodic reports to the MPCB.

PRIOR COLLABORATIVE EXPERIENCE

While all grantees indicated broad-based participation in the development of the proposal, their prior collaborative experience varied. Approximately 25% of grantees (6) had a 0-5 committee that had developed a community plan which laid the groundwork for the ASAP-PIE application. A number of grantees reported participating in a pre-existing 0-5 committee or having pre-existing experience with interagency ventures. Five grantees established a collaborative committee specifically for the ASAP-PIE initiative.

A COLLABORATIVE COMMITTEE RESPONSIBLE FOR ONGOING DECISION MAKING

In the request for proposals, a collaborative community effort was defined as the presence of a collaborative committee. All grantees have a collaborative committee, but this governance structure varies in its membership and relationship to the MPCB. Grantees reported the following types of committees:

- Two committees; one the interagency 0-5 workgroup of the MPCB and the other a committee composed of ISD and LEA representatives.

- An interagency 0-5 workgroup of the MPCB. In one instance, this workgroup also served as the committee for several other 0-5 initiatives.
- An ASAP-PIE interagency committee that reported to the 0-5 workgroup of the MPCB or to the MPCB directly.
- An interagency committee that had no connection to the MPCB.

At least two grantees had a separate advisory committee of parents. Most grantees also had a management team consisting of ISD staff, or ISD staff and agencies who had contracts.

The ASAP-PIE collaborative committees ranged in size from four members to more than 20. The smallest committee consisted solely of fund-receiving and fund-granting participants. The larger collaborative committees had members representing the ISD, LEAs, and public and private agencies serving the 0-5 population. Other participants included funders and, in a very few instances, parents. A complete list of participants across all 23 sites was included in the first evaluation report.

A review of the committees' minutes suggested that:

- Most grantees had difficulty in maintaining attendance of community representatives who had not received a portion of the ASAP-PIE funds.
- In addition, some collaborative committees had little or no role in the ongoing decision making. Other collaborative committees made formal recommendations, discussed allocation of funds, referral processes, staffing or service components.

POOLED RESOURCES

In all instances the ISD provided cash and in kind match. A few grantees relied only on this source while most grantees also obtained their cash match from other sources. The alternative sources included cash match from:

- LEAs
- Community agencies (primarily public health, mental health and Head Start)
- Both LEAs and community agencies
- United Ways
- Foundations
- Businesses
- The major city

COMMON FORMS

Almost all grantees have a confidentiality agreement across agencies. In some cases, this agreement was a pre-existing form and in other cases it was developed for ASAP-PIE. In addition,

- Some grantees use a common service planning form that had been developed by *Early On*®.
- A few grantees had developed or were developing intake and referral forms across agencies.

Some grantees use a passport, portfolio, or book for families receiving home visits in which to record appointments, services, and other relevant information that can be shared with their service providers.

0-5 MANAGEMENT INFORMATION SYSTEM

A number of grantees reported having agreements across agencies in order to provide data on their ASAP-PIE services. It was not clear whether or not this is also being used as a data system to document outcomes for 0-5 services in the community.

INTEGRATED SERVICES

Only a few grantees mentioned formal inter-agency structures for coordinating to address families' needs. In one instance, a weekly cross-agency referral team meeting is held where families' requests for service are jointly reviewed. An appropriate assignment to one of the agencies is then made. In another, centralized access is facilitated by either the family or a service worker on their behalf. The family gets a contact from an assessment worker, who takes their requests or needs to a Review Team, who discusses the options and links the family with service.

One grantee formed multi-disciplinary resource teams to manage each service site, adding the expertise of a public health nurse, mental health therapist, and *Early On*® service coordinator to the kindergarten teacher, district administrator, parent educator, child care resource, and preschool provider.

OTHER RELATIONSHIPS

Grantees developed a number of relationships with various sectors of the community. These involved such activities as purchased and pro bono media services, placement of news stories, display of brochures concerning available services; contributions of printing, space, snacks, give-away incentives, etc. Although Year 2 Application Reports listed partners, there was not sufficient information provided for an analysis.

Success of the Collaborative Efforts

Effective collaboration requires leadership, trust, and common understanding. In the first state-wide evaluation report, evaluators noted that administrators cited the following characteristics as some of the factors contributing to their projects' collaborative successes:

- 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.

Values supportive of collaborative efforts promote user-friendly services and facilitate working together across organizational boundaries. Parent educators reported service-related emphases of:

- **Accessibility.** Locating programs in varied locations, such as libraries, schools and family centers throughout the county, and extending the hours for services available to families in evenings and on Saturdays.
- **Seamlessness.** Working closely together with K-12 and other community resources; incorporating school and community resource teams; providing wrap around services for families.
- **Integration.** Establishing interagency referral teams to coordinate referrals, developing common release forms, and scheduling monthly cross-agency administrative meetings.

Most grantees focused on changes for families and children, not systems-level change. Nonetheless, some communities made substantial progress in this arena. ASAP-PIE initiatives emphasized one of three types of systems outcomes.

EXPANDING SERVICES FOR FAMILIES WITH YOUNG CHILDREN

The majority of grantees described their ASAP-PIE initiative as adding services or capacity to the existing array.

IMPROVING THE EDUCATIONAL SYSTEM

Some grantees primarily recast relationships within the confines of the educational system. They:

- Involve the ISD and the LEAs in a joint enterprise
- Provide for the co-location and other integration of ISD-managed 0-5 services
- Work on the transition between 0-5 and kindergarten

BUILDING A COMMUNITY SYSTEM OF CARE

A very few grantees emphasized building an integrated community system of care. Systems change was reflected in either:

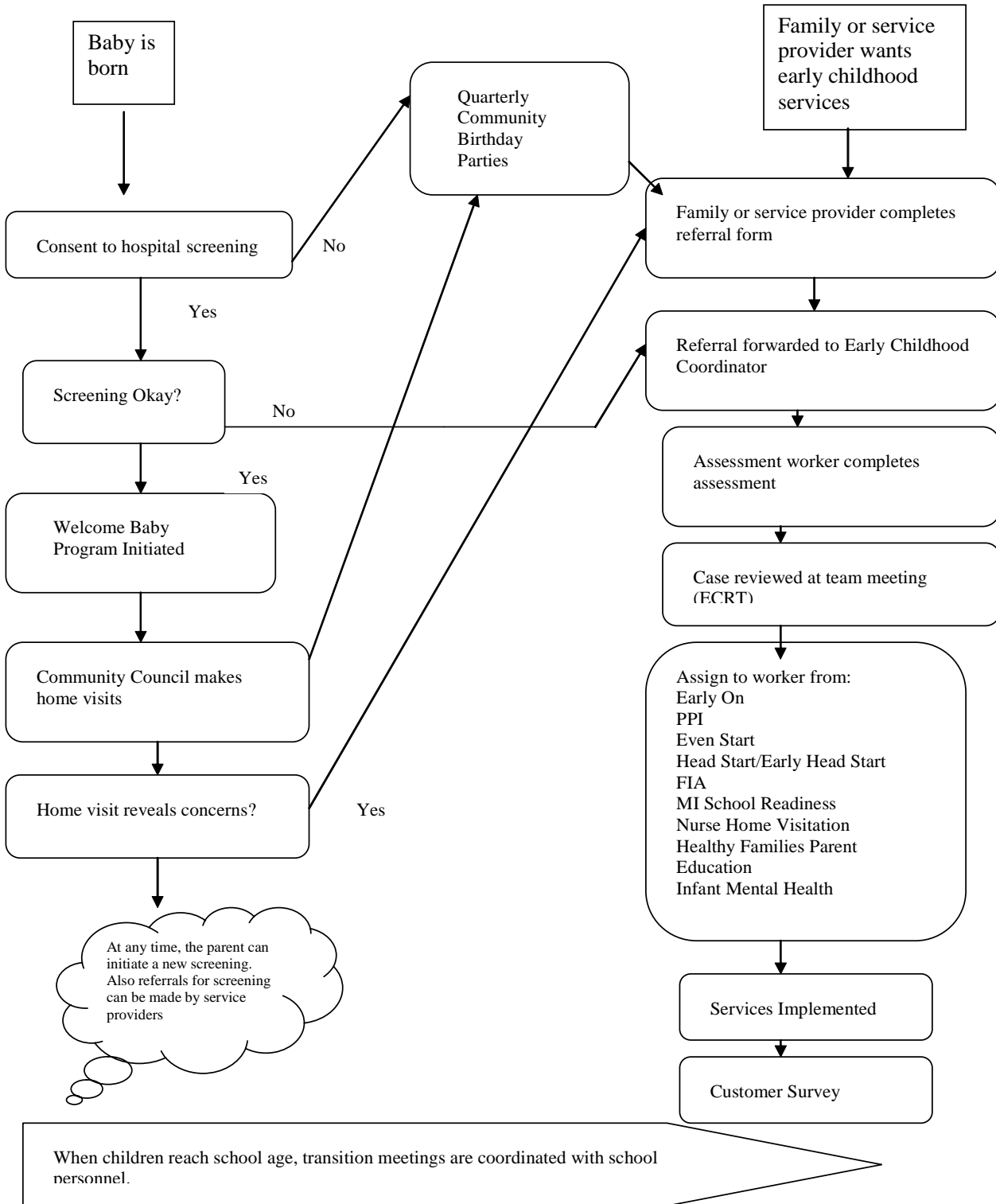
- New planning and decision making structures that encompassed multiple 0-5 initiatives, or
- Interagency partnerships for service delivery involving assigned roles for recruitment and service delivery.

Figure 13 illustrates one grantee's integration of all partners' services into a community system of care.

One administrator reported:

The project belongs to the region, not just the ISD. The ISD is not the primary service provider but the network manager, linking all the pieces. We have clear service agreements that delineate what each partner will provide. A strength is our prior experience with multiple joint projects in the past and our commitment to making this work for all partners.

Figure 13
One grantee's integrated service delivery system



7. Conclusions and Recommendations

A Worthwhile Initiative

ASAP-PIE provided a unique opportunity for 23 grantees to promote services that help children enter kindergarten “ready to succeed.” Across 35 counties, educational institutions and their community partners used a variety of strategies to influence educational outcomes for children age birth to five years. Based on our emerging knowledge of early brain development and the importance of parent-child relationships, these strategies represent a first step toward a state commitment to a universal system of early childhood services. Congratulations are in order:

- The 90th legislature deserves credit for initiating this opportunity.
- The Michigan Department of Education should be commended for assuming the oversight of an initiative that involved services within the responsibility of other state government departments concerned with the well-being of young children in order to achieve success.
- The 23 grantees should be commended for undertaking an extraordinarily difficult task. In many communities, this effort represented the first time that the education and the human service systems worked together. Their complicated task of organizing an array of new and/or expanded services was exacerbated by a funding situation that became increasingly more tenuous. The creative solutions for sustaining services being developed by a number of grantees are a testament to the value that they and their communities place on this effort.

The summary accomplishments of the 23 grantees cannot yet be determined. Currently a statewide database is being synthesized and all grantees will be submitting service and outcome data through May 2003. Nonetheless, the narrative material and anecdotal evidence examined for this report suggest that ASAP-PIE is changing situations for some families:

- Many families have been exposed to the importance of the child’s development in the early years.
- Some families are spending more time reading to and playing with their children.
- Some parents have been connected to schools as a friendly supportive place.
- Some families have been linked to services that can create more stable situations, such as improved housing options and mental health services.
- Some parents have been supported to complete school.
- Some fathers are more actively involved in the care of their young children.
- Some parents are attempting to engage in more responsive, less punitive parenting.
- Some children are receiving early remedial interventions for speech and language delays, other developmental delays, hearing and vision impairments, and mental health problems.

Furthermore, analyses of narrative reports, interviews with ASAP-PIE administrators and focus groups with parent educators indicate that ASAP-PIE is also changing the 0 to 5 system of care in some communities.

- All grantees have implemented new or expanded services.
- All grantees have developed new linkages between service providers.
- Some school staff have been introduced to the relationship between early childhood experiences and school performance.
- Some grantees have begun to connect early childhood programming to school improvement plans.
- Some grantees have begun to integrate services for which the ISD is responsible.
- Some grantees have developed early childhood service arrangements with hospitals and private

physicians and with public community resources such as libraries.

- Some grantees have developed relationships between state-funded 0-5 services and federally funded Early Head Start/Head Start programs.
- Some grantees are building linkages with the broader child care community.
- Some grantees have begun the arduous work of using a collaborative structure to develop the components of a community system of care.

In the following sections, we have integrated grantees' diverse experiences and research on early childhood issues. We present our conclusions and make recommendations based on lessons learned from this initial phase. Each recommendation is followed by information that supports the recommendation. These are offered to funders and advocates to inform their strategies to give even more children a Great Start in Michigan.

Recommendations

POPULATION SERVED

All Children Including Children Most at Risk

RECOMMENDATION

Emphasis should continue to be placed on serving all children (universal services) with appropriate levels and types of services available to reach children most at risk of not being prepared for school.

The emphasis on universal services is a strength of the ASAP-PIE initiative. Grantees disseminated information about the importance of the early years and built broad public support for services. By doing this, they avoided the stigma inherent in eligibility-limited services that has kept some high risk families from accessing or accepting needed services. In addition, grantees were able to provide services to families who met the risk criteria but not the eligibility guidelines (for example, the child was not old enough, the family was not poor enough, etc.). To respond to the different needs of all children and to reach the intended outcomes, grantees must design their initiative so that (1) recruitment

strategies include efforts to reach high-risk groups, and (2) the organization and array of services respond proportionally to the needs of children most at risk.

Adults Functioning as Parents

RECOMMENDATION

Future legislation should allow for services to children in out-of-home care with relatives or other adults who act in the role of parents when parents are working or at school.

ASAP-PIE was directed at parents in their role as their children's first "teachers," thus limiting home visiting and play group services to children accompanied by a parent. Although the definition of "parent" was administratively expanded to include other adults who had responsibility for health and education decisions for the child (i.e., guardians and foster care parents), grantees were not authorized to offer home visiting or play groups to children in the care of relatives or family child care providers. Various rationales were given for this exclusion.

The policy of requiring a parent to be present excluded a large group of adults who have an important impact on children's development. Sixty percent of the mothers of children aged 0 to 5 are in the workforce, and a substantial number of their children are in out-of-home care with relatives or in the homes of family day care providers. In Michigan, most infant and toddler care, for example, is in the home of a relative or in a day care home. The inability of the grantees to work with these adults—even though the majority of care for children under age 3 occurs in family day care, group family day care, or relative care—may have substantially limited the potential impact of ASAP-PIE on children's readiness to succeed in school. To reach all children, the program should expand to reach children and the adults functioning as parents to provide their care.

Pregnant Women

RECOMMENDATION

To maximize outcomes, future legislation should allow home visiting services to be delivered to high risk women during pregnancy.

Prenatal care was not included in the array of community collaborative services that could be organized. Good prenatal care can improve child outcomes by reducing the number of low birthweight babies and handicapped infants. Research has also shown that linking a high-risk parent-to-be with a professionally delivered home visiting model during pregnancy can improve outcomes for the child over and above the results that can be expected from home visiting started at a later date (Olds, Hill, Mihalic, & O'Brien, 1998).

SERVICES PROVIDED

Array of Services

RECOMMENDATION

Evidence suggests that a Great Start requires attention to all facets of development that impinge on school readiness and need for special education. Future legislation should encourage inclusion of or linkage with services that address all facets of development.

Because the various aspects of a young child's development are so intertwined, better cognitive outcomes cannot be achieved without also investing in services to improve the health and social-emotional outcomes that serve as the foundation of cognitive learning. This was acknowledged in the ASAP-PIE requirement for a community referral network. All grantees referred families to other community services as needed. Some grantees included a variety of models or specialized components. Many of the grantees creatively used diverse approaches to outreach, recruitment and providing services that supported school readiness. These diverse approaches went well beyond those prescribed by the legislation or those that would be expected as components of the cognitively-oriented Parents as Teachers model.

Asset Orientation

RECOMMENDATION

Future legislation should explicitly encourage applicants to incorporate an asset-orientation or strength-based approach into the organization and delivery

of services and provide resources for training/technical assistance to grantees in how to implement this approach.

Several threads supporting an asset orientation or strength-based approach are evident in the ASAP-PIE Program. First, the assumption that parents act as their children's first teachers implies that parents bring knowledge and skills to this task that can be enhanced. Similarly, the focus on promoting universal access to services through a home-school-community partnership indicates that schools and parents will work together to assess family strengths and needs and to select appropriate services. Finally, a value for service delivery in a community system of care is that they be strength-based. Examples from grantees support such an approach. Some of the program administrators and parent educators interviewed for our report have explicitly stated that parent empowerment is one goal of their programs. Others have mentioned that the universal services approach is a strength of the model because it allows them to accommodate families who would otherwise not be able to receive services because of restrictive eligibility requirements.

PLANNING PERIOD

Planning Grant

RECOMMENDATION

Future legislation should provide communities the option of short-term planning grants.

All applicants organized to write their proposals within a very short period of time. Successful grantees organized and implemented services, again within a very short period of time. Although some grantees had the advantage of a previously developed community plan for 0-5 services, others did not. Not all communities would require a planning period, given their history of 0-5 service development and experiences with collaboration. However, a number of the grantees would have benefited from a planning period. They could have more thoughtfully evaluated community information and resources, assessed best practice models, and engaged in discussion and interchange to strengthen their collaborative undertaking. Particularly in larger communities, this planning period could have

allowed organizers to develop relationships with more, and more diverse, partners.

Characteristics of Children Entering School

RECOMMENDATION

One task to be accomplished during a planning grant is the examination of the characteristics of children in the area who enter kindergarten not ready to succeed. This task includes identifying the portion of the special education population that might be reduced through early identification and intervention.

Strategies to bring children to kindergarten ready to succeed should start with a clearer understanding of the characteristics of those children deemed not ready to succeed. Relatively few grantees focused their attention on this topic. Two grantees convened a committee of school superintendents and a few surveyed kindergarten teachers. Some grantees were making efforts to establish a common instrument to assess school readiness of incoming kindergartners. Getting agreement across districts seemed to be difficult.

There are, broadly speaking, two kinds of children receiving special education services: (1) those who have moderate delays that result from environmental factors, such as less than adequate parenting; (2) those children who suffer from more severe delay, most likely originating from congenital or physical causes. While children in both groups are likely to benefit from early screening and identification, children in the first group are most likely to be helped to the extent that they would not need special education services. ASAP-PIE services can potentially help children in the first group, such as those with social-emotional problems and speech and language delays. Effective intervention in these areas can contribute to a reduction in demand for special education services. However, it must be noted that identifying children in the second group early in life may increase the use of early special education services.

Community Investment in 0-5 Services

RECOMMENDATION

As part of the planning process, communities should develop information about the current investment of federal, state and local funds in 0-5 services. The identified services should be included in the formulation of the overall system of care.

By definition, a community system of care for children age 0-5 incorporates all services relevant to accomplishing the desired objectives. In preparation for developing a community system of care, a planning process would accumulate and take into account information such as the numbers of families and children served in existing services, agencies' service capacity and waiting lists, as well as the amount of funding from state, federal and community resources. This process can identify gaps, under-funded areas, and service duplication, as well as provide the basis for comprehensive planning across resources. Two Michigan counties (one of which is an ASAP-PIE grantee) have accumulated information across agencies about the current community investment in 0-5 services.

THE COLLABORATIVE UNDERTAKING

Local Collaboration

RECOMMENDATION

Future legislation should specify the development of a community system of care in order to strengthen the linkages among education, early childhood service providers, and other human services.

The legislation defined collaboration as the presence of a collaborative body whose membership was specified. There was not, however, any guidance regarding how these entities should inter-relate collaboratively to provide services to families and children aged 0-5. While all communities provided additional services for families with children aged 0-5, not all grantees opted to build service delivery

systems. Some, as previously mentioned, used their ASAP-PIE grant as an opportunity to organize the intermediate school district's system of early childhood services. A few organized all early childhood services into a cross-agency system of care.

A community system of care has standard components: (1) those defining elements of the system itself, (2) systems components shared by its agency members, (3) systems components shared with the families accessing services. The legislation could define a minimum set of components that communities would be expected to implement. For example, levels of service appropriate to needs might constitute the necessary continuum of services; cross training of all agency staff directed at enhancing competencies in service delivery and collaboration might be required, and interagency development of the tools to facilitate collaboration could be prescribed as a minimum set of systems requirements.

State-level Collaboration

RECOMMENDATION

Future legislation should specify a single state interdepartmental collaborative committee to be responsible for all state-funded and state-administered 0-5 initiatives.

While the ASAP-PIE legislation specified collaboration at the local level, it was mute concerning any collaborative structure at the state level. At the state level, the ASAP-PIE initiative was undertaken by a single state department. ASAP-PIE thus evolved without the benefit of the cumulative experience and collective wisdom gained by other departments in funding local 0-5 services and/or departments fostering local collaborative processes. Many collaborative committees currently exist to serve one population of children and families, but none are committed to building a structure that blends universal services with more intensive services for children and their families. Governor Granholm, in her recent State of the State address, proposed the formation of such an inter-departmental group, to be called the Children's Action Network, to coordinate departmental policies and support common goals.

In the past, interagency committees have been formed, but they served different purposes. This inter-departmental committee should be established to specifically provide three types of assistance to local communities: (1) clarification of the nature and process of building community collaboration, (2) state policy and guidelines, (3) training and technical assistance.

A state-level interagency committee composed of persons responsible for 0-5 services could facilitate local collaboration by providing cross-agency commitment, policy, guidelines, and incentives.

A SINGLE NAME FOR 0-5 INITIATIVES

RECOMMENDATION

Future legislation or interdepartmental agreement should designate a single name for all state-funded 0-5 services.

Grantees adopted a variety of names for their ASAP-PIE initiatives, including ABC, ACTS (All Children Connected to Success), CAPS (Comprehensive Access for Parenting Services), Cradle to Classroom, Discovery Years, Early Childhood Connections, Early Childhood Education-PIE, Early Success-Right from the Start, Family Links, First Steps, Five Year Guarantee, Focus on the First Five, Network for Young Children, Parents as Teachers, Project SKIP (Successful Kids-Involved Parents), Start Smart, Stepping Stones to School, Success by Six (2), Tapestry, Way to Grow, Zero-5 Program.

Name recognition and public support would be enhanced by using a single name or brand across all counties for all state-funded 0-5 services. Furthermore, a single name designation could facilitate families' locating similar services as they relocate in the state.

FUNDING

RECOMMENDATION

Maximum allowable funding for grants in future legislation should be based on a realistic amount per child age 0- 5, adjusted to reflect the number of children living in poverty within each grantee's service area.

The amount allocated to each grantee reflected their request up to the maximum of \$4,500,000 set by the legislature. As a result, the funding available per child age 0 to 5 varied widely. ASAP-PIE grantees were charged with assuring the same potential for kindergarten success for all children. Among all children aged 0-5, some will come to kindergarten ready to succeed, and some will not. While poverty is not the only index that characterizes these children who will have difficulty in school, it is generally associated with other factors shown to affect poor school performance. Consequently, the percent of children in poverty represents a reasonable index of the task confronting any given county. The percent of children in poverty for the ASAP-PIE grantee service areas ranged from less than 10% to 23% (U.S. Census Bureau, 1998).

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Appendix A

Methods

Data Collection Approach

Most of the data summarized for this report were in the form of narrative responses. While grantees were always asked similar questions in reports, interviews and the focus groups, they often emphasized different information in their responses. As a consequence, these analyses identify patterns, themes, similarities and differences among the grantees, but do not represent the “average” grantee. Sometimes, numbers, usually in the form of counts and percentages, are provided to describe grantees’ or their programs’ characteristics.

Data Collection Procedures

Data summarized here were derived from many sources. The written documents reviewed included grantees’ initial proposals, the Narrative and Continuation reports submitted to MDE, collaborative body minutes and other local documents. Data analyzed were from two sources: grantees’ TANF reports and population data. We also re-analyzed the transcripts of key administrator interviews which were conducted for the first

Table A-I
Data sources for report on ASAP-PIE program

<i>Area Addressed</i>	<i>Data Source(s)</i>
INTRODUCTION Background of ASAP-PIE	<ul style="list-style-type: none"> • State School Aid Act of 2000, sec.32(b)
A COMMUNITY SYSTEM OF CARE Organization of Community Services The Population of Children	<ul style="list-style-type: none"> • FY2001-2002 Continuation Grant Applications to MDE • Interviews with PIE Administrators • Grantee reports to MDE of TANF-eligible children served as of 9/30/02 • Interviews with PIE Administrators • Narrative Summary Reports to MDE, 8/30/02
OUTREACH TO FAMILIES The mix of recruitment strategies Targeting Specific or High Risk Populations	<ul style="list-style-type: none"> • Interviews with PIE Administrators • Narrative Summary Reports to MDE, 8/30/02 • Interviews with PIE Administrators • Narrative Summary Reports to MDE, 8/30/02
A COMPREHENSIVE ARRAY OF SERVICES Services Aimed at Positive Parenting and Improved Parent-Child Interactions Screening Specialized Components Community Resource Network	<ul style="list-style-type: none"> • Focus Groups of Parent Educators • Interviews with PIE Administrators • Narrative Summary Reports to MDE, 8/30/02 • Narrative Summary Reports to MDE, 8/30/02 • FY2001-2002 Continuation Grant Applications to MDE • FY2001-2002 Continuation Grant Applications to MDE • Focus Groups of Parent Educators • Interviews with PIE Administrators • Narrative Summary Reports to MDE, 8/30/02
WHAT IS ASAP-PIE ACCOMPLISHING Reaching all Children Stories from Parent Educators	<ul style="list-style-type: none"> • Grantee reports to MDE of TANF-eligible children served as of 9/30/02 • Data from U.S Census Bureau • Narrative Summary Reports to MDE, 8/30/02
COLLABORATION Evidence of Collaborative Actions & Success of Collaborative Efforts	<ul style="list-style-type: none"> • FY2001-2002 Continuation Grant Applications to MDE • Interviews with PIE Administrators • Meeting Minutes of Grantees’ PIE Collaboratives • Focus Groups of Parent Educators

evaluation report and conducted focus groups with parent educators. Table A-I shows the assignment of source document items for each of the discussion topics.

For this report, evaluation staff conducted 8 focus groups with a subset of all grantees' parent educators/home visitors. Project administrators were asked to identify four individuals providing in-home parent education who could describe the parents they serve and their jobs as home visitors. Where grantees formally incorporated other agencies' staff

as part of their ASAP-PIE services, administrators were also asked to invite specific representatives from those agencies to participate. Grantees were assigned to a focus group location based on a combination of their curriculum and population size, respecting as much as possible their geographic distribution.

Members of the evaluation team who served as focus group facilitators were trained to conduct a focus group and in the group interview protocol. The focus group protocol was submitted to the Michigan State University Institutional Review Board and informed consent was obtained from the participants. Focus groups were audio and video-taped. The audio tapes were transcribed; group facilitators used the video tapes to augment the audio transcripts. The transcripts, in their entirety, were used as source documents for this report.

**Table A-II
Employer of Focus Group Participants**

<i>Employer</i>	<i>Number</i>	<i>Percent</i>
ISD/Local School Districts	68	72%
MSU Extension	7	7%
Head Start	3	3%
Health Department	5	5%
Infant Mental Health	6	6%
Other agencies	5	5%
TOTAL	94	98%

Focus Group Participants

Ninety-four individuals participated in focus groups. As is shown in Table A-II, the majority of the participants were employees of the ISD or a local school district.

Appendix B. Collaboration

	STAGES OF WORKING TOGETHER			
	<i>Networking</i>	<i>Cooperating</i>	<i>Coordinating</i>	<i>Collaborating</i>
CONTENT				
PURPOSE	Exchanging information for mutual benefit	Altering activities for mutual benefit	Sharing resources for mutual benefit	Enhancing the capacity of each other for mutual benefit and common purpose
AGENDA	Better relationships	Avoid duplication	Divide up new resources Share resources	Develop integrated service system, community system of care involving <ul style="list-style-type: none"> • Joint decision making • Common forms • Common training across agencies etc.
FOCUS	Staff	Client	Program	System
SCOPE	Individual agency functioning	Individual provider/ agency functioning	Cross-agency functioning Generally limited to one service population/issue	Cross-agency/systems functioning Multiple population groups/issues
<i>Example</i>	<i>Show and tell</i>	<i>Coordinating times for home visits</i>	<i>Making van, space, staff available to another agency</i>	<i>Pooling resources, designating a lead agency, joint responsibility</i>

STRUCTURE

ORGANIZATION	Informal, limited to periodic meetings	Informal	Formal structure	Formal structure including workgroups
MEMBERSHIP	Whoever comes; service providers and supervisors	Service providers Supervisors	Agency directors Supervisors	Agency directors or representatives with authority to allocate resources Community representatives
GOVERNANCE		Informal agreements	Formal interagency agreement on allocation of resources	Formal interagency agreement on allocation of resources, respective responsibilities Institutionalizing systems change

INDIVIDUAL/AGENCY INVOLVEMENT

LEADERSHIP	Whatever is necessary to maintain meetings	Facilitative	Autonomous, facilitative Lead agency in control	Shared leadership Lead agency responsible to collaborative body
LEVEL OF TRUST, MANAGE-MENT OF CONFLICT	Low trust/minimal conflict Protecting turf	Some trust/conflict Recognize we all can benefit	More trust Recognize and manage conflict when it arises	High trust Develop strategies for dealing with conflict before it arises
PERSONAL COMMITMENT	Just have to show up	Work together at meetings or informally one on one	Work on agenda outside of meetings.	Work on agenda (structure and issues) outside of meeting