

**Southern Arizona
Family Support Alliance
Annual Evaluation Report
July 2011 - June 2012
FINAL**



Prepared by:
LeCroy & Milligan Associates, Inc.
2020 N. Forbes Blvd., Suite 104
Tucson, Arizona 85745
Phone: 520-326-5154
Fax: 520-326-5155

Prepared for:
United Way of Tucson &
Southern Arizona
330 N. Commerce Park Loop,
Suite 200
Tucson, Arizona 85745

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The evaluation team includes Elena Malofeeva, Ph.D., Kerry Milligan, MSSW, Steven Wind, Ph.D., Kim D'zatko, M.S., Olga Valenzuela, B.A., Veronica Urcadez, and Eloina Cardenas.

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Executive Summary

The Southern Arizona Family Support Alliance (FSA) includes nine funded partners and 17 affiliated partner agencies. The United Way of Tucson and Southern Arizona provides critical staff leadership and an administrative home for the Alliance.

The overarching outcome sought with families and children is to ensure that children enter school eager to learn and ready to succeed and prevent child abuse and neglect. Each funded partner implements program services that focus on key child and family outcomes related to school readiness and early childhood health and development. Families come to the program voluntarily and through referrals. Once the families identify their specific needs and issues, they are then matched to appropriate services, which include the spectrum of family support and parent education, health and development services, home visitation services, and literacy services.

In early 2012 the members of the Alliance set four specific goals for 2012:

- Ensure that more families in Pima County have the opportunity to access high quality services;
- Collaborate among community resources to provide professional development for staff;
- Create more intentional and effective connections within the First Focus on Kids Early Childhood system and among the Family Support Alliance members; and
- Explore diverse funding streams.

Evaluation of the Alliance efforts was completed by LeCroy & Milligan Associates, and it was determined that the evaluation would focus on the six key funded home visitation and parent education programs. Those programs include:

- Child & Family Resources (CFR) – *Healthy Families Arizona* program;
- Parent Aid – *SafeCare* program;
- Amphitheater School District – *Parents as Teachers* program;
- Marana School District – *Parents as Teachers* program;



- Easter Seals Blake Foundation—*Raising Healthy Kids* program; and
- The Parent Connection—*Parents as Teachers*.

In addition, parent education program models were implemented through six agencies receiving Alliance funding, including:

- Casa De Los Niños conducted parent education classes using curriculum such as the Nurturing Parenting Programs® and the Active Parenting Now in 3TM. .
- The Parent Connection offered Stay and Play parent/child play-based groups and parent-education classes.
- Amphitheater school district and Marana school district Parents as Teachers programs offered Stay & Play parent/child play-based groups.
- Parent Aid offered parent education classes.
- Sopori Elementary in collaboration with The Parent Connection had Stay and Play in Amado and Arivaca.

Make Way for Books conducted workshops for home visitors on helping families provide a literacy rich environment. They also provided early literacy kits to families.

This third annual FSA evaluation report focuses on implementation, process, and outcome evaluation data and covers the time period from July 1, 2011 to June 30, 2012. Both qualitative and quantitative evaluation methods were utilized for this evaluation.

During the third year of the Alliance (July 2011- June 2012), 625 families and 846 children ages 0-5 received home visitation services from the six key funded home visitation programs. Out of 625 families served in 2011-2012, 272 families (363 children) were those who were newly enrolled (i.e., enrolled July 2011 to June 2012).



Key findings for 2011-2012 include:

- The majority (69%) of the newly enrolled children were under three years of age, with 39% being less than one year old, 16% one to two years old, and 14% two to three years old. Fifty-four percent of the newly enrolled children were of Hispanic/Latino origin.
- The FSA programs made a total of 3854 referrals to community resources.
- The Second Annual Family Support Conference took place on April 26, 2012 with 189 participants in attendance.
- The FSA implemented quarterly home visitor support groups.
- Implementation challenges revolved around inadequate data management capabilities at the subgrantee levels, a need for staff with specialized language skills to work with refugee communities, and lack of dedicated space for Stay and Play groups.
- Twelve free professional development opportunities were offered by the FSA.
- Four percent of all children did not have any insurance in any of the months during the time they were enrolled into services. Fifty-two percent of all children served consistently had insurance during the time they were enrolled in services.
- Forty-six percent of all children had a family medical provider during the time they were enrolled in services. Six percent of all children did not have a family medical provider in any of the months during the time they were enrolled into services.
- Sixty-eight percent of all the children were up to date on immunizations.
- Twenty-six percent of all the children had a dental visit during the time they were enrolled in services.
- Fifty-four percent of all children had a well baby visit and about 46% did not during the time they were enrolled in services.
- Fourteen percent of guardians reported no health insurance. Forty-one percent of guardians reported having had health insurance intermittently during the time they were receiving family support services. Fifty-five percent of families who reported having either no health insurance or having health insurance intermittently received health insurance enrollment assistance.



- Both Parental Satisfaction and Parental Efficacy increased at statistically significant levels as families continued receiving services. On average, families reported spending about a day a week more reading to their children. Families also reported spending on average about a half day a week more telling stories to their children or singing songs compared to when families just started services.
- With nutrition outcomes, the frequency of encouraging children to try new foods at post test as compared to the start of services did not change. Finally, parents reported serving more vegetables other than fried potatoes after having received services as compared to when they entered the program.
- The total number of parent education sessions and parent-child play-based learning groups conducted across all programs from July 2011-June 2012 was 725.

Based on this year's findings, the evaluation team recommends the following:

1. Continue to expand and support home visitation and parent education services in Pima County.
2. Continue to provide FSA services that benefit multiple programs.
3. FSA members should continue to place emphasis on evidence-based decision-making in the daily work of home visitation.
4. Familiarize FSA members with recently released FTF logic models.
5. Track fidelity of implementation.
6. Place increased focus on assuring timely developmental screenings and data submission.
7. Monitor reasons for disenrollment.
8. Continued attention should be directed to submitting accurate and complete data to assure the programs are documenting their outcomes and building a body of data for program improvement.
9. Focus evaluation strategies on enhancing the "worker-parent alliance" to increase retention and positive outcomes of participant families.
10. Conduct a more thorough evaluation of the community-based parent education services.



Introduction and Background

The demand for evidence-based home visitation is growing. A Google search on “evidence-based home visiting programs” returns more than 500,000 entries. This number is likely to increase as more funds are now being geared toward these programs.



In the state of Arizona, the Southern Arizona Family Support Alliance (FSA) was formed through the family support committee work of United Way of Tucson and Southern Arizona's (UWTSA) First Focus on Kids. To meet the growing need for parent education and support in the home, First Focus on Kids determined the need to support and expand home visitation and parent education and support programs in all areas of Pima County (North, Central, and South) in an effort to increase availability to those families. The FSA was funded in April 2009 by each of the First Things First (FTF) Regional Partnership Councils in Pima County.



Exhibit 1. First Focus on Kids Subcommittees



The FSA meets on a monthly basis. It is also a sub-committee of United Way of Tucson and Southern Arizona's First Focus on Kids (see Exhibit 1). First Focus on Kids has been a local collaboration since 1999, and it has developed strong ties across all aspects of quality early education, family support, health, and community awareness.



The FSA is led by UWTSA and includes over 25 partner agencies, nine of which are receiving pass-thru FTF grant money from UWTSA. Each funded partner offers services to a target population in specified geographic regions in the county. Many of these agencies are receiving funding from FTF but participation is open to any home visiting or family support organization that would like to be involved. The agencies serve families in North, Central, and South Pima regions, as well as some in Santa Cruz County.

The Alliance has put together an FSA Partner Guide which briefly describes each agency and is available at UWTSA. Exhibit 2 shows the organizational chart of the FSA with its funded and affiliate partners.

FSA originally set the following 11 specific goals:

- Tailor services to meet the unique needs and interests of families that will vary by level of intensity and length of service;
- Increase opportunities for families to enter services at multiple entry points;
- Increase membership in the FSA to include more home visitation programs;
- Eliminate gaps in services, so geographically isolated families are reached, and other at-risk populations are served;
- Ensure that families are triaged to the appropriate program for their level of need;



- Ensure that families are not receiving duplicated services;
- Explore areas in which new services/programs are needed and eliminate barriers to establishing these services for families;
- Ensure that families receive the appropriate referrals to needed services;
- Increase participation in Arizona Health Care Cost Containment System (AHCCCS) and KidsCare;
- Collaborate among community resources to increase professional development for staff; and
- Educate the community about services available for families.

These goals were further discussed during the three FSA monthly meetings in early 2012. Members updated the goals set for 2012 to reflect intentionality and strategic planning; action steps were also set. The four specific goals for 2012 are the following:

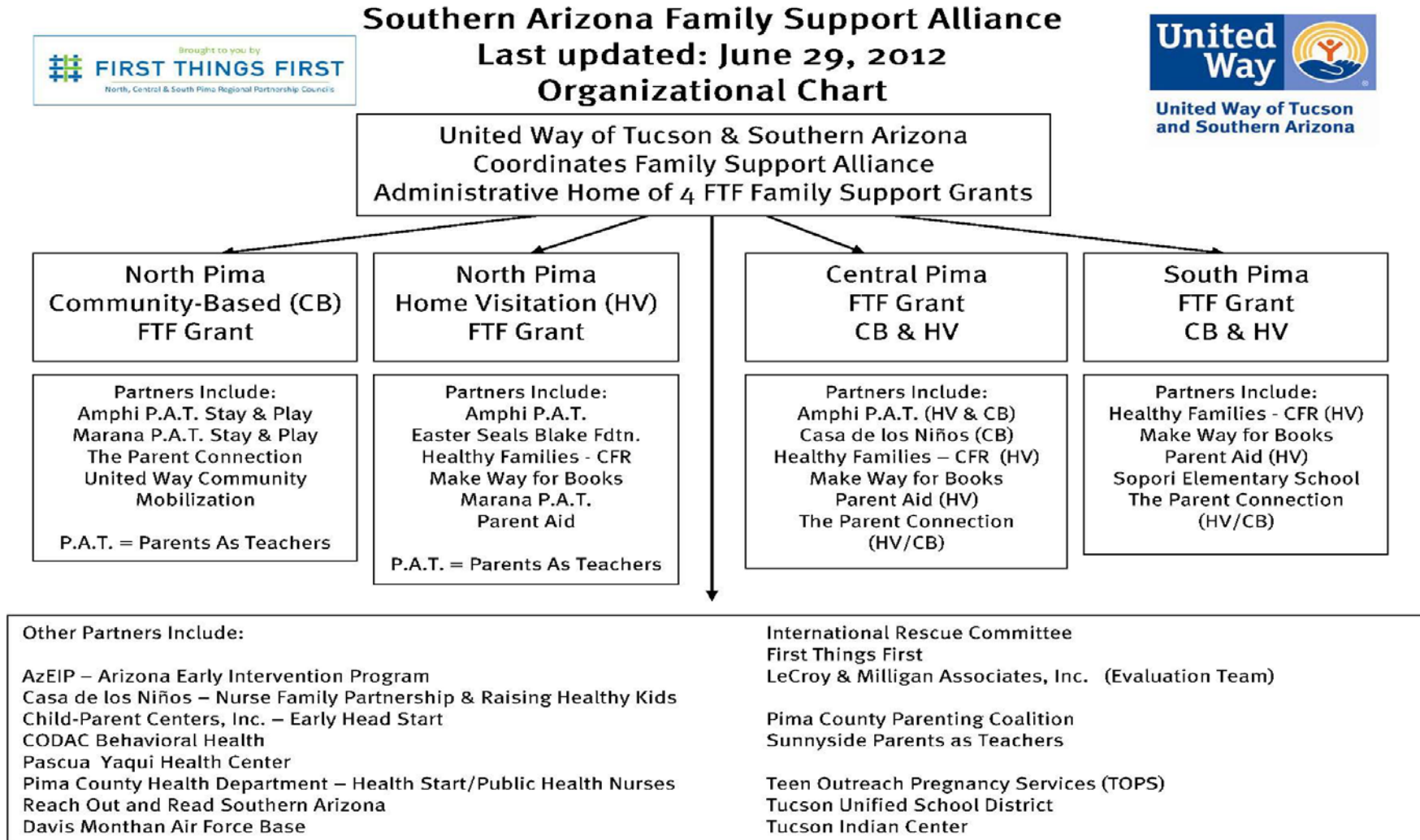
- Ensure that more families in Pima County have the opportunity to access high quality services;
- Collaborate among community resources to provide professional development for staff;
- Create more intentional and effective connections within the First Focus on Kids Early Childhood system and among the FSA members; and
- Explore diverse funding streams.

The overarching outcome sought with families and children is that children enter school eager to learn and ready to succeed. Each funded partner implements program services that focus on key child and family outcomes related to school readiness and early childhood health and development.

Families come to the program voluntarily and through referrals. They come to the programs with a variety of needs. Once the families identify their specific needs and issues, they are then matched to appropriate services, which include the spectrum of family support and parent education, health and development services, home visitation services, and literacy services.



Exhibit 2. Southern Arizona Family Support Alliance Organizational Chart



Review of Recent Evaluation Findings in Home Visitation

We begin by describing the literature review on effective implementation strategies for various home visitation models. Research results have produced sufficient evidence from rigorous randomized trials, demonstration projects, and community based evaluations that quality home visitation programs with regular visits can produce improvements in both child and family outcomes. There is also sufficient research that is broad and deep enough to point to key principles that are needed to achieve a high level of program effectiveness.

Community agencies serving families are also struggling as they provide critical services to families experiencing more difficult circumstances than in the past. Agencies are likely to have fewer resources to help families manage their difficulties. This ongoing challenge raises the following question: With renewed interest and focus on home visitation as an effective strategy for delivering services, can programs maintain the outcomes that are expected from home visitation programs? If the program aims to successfully meet this challenge, it must continue to emphasize the critical elements that research has suggested are necessary for maintaining successful outcomes. The following sections discuss known factors that have led to the strongest outcomes in home visitation program.

Regular and Frequent Visits

It is well documented that regular and frequent visits to families are more likely to produce changes in parenting and family outcomes that result in developmental benefits for children than are programs that offer home visitation less frequently or for a shorter duration of time. As home visitors see families that are more stressed and economically depressed, additional attention should be directed toward keeping a frequent and intense schedule of home visits. Programs should put strong effort into creative and alternative methods of staying in touch with families, as well as using phone contacts and efforts to link families to center-based services.



Developing the Worker Alliance

Perhaps nothing is better established in the literature than the importance of a solid worker-parent alliance in helping families. Home visitors can skillfully interact with families in a manner that cements a supportive relationship that moves parents toward parenting growth and change. Parenthood is difficult, and home visitors enter a family's life when adjustment and adaptation is critical – the birth of their baby. As home visitors establish empathy and a working relationship, they become a conduit to educational, emotional, and social supports. For example, the alliance may be the key feature that motivates a family to seek further assistance for depression or to seek concrete services such as obtaining food boxes. Without a strong working alliance, families cannot accomplish program goals. Ongoing efforts to assess this relationship and to discuss this aspect of program implementation in supervision are necessary.

Pursuing Multiple Goals

Reviews of research on home visitation have repeatedly found that a critical practice in home visitation is addressing multiple and broad goals rather than pursuing a more narrow goal. Home visitors can often get side tracked into a complete focus on the parent-child interactions and fail to address the larger social and economic barriers to healthy development. This goal represents a renewed challenge as home visitors have more difficulty finding resources to help families in a difficult economy. However, helping a family find affordable and *quality* child care might be instrumental in obtaining enhanced child development outcomes. Home visitation models recognize they are embedded in communities and that the effectiveness of home visitation depends in part on the capacity to bring additional needed services to families.

Developing and Training Qualified Staff

Home visitation is a challenging job, and capable staff that are skilled at working with families are needed to create a program that achieves effective results. Home visitors, who are well trained, supported with good supervision and provided a work environment that reduces stress can most effectively work with families and promote successful outcomes. Further, programs should be focused on providing continuous training on aspects of program implementation that are critical to program success. Over time, programs often experience “program drift.” Professional development should be focused on the critical core features of home visitation to make the models successful.



Continuous Program Improvement and Evaluation

Home visitation programs must continue to examine their *local context* and consider ongoing data that can be helpful in refining *local* program implementation. Evaluation information such as this annual report can be carefully reviewed with an eye toward continuous program improvement. Data should be examined to reveal ways to address critical elements and program characteristics that can impact families. While home visitation research in Arizona has taken some strong steps forward, there are many remaining steps needed to fully understand how to build evidence based program services.

Putting knowledge to work in building home visitation services

Home visitation has found renewed excitement and possibilities. It offers an unmatched strategy to deliver services that have the potential to impact a wide range of outcomes. Yet, it is not a panacea for all problems and it cannot solve many of the difficult problems low-income families face. Problems created by poverty, racism, and drug addiction are likely to need institutional solutions in addition to assistance with social programs. However, home visitation can be a valuable entry into assistance with social services. Even a few visits may assist families in the awareness that programs do exist to help them. For families that participate in long term home visitation programs; there is strong potential to achieve modest impacts across a wide range of outcomes (LeCroy & Krysik, 2011)¹. Therefore, the community success of the program is largely dependent on an understanding of modest results and an ongoing investment in experimentation with the program.

As the field continues to build on the home visitation programming and evidence-base in this country, increasingly program experts, researchers, and policymakers, are beginning to acknowledge that a systemic approach to understanding and improving outcomes for youth and families may be merited. In addition to home visitation programs, other important elements in this systemic approach might include: early access to basic health and reproductive care, a broad risk assessment, and linkages to childcare and early education programs (Daro, 2009)².

¹ LeCroy, C. W. & Krysik, J. (2011). Randomized trial of the healthy families Arizona home visiting program. *Children and Youth Services Review*, 33, 1761-1766.

² Daro, D. (2009). Embedding home visitation programs within a system of early childhood services. *Chapin Hall Issue Brief*, September 2009.



Continued evaluation of these home visitation programs, as well as the systems in which they operate, will help inform our understanding about the best ways to help children and families attain optimal outcomes.

In This Report

This third annual report focuses on implementation, process, and outcome evaluation data and covers the time period from July 1, 2011 to June 30, 2012. The evaluation of the FSA utilizes the developmental stages of the “Five-Tiered Model of Evaluation” as the guiding principles for the evaluation plan (Jacobs 1988)³. The emphasis of this approach acknowledges the evolution of programs and allows evaluators and program personnel to focus on data collection that best mirrors the available and pertinent information that can help improve the program. In addition, performance indicators required by FTF are also presented.

The third year of the evaluation plan for the FSA highlights the required FTF performance measures, demographics of the participant families, and data regarding program activities, structures, and services. This report focuses on aggregate data summarized across the six agencies participating in the evaluation. In most cases all analyses are reported by three regions: North Pima, Central Pima, and South Pima. Furthermore, the ongoing evaluation seeks to provide information for strategic growth and planning by examining evaluation findings in the field of home visitation to inform progress and growth.

The report is divided into the following sections:

- Introduction and Background;
- Evaluation Overview;
- Implementation and Process Evaluation;
- Program Outcomes;
- Community-based Parent Education; and
- Conclusions and Recommendations.

Appendices include instrumentation, more information about each agency, as well as additional evidence supporting the findings.

³ Jacobs, F. H. (1988). The five-tiered approach to evaluation: Context and implementation. In H. B. Weiss & F. H. Jacobs (Eds.), *Evaluating family programs*, New York: Aldine DeGruyter.



Acronyms will be used in lieu of the full the names of agencies and programs where appropriate throughout the report to economize on space. Exhibit 3 provides a list of these abbreviations.

Exhibit 3. Abbreviations Used in This Report

Name of Agency or Program	Acronym
Family Support Alliance	FSA
LeCroy & Milligan Associates	LMA
First Things First	FTF
Easter Seals Blake Foundation	ESBF
Child & Family Resources	CFR
Parents as Teachers	PAT
The Parent Connection	TPC
Healthy Families	HF

Evaluation Overview

The evaluation of the Southern Arizona FSA began with programs starting in 2009. The focus of evaluation has been to collect and report relevant process and outcome data at the Alliance level, to consult and assist the Alliance partners in meeting the requirements for the FTF statewide evaluation, to promote and develop systems thinking, and to assist the Alliance in examining its functioning over time.

Since 2009, the outcome and process data has been collected on six key funded home visitation and parent education programs. These programs include:

- Child & Family Resources (CFR) – *Healthy Families Arizona* program;
- Parent Aid – *SafeCare* program;
- Amphitheater School District – *Parents as Teachers* program;
- Marana School District – *Parents as Teachers* program;
- Easter Seals Blake Foundation – *Raising Healthy Kids* program; and
- The Parent Connection – *Parents as Teachers*.



In addition, parent education program models have been implemented through five agencies receiving Alliance funding, including:

- Casa De Los Niños conducted parent education classes using curriculum such as the *Nurturing Parenting Programs®* and the *Active Parenting Now in 3™*.
- The Parent Connection offered *Stay and Play* parent/child play-based groups and parent-education classes.
- Amphitheater school district and Marana school district *Parents as Teachers* programs offered Stay & Play parent/child play-based groups.
- Parent Aid offered parent education classes.
- Sopori Elementary in collaboration with The Parent Connection had Stay and Play in Amado and Arivaca.

Make Way for Books conducted workshops for home visitors on helping families provide a literacy rich environment. They also provided early literacy kits to families.

The evaluation was designed to provide an analysis of the following issues:

- Overall program description and implementation progress;
- Demographic data on numbers and characteristics of families and children served;
- Participant satisfaction with the program; and
- Effectiveness of the home visiting model in terms of identified outcomes.

Both qualitative and quantitative evaluation methods have been utilized to develop a multi-faceted description of the programs. These methods included:

- Review of program materials (ongoing);
- Site visits and key informant interviews to examine database capacity;
- Attendance at monthly Alliance partner meetings and professional development opportunities; and
- Collection and compilation of data for required FTF performance indicators and supplemental outcome and process indicators.



The specific methods and measures used for the Year 3 evaluation are described more completely in sections below. A table of all evaluation instruments is included in Appendix A.

Evaluation Challenges and Limitations

Several evaluation challenges were noted during the third year of the Alliance evaluation.

1. While basic FTF performance indicators were defined in Year 1 of the evaluation, no further clarifications from FTF on the parent knowledge/skill survey followed in 2011-2012. The LeCroy & Milligan Associates evaluation team continued to use a set of supplemental data collection forms across all programs to collect additional data. These forms included the *Being a Parent* Survey and information on nutrition and reading behaviors.
2. In 2011-2012 funding for partner agencies and program evaluation continued to be stretched due to economic issues. Therefore, the scope of evaluation continued to be limited. Each year, the evaluation plan will be revisited to examine what additional or relevant data should be collected.
3. As in many new programs, data collection continued to be an issue. For example, data was missing for about 16% of all participants (compared to 25% in 2010-2011). In addition, the reported number of children who were eligible for developmental screenings was underreported.
4. The FSA partners were required to track sources of all referrals into their programs. Reporting methods make unduplicated counts unavailable.
5. Finally, a variety of program models were being implemented and each program used its own tracking systems, thus making an aggregated database difficult.



Program Implementation and Process Evaluation

The key guiding questions for this program implementation and process evaluation included:

- What were the patterns of participation in the programs (number of participants served, length of time in program, number of home visits, types of services received, participant attrition, etc.)?
- What were the characteristics of the families participating in the Alliance home visiting and parent education/support programs?
- How was participant recruitment accomplished? What were challenges and successes in recruitment efforts?
- What professional development was provided to staff?
- What structures were put in place for collaboration?
- What were successes and barriers to program implementation?
- Were the participants (families and professionals) satisfied with the programs?
- What were the impediments to implementing the Alliance's home visitation and parent education programs?
- Was the program being implemented consistent with the program model and best practices found in current literature?

These questions guided the process evaluation over time and allowed data to be collected for the annual report that included the required FTF performance measures, demographics of the participant families, and data regarding program activities, structures, services, and satisfaction.

Quantitative data were collected and compiled in several ways. Participant data were collected at each site on customized agency forms and were then aggregated at the program site for monthly submission to the Regional Family Support Director at the UWTSA. The Regional Family Support Director was then required to submit performance data into a statewide FTF PGMS database on a quarterly basis. The quarterly data were also submitted to LeCroy & Milligan Associates for the quarterly and annual report analyses.



Implementation and Process Evaluation Findings

Services Provided

The Family Support Alliance delivers services through a coordinated continuum of services to meet the needs of families with children ages 0-5. Four home visitation models were implemented by six agencies and are described below.

Home Visitation Program Model: <i>Parents as Teachers</i>
Programs delivering this model: Amphitheater School District , Marana School District, The Parent Connection
FTF Regions served : North, Central, South
Clients Served/Contracted to Serve: North (Amphi – 47/42 , Marana – 42/30); Central (Amphi – 35/26, the Parent Connection – 73/48); South (The Parent Connection – 51/48)
Description: <p>The PAT Program is a nationally implemented and recognized home visitation program where parents receive information and education regarding six domains of child development [neurological, fine and gross motor (physical), social-emotional, intellectual (cognitive), sensory, and language development], the stages of development within each domain, and appropriate pre-literacy activities for children prenatal to age 5. The program utilizes the <i>Born to Learn</i> curriculum that incorporates four key components: personal home visits, parent group meetings, screenings, and the identification of community resources. During personal home visits that occur two or more times per month at time convenient for families, PAT educators implement the data-driven and goal-based child/family plan by providing information and modeling of developmentally appropriate activities within the six developmental domains which the parent can then implement with their child. Through this guided learning process parents are also taught how to observe and monitor their child’s play and development in reference to the six developmental domains. Parent group meetings are facilitated by the PAT educator and are designed to teach and provide parents with information related to education and education and developmental milestones, kindergarten readiness, parenting practices, and an opportunity for parents to network with other parents. PAT educators concurrently implement a variety of screening measures which identifies the child’s strengths, abilities, and any developmental needs. Where learning and developmental benchmarks are not met, PAT educators connect families with community resources in a manner which develops the parent’s advocacy skills to work with community agencies and local school staff to further identify early interventions which may assist the child and family in the child’s development and school readiness.</p>

Home Visitation Program Model: <i>Healthy Families Arizona</i>
Programs delivering this model: Child & Family Resources
FTF Regions served: North, Central, South
Clients Served/Contracted to Serve: North (CFR – 45/46); Central (CFR – 116/106); South (CFR – 119/122)



Home Visitation Program Model: *Healthy Families Arizona***Description:**

Healthy Families is a nationally implemented and recognized prevention program that works with families of newborns, offering free and voluntary home visiting and other support services. Healthy Families screens and assesses pregnant women or mothers of newborns in the hospital to determine their strengths, challenges and needs. Identified families are offered an evidence based array of home-based family support and educational services. The goals of the Healthy Families Program are to prevent child abuse and neglect, foster child wellness and appropriate development, promote positive parent-child interaction, and enhance family health and functioning. The goals are achieved through home visits, parent groups, and linkages to community resources. Families are initially visited on a weekly basis. As they stabilize and build skills, there is a systematic reduction of service intensity to bi-weekly, monthly and quarterly visits. Family participation in the program is voluntary and can continue for up to three years. The Healthy Families programs utilize the Growing Great Kids (GGK) curriculum, an interactive family support, parenting and child development curriculum focusing on child health, provision of care, parenting concerns and dynamics of parent-child and family relationships. The GGK curriculum is a proven and nationally recognized curriculum for home visitation. For every three months of the child's development, there are six modules addressing: Basic Care, Social and Emotional Development, Cues and Communication, Physical and Brain Development, Play and Stimulation, and a Parents' Corner (stress reduction, age-appropriate positive discipline).

Home Visitation Program Model: *SafeCare***Programs delivering this model:** Parent Aid**FTF Regions served :** North, Central, South**Clients Served/Contracted to Serve:** **North** (Parent Aid - 6/6); **Central** (Parent Aid - 32/15); **South** (Parent Aid - 19/8)**Description:**

Parent Aid's SafeCare Program uses the nationally recognized SafeCare home visiting model. Professionally trained Family Support Specialists utilize the SafeCare curriculum while working with families during weekly visits. Participating families develop skills and knowledge through three core SafeCare modules: home safety, family health, and parent-child interactions. Families taking part in Parent Aid's SafeCare program will increase their parental capabilities, strengthen their understanding of child development, improve health and home safety, develop coping and problem solving skills, and build a stronger support network through community resource awareness and utilization. With families achieving a higher level of family functioning, increased skill and confidence in parenting and stronger family communication, their children will be safer, healthier and ready for success in school and beyond. Parent Aid will use the SafeCare model and accompanying SafeCare curriculum. Typically, weekly visits last from 1-2 hours and families participate in the program from six to nine months. SafeCare is an evidence-based model with over 60 studies conducted to develop and validate SafeCare or extensions of the model. SafeCare is designed to work with families of infants through children 5 years old and coincides with the target goals and population identified by FTF.



Home Visitation Program Model: <i>Raising Healthy Kids</i>
Programs delivering this model: Easter Seals Blake Foundation
FTF Regions served : North
Clients Served/Contracted to Serve: 40/40
Description: Community Health Specialists/home visitors provide support for a child/children with special health care needs, including those with a broad range of developmental delays and/or medical challenges such as spina bifida, congenital heart defects, cancer, traumatic brain injury, cystic fibrosis, failure to thrive, or children with significant behavioral issues. This program also provides information and activities on child development, as well as facilitation and support to access community resources based on family identified needs.

<i>Literacy</i>
Programs delivering this model: Make Way for Books
FTF Regions served : North, Central, South
Clients Served/Contracted to Serve: 655
Description: Make Way for Books conducts workshops for home visitors on helping families provide a literacy rich environment. They also provide early literacy kits to families. The Early Literacy Kits provided to parents through the Make Way for Books for Babies program contain materials to assist parents and caregivers in creating a literacy-rich environment in their homes and in reading to their children every day. Each Early Literacy Kits for Infants includes: <ul style="list-style-type: none"> • The Baby's First Year calendar, which contains songs, rhymes, developmentally appropriate activities for parents to do with their infants, book suggestions, and developmental milestones to expect each month. • The "Songs for Teaching" CD, which contains songs in both English and Spanish that are featured in the calendar. It provides parents with a model for singing with their children, an activity that fosters phonological awareness, one of the Arizona Department of Education's six areas of reading readiness. • A Baby Faces board book (available in English and Spanish) is provided to add to the child's home library. These books contain photographs of other babies' faces and are made from a stiff material that is easy for little hands to manipulate. • A bib and magnet with the simple message of "Read to Me" are included to remind parents that they should read to their child every day. • Information on Pima County Public Library locations and hours, including information on Babytime, a special story time for babies up to 18 months of age. Each Early Literacy Kit for Toddlers includes: <ul style="list-style-type: none"> • A copy of Rosemary Well's Read to Your Bunny, a picture book that emphasizes the importance of reading aloud daily to your child. • A board book, so that toddlers may develop proper book-handling skills. • A toddler t-shirt with the simple message of "Read to Me", to remind parents to read aloud to their children every day. • Information on Pima County Public Library locations and hours, including information on Toddler Storytime, a story time designed for children between 18 and 36 month of age. • Information on choosing age-appropriate books for children ages birth through five.



Characteristics of Participants

The home visitation programs in the Alliance target services to families prenatally or with infants and children through age five, although support is provided to the entire family through home visits and referrals.

Between July 1, 2011 and June 30, 2012, the six Family Support Alliance home visitation agencies served a total of 625 families. The Alliance met their targets for the number of families served in each region, with all regions exceeding projections by a large number. Overall, the programs served 88 more families than projected for the year with the additional families mainly being served in Central Pima region.

Exhibit 4 displays the breakdown of families served by program and FTF region. The largest proportion of families was served by the Healthy Families program through CFR, who received the largest funding of all partners.



Exhibit 4. Number of Families Receiving Home Visiting Services in 2011-2012

	Program	Number of Families Enrolled as of July 1, 2011	Number of New Families Enrolled During July 1, 2011- June 30, 2012	Total # of families served	% of total for region	Targeted # families 2011-2012
North Pima	Amphi (PAT)	14	33	47	26%	42
	Marana (PAT)	29	13	42	23%	30
	Child & Family Resources (HF)	35	10	45	25%	46
	ESBF (Raising Healthy Kids)	23	17	40	22%	40
	Parent Aid (SafeCare)	2	4	6	3%	6
	TOTAL North	103	77	180		164
Central Pima	Amphi (PAT)	20	15	35	14%	26
	The Parent Connection (PAT)	40	33	73	29%	48
	Child & Family Resources (HF)	79	37	116	45%	106
	Parent Aid (SafeCare)	4	28	32	13%	15
	TOTAL Central	143	113	256		195
South Pima	The Parent Connection (PAT)	35	16	51	27%	48
	Child & Family Resources (HF)	69	50	119	63%	122
	Parent Aid (SafeCare)	3	16	19	10%	8
	TOTAL South	107	82	189		178
TOTAL All Programs		353	272	625		537

Source: Southern Arizona Family Support Alliance Database 2011-2012.

In two cases, percentages do not total to 100% due to rounding.

Of the 625 families served, 272 were families enrolled between July 1, 2011 to June 30, 2012 (i.e., newly enrolled families). The remainder was enrolled prior to this report year. Families, newly enrolled in the Alliance home visitation programs in 2011-2012, came from many different areas within Pima County. As shown in Exhibit 5, the largest numbers of families were served in the North Region 85704 zip code, in the Central Region zip code 85705, and the South Region 85706 zip code. The zip codes with the largest numbers of families served in 2009-2011 were the following: in the North Region -- 85653 zip code, in the Central Region -- 85705 zip code, and in the South Region -- 85706 zip code.



Exhibit 5. Participating Families in Home Visitation Services in 2011-2012 by Zip Code

Zip Code	Number of Families Served	Zip Code	Number of Families Served
85619	1	85739	12
85652	0	85740	0
85653	32	85741	31
85654	1	85742	20
85658	1	85743	22
85704	33	85749	2
85718	4	85750	2
85737	13	85755	6
Total North Region		180	

Zip Code	Number of Families Served	Zip Code	Number of Families Served
85701	2	85715	6
85705	54	85716	22
85710	20	85719	33
85711	19	85745	9
85712	26	85746	17
85713	27	85756*	4
85714	8	85757	9
Total Central Region		256	

Zip Code	Number of Families Served	Zip Code	Number of Families Served
85321	0	85645	1
85341	0	85706	79
85601	0	85730	22
85602	0	85735	5
85614	5	85736	2
85622	0	85744	0
85629	28	85747	13
85633	0	85748	10
85641	9	85756*	15
Total South Region		189	
Alliance Total		625	

Source: Southern Arizona Family Support Alliance Database 2011-2012. *The zip code 85756 is shown in both Central and South Regions because this zip code was reassigned from Central Pima to South Pima during the contract year.



The number of children served by the FSA in the current report year decreased slightly from the previous report year. In 2011-2012, the FSA served 846 children, compared to 890 children in 2010-2011 and 670 children in 2009-2010. Exhibit 6 displays the number of new children enrolled in 2011-2012 (363 children) and the number of children served by the program in each region.

Exhibit 6. Number of Children Receiving Home Visiting Services in 2011-2012

	Program	Number of Children Enrolled as of July 1, 2011	Number of New Children Enrolled During July 1, 2011- June 30, 2012	Total Number of Unduplicated Children Served July 1, 2011- June 30, 2012
North Pima	Amphi (PAT)	17	44	61
	Marana (PAT)	35	13	48
	CFR (HF)	39	11	50
	ESBF (Raising Healthy Kids)	43	18	61
	Parent Aid (SafeCare)	3	7	10
	TOTAL North	137	93	230
Central Pima	Amphi (PAT)	30	19	49
	TPC (PAT)	53	44	97
	CFR (HF)	104	42	146
	Parent Aid (SafeCare)	4	49	53
	TOTAL Central	191	154	345
South Pima	TPC (PAT)	49	22	71
	CFR (HF)	99	70	169
	Parent Aid (SafeCare)	7	24	31
	TOTAL South	155	116	271
TOTAL All Programs		483	363	846

Source: Source: Southern Arizona Family Support Alliance Database 2011-2012.

Just over two-thirds (69%) of newly enrolled children served were under three years of age; 39% were less than one year old, 16% one to two years old, and 14% two to three years old. Summary breakdowns of children newly enrolled into home visitation programs by age, program, ethnicity, and FTF region are provided in Exhibits 7-9.



Exhibit 7. Number of Children Newly Enrolled into Home Visiting Services from July 2011 – June 2012 by Age

Program	Less than 1 year	12-23 months	24-35 months	36-47 months	48-59 months	60-71 months	Total Children
<i>North Pima</i>							
Amphi (PAT)	9	4	9	8	12	2	44
Marana (PAT)	3	4	2	3	1	0	13
CFR (HF)	9	1	0	1	0	0	11
ESBF (Raising Healthy Kids)	7	2	4	2	3	0	18
Parent Aid (SafeCare)	2	0	1	2	2	0	7
TOTAL North	30	11	16	16	18	2	93
<i>Central Pima</i>							
Amphi (PAT)	6	7	2	1	3	0	19
TPC (PAT)	17	13	8	5	1	0	44
CFR (HF)	27	3	4	6	0	2	42
Parent Aid (SafeCare)	7	8	7	7	9	11	49
TOTAL Central	57	31	21	19	13	13	154
<i>South Pima</i>							
TPC (PAT)	9	5	5	2	1	0	22
CFR (HF)	40	8	5	6	7	4	70
Parent Aid (SafeCare)	5	3	3	3	6	4	24
TOTAL South	54	16	13	11	14	8	116
Overall Total - Alliance	141	58	50	46	45	23	363

Source: Southern Arizona Family Support Alliance Database 2011-2012.



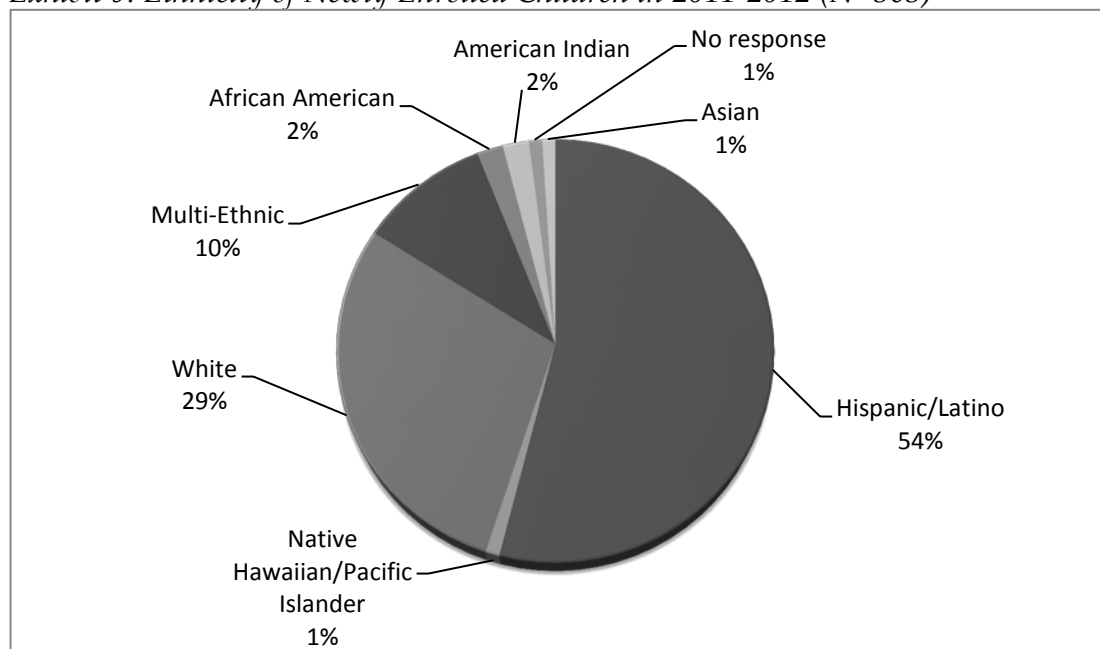
Exhibit 8. Ethnicity of Children Newly Enrolled into Home Visiting Services from 2011–2012

Region	African American/Black	American Indian/Alaska Native	Hispanic/Latino	Native Hawaiian/Other Pacific Islander	White	Asian	Multi-Ethnic (two or more races)	No response/Unknown	Total
North Total	0	1	40	2	39	3	8	0	93
Central Total	4	6	85	0	37	1	17	4	154
South Total	2	2	70	0	31	0	11	0	116
Overall Total - Alliance	6	9	195	2	107	4	36	4	363

Source: Southern Arizona Family Support Alliance Database 2011-2012.

The Alliance programs served a variety of culturally and ethnically diverse participants throughout Pima County. The ethnic background of all *newly enrolled* children served by home visitation programs as a whole, from July 2011–June 2012, is shown in Exhibit 9 below. Fifty-four percent of the newly enrolled children were of Hispanic/Latino origin, compared to 49% of the newly enrolled children in 2010-2011 and 48% in 2009-2010.

Exhibit 9. Ethnicity of Newly Enrolled Children in 2011-2012 (N=363)



Source: Southern Arizona Family Support Alliance Database 2011-2012



Success Story: Amphi PAT

An Amphi home visitor was invited by a program participant who is a refugee to a special gathering and celebration. The district translator communicated that the family had said it was very important to them that the home visitor took part in their feast and festivities. They shared that the home visitor was "such a special person" to their family. The home visitor was truly honored that they included her, and that she had a place at their table set aside just for her. They see the Amphitheater School District and the Amphi Parents as Teachers program as a source of strength, empowerment, and success.

How do Families Join the Programs?

The members of the FSA put effort into establishing shared expectations of partner agencies to ensure that the families would receive the most appropriate services. Alliance partner agencies were required to track the sources of all referrals **into** their programs. The evaluation team was unable to produce unduplicated counts since some programs developed combined counts, and some continued reporting them separately. Only referral sources by region are presented not the actual frequencies (See Exhibit 10). Reporting methods made unduplicated counts unavailable.

Participants came to the FSA through a variety of referral sources. As Exhibit 10 shows, families came into the program from screenings done in hospitals, school districts, housing support services, mental health counseling, DES/CPS referrals, and other sources.

Exhibit 10. Referral Sources of New Families Enrolled INTO Home Visitation Services in 2011-2012 by Region

Referral Source	North	Central	South
Early Care and Education (Child Care)	X	X	
Community Social Service Provider	X	X	X
Community Support Group	X	X	X
Early Intervention/Therapy (ex. AZEIP, special education pre-schools, physical/speech)	X	X	X
Education – School District	X	X	X
Education – parent	X	X	X
Faith Community		X	X
Financial (emergency utility/rent/food assistance)			X



Referral Source	North	Central	South
Hospital	X	X	X
Housing Support (ex. Shelter Services)	X	X	
Legal			X
Mental Health Counseling	X	X	X
Primary Care Physician	X	X	X
Prenatal Group	X	X	X
Socialization/Recreation	X		
Specialized Medical*	X		
Government Agency - DES/CPS	X	X	X
Other - Self Referred	X	X	X
Other - Family Court		X	
Other - Community-based Stay and Play	X		
Other - Baby Fair	X		
Other - Marana Health Clinic	X		

Source: FTF Quarterly Home Visitation Narrative Reports 2011-2012.

*Specialized medical -related to a child's documented and ongoing medical conditions and/or disability - e.g., children referred from the Office of Children with Special Healthcare Needs (OCSHCN).

Services - What Community Referrals Did Families Receive?

Exhibit 11 shows that the programs provide referrals for participants to a range of educational, health, recreational, and social services. The FSA made a total of 3,854 referrals to community resources compared to 4048 in 2010-2011. Twenty-four percent of the referrals were to programs that provided socialization/recreation activities, followed by 9% to community support groups, 5% to libraries, and 4% to financial assistance, nutrition, early care and education, mental health counseling, and parent education programs. Twenty percent of the referrals were categorized as "Other," two of the most common of which were baby diapers and/or wipes and child development programs.



Exhibit 11. Community Referrals that Families Received in 2011-2012

Type of Referral	North	Central	South	Total
Community Support Group	72 (21%)	214 (63%)	52 (15%)	338
Dental Provider	27 (59%)	9 (20%)	10 (22%)	46
Early Care and Education (Child Care)	99 (64%)	38 (25%)	17 (31%)	154
Early Intervention/Therapy (e.g., Arizona Early Intervention Program, Division of Developmental Disabilities, Special Education Pre-schools, Physical/speech)*	52 (49%)	36 (34%)	18 (17%)	106
Education – School District (for children)	49 (54%)	35 (39%)	6 (7%)	90
Education – Parent (e.g., GED, College)	44 (65%)	21 (31%)	3 (4%)	68
Faith Community	11 (31%)	18 (50%)	7 (19%)	36
Financial (e.g., emergency utility/rent/food assistance/earned income tax credit/temporary assistance for needy families, child care subsidy, WIC – Women Infant Children, food boxes, food stamps)	107 (65%)	34 (21%)	23 (14%)	164
General Medical (e.g., clinics, low cost/no cost medical care)	19 (33%)	21 (37%)	17 (30%)	57
Health Insurance (public or private)	32 (58%)	16 (29%)	7 (13%)	55
Hospital	6 (86%)	1 (14%)	0 (0%)	7
Shelter Services	28 (55%)	15 (29%)	8 (16%)	51
Job Development/Placement	49 (63%)	21 (27%)	8 (10%)	78
Legal (e.g., Child Support Enforcement, child Custody)	12 (31%)	14 (36%)	13 (33%)	39
Libraries	64 (34%)	115 (60%)	12 (6%)	191
Mental Health Counseling	64 (43%)	41 (28%)	44 (30%)	149
Nutrition (e.g., farmers' markets, food planning)	108 (67%)	34 (21%)	19 (12%)	161
Parent Education Classes	22 (15%)	104 (72%)	19 (13%)	145
Primary Care Physician	45 (69%)	14 (22%)	6 (9%)	65
Socialization/Recreation	402 (43%)	382 (41%)	148 (16%)	932
Specialized Medical	29 (59%)	12 (24%)	8 (16%)	49
Transportation	29 (30%)	53 (54%)	16 (16%)	98
Native American Indian Center	0 (0%)	4 (100%)	0 (0%)	4
Other	156 (20%)	360 (47%)	255 (33%)	771
TOTAL	1526	1612	716	3854

Source: FTF's Extranet. Some percentages do not total to 100% due to rounding.



Success Story: CFR, Healthy Families

Child's mother began participating in the Healthy Families program shortly after she gave birth to twins. While she was pregnant, her older son was diagnosed with autism and was working with a program to help him adjust to the changes in the home. Along with this change, father of the baby was hit by a car while walking in a cross walk and suffered traumatic brain injury. Mother shared that when she was offered the Healthy Families program she was excited to have someone help her with questions she had regarding child development.

After four years in the program... the family feels that they have become the family that they knew they could be. All of the children are enrolled and attending school, which has supported two of the children with sensory processing disorders. Parents have become a stronger couple with the Family Service Plans which focuses on communication and fun with one another. Father has learned how to teach and guide the children in a way that works with his traumatic brain injuries and multiple surgeries for ongoing effects of the car accident.

Reasons Families Left Programs

Many home visiting programs struggle to enroll, involve, and retain families in home visiting services and in the additional services they offer, such as parent group meetings. Studies of home visiting programs suggest that between 20% and 80% of enrolled families disengage from the programs before services are scheduled to end, with typical attrition rates hovering at about 50% (Gomby, 2003).⁴ While attrition does occur with FSA families participating in home visitation, it is important to note that among the reasons for disenrollment of Alliance families are positive ones such as completion of the program and transition to other services.

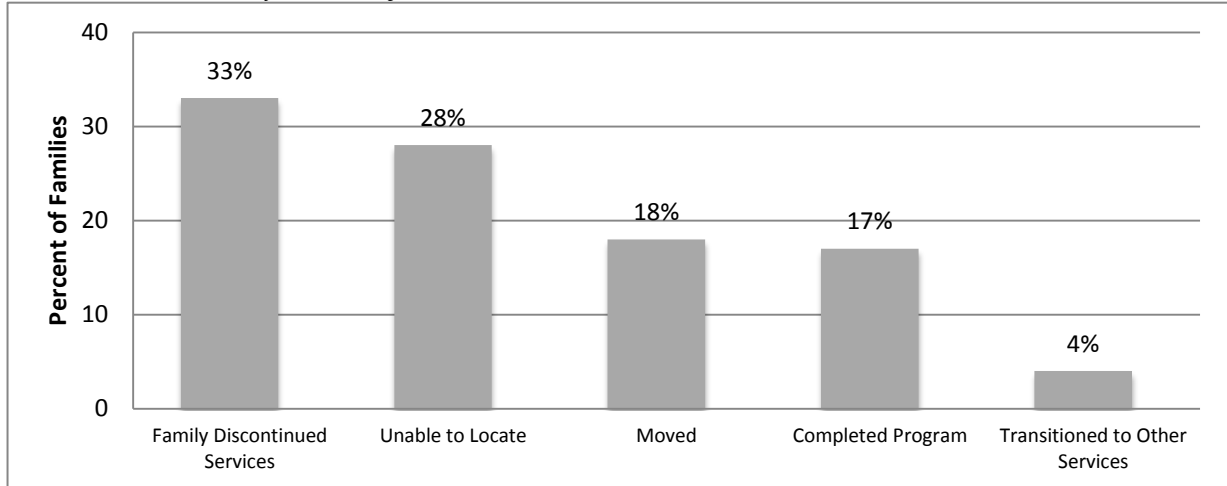
During this report period (July 2011-June 2012), a total of 625 families and 846 children were served by home visiting services. Disenrollment data was collected only for families receiving home visitation services. A total of 257 families (41%) were reported to have left the program as of June 30, 2012, slightly lower than the 263 families (42.7%) who left the program in 2010-2011 and 181 families (37%) in 2009-2010. The most common reason for disenrollment was families choosing to discontinue services (33%). Another 28% of the families could not be located and 18% moved. Only 17% (43 of 257 families) who disenrolled were reported as having completed the program.

⁴ Gomby, Deanna S. (2003). Building School Readiness Through Home Visitation (Appendix A. Building School Readiness Through Home Visitation: Detailed Research Findings). Sacramento, CA: First 5 California Children and Families Commission.



Exhibit 12 displays the reasons for disenrollment for the Alliance programs as a whole, with Appendix B providing a breakdown of these reasons by program and region.

Exhibit 12. Reasons for Family Disenrollment (N=257)



Source: Southern Arizona Family Support Alliance Database 2011-2012

FSA System Development & Collaboration Efforts

The Southern Arizona FSA was formed with a key goal of increasing collaboration across many organizations in Pima County and Southern Arizona, so that resources were maximized, services were not duplicated, professional development was carried out efficiently and effectively, and families were directed to the most appropriate services for their needs. As stated earlier, there are 25 organizations that participate in the Alliance. Exhibit 13 describes a variety of efforts that were undertaken to strengthen the Alliance in the areas of leadership collaboration & building partnerships, professional development for home visitation staff, referral and resource development, and evaluation capacity building.



Exhibit 13. Alliance Strengthening Efforts

Type of Effort	Activities
Leadership collaboration & building partnerships	<ul style="list-style-type: none"> • The Regional Family Support Director coordinates administrative requirements, grants management, and ensures timely data submission. The Director continues to serve on the Healthy Families Advisory Board, the Nurse Family Partnership Advisory Board, co-chairs the Pima County Parenting Coalition, and serves on the FTF Family Support and Early Literacy Advisory Board. Participation in these various groups enables the Director to promote more collaboration, to learn about gaps or needs in various communities, to promote and share information about the FSA programs, and to help expand services to needed areas. • In 2011-2012 Family Support Alliance partners participated in FTF regional coordination meetings. • The Director periodically meets with staff of the My Child's Ready Coalition from the Child Crisis Center (CCC) of Mesa, Arizona to brainstorm ideas, share best-practices, and discuss First Things First issues. Growing collaboration between the two alliances is evidenced by the CCC's male engagement coordinator giving a presentation about how to establish a successful fatherhood program to the Alliance's new Fatherhood Workgroup. • FSA is in discussions with the First Smiles Matter program to facilitate provision of oral health services to families being served by home visitation. • New partners and representatives from many areas and entities within Pima County and Southern Arizona were brought into the FSA through efforts of the director and partners. Additional partners included Tucson Unified School District, Davis Monthan Air Force Base, the International Rescue Committee, the Santa Cruz County Family Resource Centers, and the Pascua Yaqui Nation. • The FSA worked with the Tucson Post Partum Depression Coalition (TPPDC) in spring and summer of 2011. In addition to the workshop provided to FSA's home visitors about mood disorders, the Regional Family Support Director arranged a meeting with some key players from the FSA and others in the community to help the TPPDC with their direction and finding a permanent home so they can continue to grow and support more moms in a safe environment. As a result of that meeting, TPPDC found a home at CODAC Behavioral Health Services. Mother's Oasis opened in August 2011. • The FSA continued to participate in the Early Childhood Partnerships of North and South Pima Counties for community mobilization.
Professional development and support for home visitation staff	<ul style="list-style-type: none"> • The FSA continues to facilitate free professional development workshops for those serving families in Southern Arizona. Workshop titles included Breast Feeding Support and Resources, Feeding Behaviors, and Engaging Fathers in Home Visits. The Alliance also collaborated with the Easter Seals Blake Foundation, University of Arizona, Vail Community Action Board, and the Pima County Parenting Coalition to offer other workshops to providers. • The Alliance conducted Cultural Competence workshops, developed in partnership with the International Rescue Committee, to teach home visitors about the cultures of refugees living in the region. • The Second Annual Family Support Conference took place on April 26, 2012 with 189 participants in attendance. The conference included 18 different workshop offerings with topics designed to help participants make better connections with resources, each other, and the families they worked with (see a full description of



Type of Effort	Activities
	<p>the conference in a later section of the report).</p> <ul style="list-style-type: none"> • The FSA continued to implement a quarterly home visitor support group. All groups were facilitated by Dr. Jeff Dozoretz from Child and Family Resources. • The Alliance continued outreach with center-based providers, home-based providers, and Early Childhood Partnership of North Pima County members to promote participation in First Things First Learning Communities. Merging and relocating two north side learning communities for center based providers led to an increase in workshop attendance. • The Alliance initiated a Fatherhood Workgroup, with representation from Davis Monthan Air Force Base, Child Protective Services, Easter Seals Blake Foundation, Child and Family Resources, Parent Aid, the Parent Connection, Teen Outreach Pregnancy Services, Child Crisis Center, Northern Arizona University, University of Arizona, United Way, and Aviva Children's Services. • The FSA established a bi-monthly networking lunch to provide opportunities to agency staff to network with people from other agencies and learn more about those agencies.
Referral and resource development	<ul style="list-style-type: none"> • The Regional Family Support Director kept the Partner Guide current. This resource gives program and contact information about participating partners of the Alliance. • Alliance members distributed over 150 copies of the North Pima Resource Guide to families attending the Burn Buster Blast, an annual fire safety awareness event.
Evaluation capacity building	<ul style="list-style-type: none"> • The FSA collected common indicators in 2009-2012. Collected outcomes included referral sources, number of families who are uninsured or underinsured, and findings on satisfaction survey. In spring 2011 additional information began to be collected from home visitation programs including the number of families on the waiting list, the number of families the programs had to turn away, and the number of openings they had. • Monthly Alliance meetings were held at UWTSA with focused agendas, program sharing, and professional development. Minutes of meetings were sent to all members.



The FSA System Map

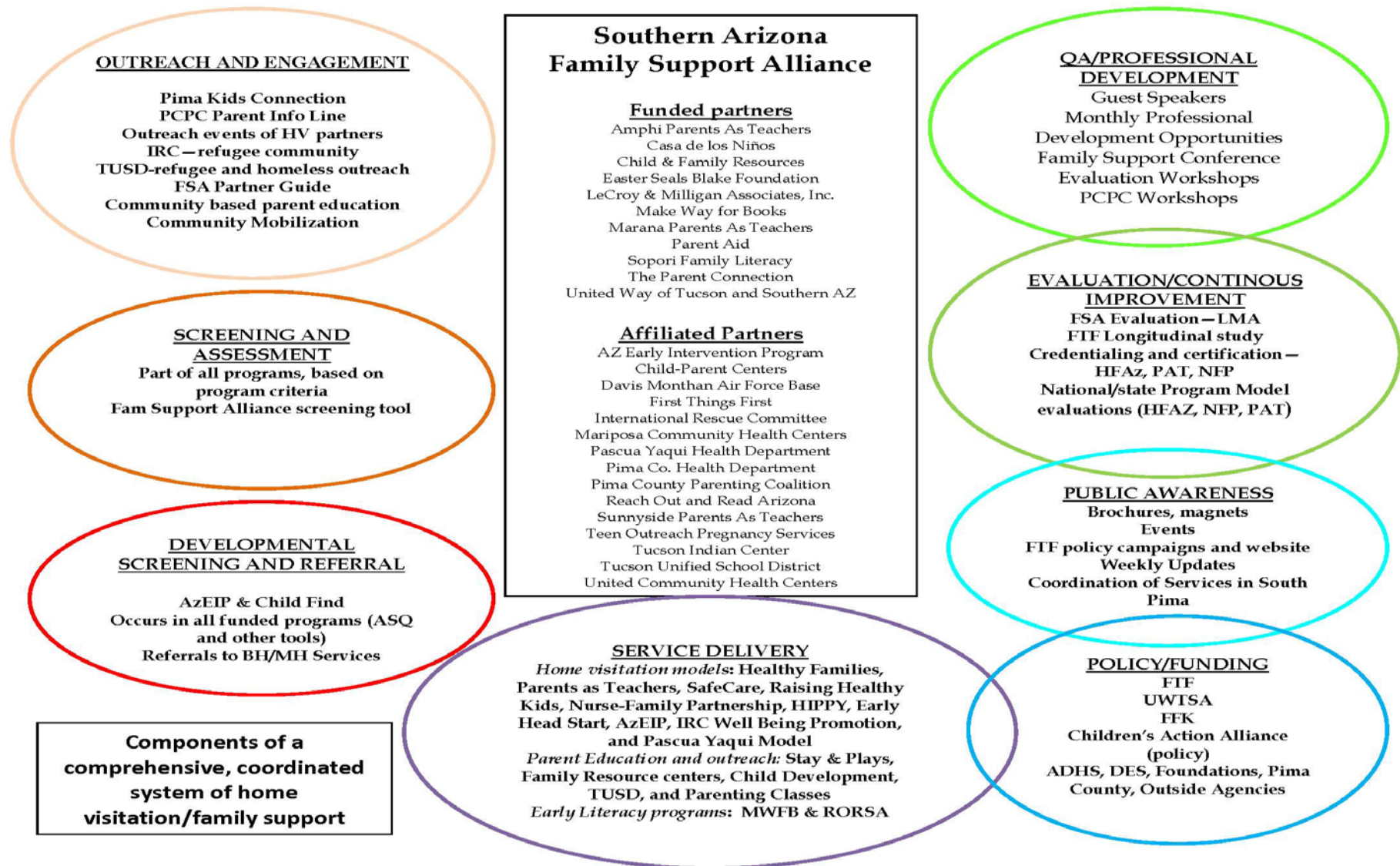
The FSA, in consultation with LeCroy & Milligan Associates, mapped the home visitation system components to understand the core parts of the comprehensive home visitation and family support system. The Build Initiative framework for evaluating systems initiatives was used as the guiding framework. To identify the FSA system components, the FSA members were asked key questions to help identify what constituted the core elements of the FSA system. A “system map” was then created to show the FSA’s components of the Alliance (see Exhibit 14).

Components included:

- Outreach and Engagement;
- Screening and Assessment;
- Developmental Screening and Referral;
- Service Delivery;
- Policy/Funding;
- Public Awareness;
- Evaluation/Continuous Improvement; and
- QA/Professional Development.



Exhibit 14. FSA's System Map



The Second Annual Family Support Conference

The FSA held its Second Annual Family Support Conference on April 26, 2012. A committee composed of representatives from ten different agencies, with UWTSa as the lead agency, planned and hosted this full-day conference. Attendance cost was kept low (\$30) to facilitate broad participation. The 189 people who attended included home visitors, family support specialists, parenting educators, court appointed special advocates, and school district employees. The conference included a full-day of break-out workshop sessions, a keynote speaker, two meals, and many informational resources. The keynote speaker was Diane Kent, a coordinator of Professional Development for Special Education in the Vail Unified School District. Ms. Kent's presentation was about the simple but powerful ways to build a team, and included discussion of the foundations of team connectedness and identifying and overcoming barriers to connectedness. Another highlight of the day was a presentation on Book Magic by Make Way for Books. Book Magic is a curriculum that teaches parents different ways to incorporate literacy into homes. The conference offered workshops on the following topics:

- Engaging Fathers in Home Visits;
- Boys at play: Gender Differences in Early Childhood;
- Using Visual Supports to Augment Communication;
- Getting Kids to Cooperate;
- Working with Difficult Children;
- Connecting Healthy Brains with the ABC's of Early Learning®: Attention, Bonding, and Communication;
- Enhancing Male Female Communication in High Female Environments;
- Sensory Processing Disorder;
- Supporting Self Regulation in Infants and Toddlers;
- Values: How They Connect Us and Break Us;
- Working with Traumatized Children;
- They Won't Just Grow out of It... Preventing Childhood Obesity;
- Goal Planning: The Purpose and The Process;



- Understanding Maternal and Paternal Parenting Styles;
- Unwind before you Unravel; and
- Demonstration of “Thinking in Music” Activities: Musical Tools for Focus and Critical Thinking Skills in Young Children and Those with Special Needs.

Exhibit 15 shows that most conference participants were very satisfied or satisfied with all aspects of the conference.

Exhibit 15. Satisfaction with the First Annual Support Conference

	Very Satisfied	Satisfied	Very Dissatisfied	Undecided
Please rate your overall satisfaction with the conference	102 (62%)	55 (33%)	4 (2%)	4 (2%)
Please rate your overall satisfaction with the format of the conference (opening session, workshops, lunch/keynote, and afternoon workshops).	104 (63%)	50 (30%)	6 (4%)	5 (3%)
Please rate your overall satisfaction with the location.	125 (76%)	31 (19%)	5 (3%)	4 (2%)
Please rate your overall satisfaction with the date and time of the conference.	118 (72%)	33 (20%)	10 (6%)	4 (2%)
How satisfied were you with the choice of workshops presented?	103 (63%)	54 (33%)	3 (2%)	4 (2%)
How satisfied were you with the keynote speaker, Diane Kent?	73 (45%)	66 (40%)	9 (5%)	16 (10%)

The number of respondents varied by question from 164 to 165. In one case, percents do not total to 100% due to rounding.

Success Story: The Parent Connection, PAT

Mother is a single parent who was hesitant to be involved last year. She is a young mother with three children: one in first grade, one in preschool, and a toddler. Her reasons for not attending were that it was too complicated to go out in the middle of the day, getting her child ready, and not having family support or a reliable vehicle. This year mother attends every week with her two younger children and sees the sessions as a strong support as opposed to a hassle. Her toddler is very confident at school, and mother enjoys the interactions with other parents and children. Her preschool daughter feels more supported this year and is secure knowing that her mom will be there for her at school.



Other Professional Development Opportunities Provided to Staff

Most evidence-based programs have comprehensive professional development requirements for program staff to ensure professional development is ongoing. For example, *Parents as Teachers* requires at least 30 hours of professional development in early childhood issues each year; *Healthy Families Arizona* has credentialing standards outlining requirements for home visitors, assessment staff, and supervisors. In addition to the required program model trainings, a variety of professional development opportunities were coordinated by the Alliance during Year 3 (2011-2012). Appendix C describes all 12 free professional development opportunities offered by the FSA in 2011-2012. The same number of professional development opportunities was provided by the FSA in the previous year.

Alliance partner home visiting and parent education staff also reported participation in a wide range of professional development activities throughout the year through their organizations. It is evident that a significant amount of professional development was being accessed by home visiting staff related to the specific roles and requirements of their positions. A complete listing of staff professional development opportunities in 2011-2012 is provided in Appendix D.

The Family Support Alliance Outreach, Recruitment, and Retention Activities

The Alliance partners continued to reach underserved areas of Pima County as well as to connect the efforts of Alliance agencies with other health resources in the county. The numerous recruitment efforts and strategies that have been implemented during Year 3 and are described in Exhibit 16.



Exhibit 16. Outreach, Recruitment, and Retention Activities Utilized in 2011-2012

Type of Activity	North	Central	South
Distributed materials at Tucson's Baby Fair	X	X	X
Distributed materials at Children's Museum Tucson	X	X	X
Distributed materials at Story Town		X	
Held seasonal events for Health Families participants	X	X	X
Presented to Macy's Tucson Mall Staff about Family Support	X	X	X
Distributed brochures and literacy guides at Grandparent Summit	X	X	X
Interviewed for the Arizona Week (Arizona Public Media)	X	X	
Provided outreach at Amphitheater Elementary Schools/FTF North Pima Kinder Round Up	X		
Distributed brochures and literacy guides at Health Fair	X	X	X
Provided outreach at Amphitheater Unified School District Family Liaison meetings	X	X	
Provided outreach at Amphitheater Public School Elementary Open House	X	X	
Held meetings with Amphitheater Public Schools Special Education staff	X	X	
Contacted Amphitheater Public School Health Services	X	X	
Participated in Amphitheater Public Schools Refugee Program meetings, e-mails and phone calls with Director of Language Acquisition		X	
Maintained Early Childhood Partnership of North Pima County webpage	X		
Participated in First Things First Learning Communities: NE and NW Pima County Directors' Network	X		
Conducted Outreach at Five Guys Burgers and Fries Event		X	X
Distributed flyers for home visitation at community events libraries, and pediatric offices		X	
Provided outreach to parents with special needs at Davis Monthan Air Force Base		X	X
Shared information at Early Childhood Partnership of North Pima County	X		
Provided outreach at grand opening of Mother's Oasis		X	X
Participated in monthly community outreach events		X	
Distributed Materials and Information at the South Pima Coordination of Services Meeting	X	X	X
Presented to First Focus on Kids about services provided by Family Support Alliance	X	X	X



Type of Activity	North	Central	South
Distributed Family Support brochures to the UPH Family Resource Center	X	X	
Provided outreach at Pima Community College Health Fair		X	
Disseminated Parents as Teachers monthly newsletter		X	
Family Assessment workers provided outreach at Pima County Juvenile Court		X	X
Visited local apartment complex to promote Make Way for Books and Health Families		X	X
Disseminated Early Childhood Partnership of North Pima County Newsletter	X		
Provided info at Teenage Parent Program (TAPP) groups	X		
Distributed flyers and sending e-mail announcement about Stay and Play group	X		
Distributed Family Support Alliance materials at the Tucson Buddy Walk for Down's Syndrome	X		X
Flyers sent home with elementary school students			X
Presented to Sopori School staff in Amado			X
Disseminated information about Stay & Play groups and parenting classes using web-based resources (The Parent Connection website and Facebook page, PCPC Google calendar, Pima County library website, Macaroni Kid website)	X		X
Contacted in-person/left flyers with staff at social service providers, organizations, government agencies (e.g., Pima County Health Department) doctors' offices/clinics, pre-schools, schools, correctional institutions	X	X	
Contacted staff in-person, posted flyers at libraries	X		
Parenting classes advertised on organizations' and government agency web-pages, on-line community calendars, print and on-line and newsletters	X	X	X
Held monthly community outreach events		X	
E-mail listserv consisted of parents who attended parenting classes, child care providers, government employees		X	
Distributed marketing magnets and postcards with program info		X	
Presented to parents and staff at libraries	X		
Distributed to children a free book after each Stay and Play session			X

Source: FTF Quarterly Home Visitation and Community-based Narrative Reports for July 2011- June 2012.

Families entered the program through the specific intake procedures for each program model. A more detailed chart of recruitment approaches used by the different partners is included in Appendix E. The eligibility requirements of each



home visitation program are outlined in the Alliance Screening tool in Appendix F.

One of the benefits of the Alliance monthly meetings was that it provided a forum for partners to discuss commonly shared challenges in program implementation. Such challenges included inadequate data management capabilities, a need for staff with specialized language skills to work with refugee communities, and lack of dedicated spaces for Stay and Play groups.

Exhibit 17 identifies barriers and challenges experienced by partner agencies in 2011-2012.

Exhibit 17. Barriers and Challenges in Program Implementation in 2011-2012

Agency	Barriers and Challenges
Child & Family Resources	<ul style="list-style-type: none"> • Lack of thorough, usable, and efficient database. • Loss of Memorandum of Understanding with St. Joe's Hospital that permitted screening of new mothers.
Parent Aid	<ul style="list-style-type: none"> • Poor economic climate together with a decrease in available support resources causing distress for families.
Amphitheater Parents as Teachers	<ul style="list-style-type: none"> • Lack of permanent storage place for Stay and Plays in Catalina adds to the time needed to unload and load supplies. • Current data management system's capabilities are insufficient to streamline monthly, quarterly or yearly data to the variety of program funding sources. • A need for a FTE educator/home visitor to work solely with the Nepalese families who reside in the Amphitheater community.* • Need for translators to accompany educators for program services to Burmese refugee families. • Program and waiting lists are full; when attempting to connect a parent with another program find they also have a waitlist
The Parent Connection	<ul style="list-style-type: none"> • Lack of thorough, usable, and efficient internal database. • Lack of secure storage and predictable availability at location to which Arizona Center Stay & Play was moved; for this reason it was later moved again to another location. • Stay & Play groups held at school sites take time to regain momentum after an extended time off such as summer or winter break.
Marana Parents as Teachers	<ul style="list-style-type: none"> • Difficult to fill a Parent Educator position, and thereby maintain a Stay and Play at a library, because the position was only part-time and time limited. • Loss of Early Childhood Specialist led to temporary suspension of some Stay and Play groups. • No attendance at new school sites.
Easter Seals Blake	<ul style="list-style-type: none"> • Some RHK families unable to qualify for government health



Agency	Barriers and Challenges
Foundation	insurance.
Sopori	<ul style="list-style-type: none"> Need to establish relationship with new principal to work out issue regarding: overlap of preschool and Stay and Play program in the same room; and, permission for Stay and Play facilitator, who also works an instructional aide, to flex her time around the Stay and Play.

Source: FTF Quarterly Home Visitation and Community-based Narrative Reports for July 2011- June 2012.

*Funding for a .25 FTE position was eventually secured.

Success Story: Parent Aid, SafeCare

Having a father actively involved in our sessions is always unique and welcome. We received a call from a mom wanting some assistance for her husband, who is an Iraq Veteran. Mom felt that he had a short fuse when it came to their three year old son and five-month old daughter. She really felt that he would benefit by having some guidance from an outside source on parenting, child development, and his interaction with his children, especially his three year old son.

When sessions started with the family, dad was at every single session, but most importantly he was an active participant making every effort to use the tools that he was gaining from the program to better his relationship with his children. Utilizing the information that his family support specialist gave him about child safety, health, and development, he was able to make his daily interactions with his children much more enjoyable. The father was willing to make a change, he took the feedback and advice of his family support specialist and was willing to learn about ways to make his relationship with his children better.



Outcome Evaluation

The outcome evaluation is designed to assess the FSA home visitation program impact on families and children in terms of its main goals of promoting child health and development and enhancing parent/child interactions. The guiding questions for the outcome evaluation include:

- Did the program result in increased parental knowledge and skill for those participating in the program?
- Did the program increase the health and development outcomes among participating children (i.e., immunizations and well-child checkups, consistent medical provider)?
- Were children screened and referred for developmental delays?

In July 2010, the following data were collected: referrals to community services (as requested by FTF), medical provider and health insurance status and enrollment assistance provided (as requested by FTF), well child visits, immunizations, parenting efficacy, the amount of time a parent or a family member spends with the children reading, telling stories or singing songs, and parental feeding practices. In 2011-2012, the same data continued to be collected. Appendix A provides an overview of all instruments the FSA used in its evaluation in 2011-2012 and timeline for their submission.

Outcome Summary

There were some challenges in assessing program outcomes during the second year of the implementation of the Alliance programs. The FSA served 625 families and 846 children in 2011-2012. Across the reported outcomes and the regions, complete data were available for between 79 percent and 88 percent of children and they were available for between 78 percent and 87 percent of families.

Exhibit 18 summarizes, by region, the numbers and percentages of children who had health insurance coverage, had a primary care provider, were up-to-date with their immunizations, and had at least one well-child visit and at least one dental visit during the months they were enrolled in one of the FSA programs. Where Exhibit 18 summarizes information regarding children's status, Exhibit 19 summarize, the insurance status of families.



Children or families are reported to have no insurance when *all* of their monthly records indicated no insurance. If children or families had insurance coverage for at least one month during the time they were enrolled in services from July 2011 to June 2012, but not every month, then they are reported as having intermittent insurance coverage. Finally, families and children are reported as having insurance when *all* of their records indicated presence of insurance. Numbers and percentages related to the rest of the indicators followed the same logic.

As is evident from Exhibit 18:

- Four percent of all children did not have any insurance in any of the months during the time they were enrolled in services from July 2011 to June 2012 (compared to 5% in 2010-2011). Sixty-one percent of all children the FSA served had insurance during the time they were enrolled in services from July 2011 to June 2012 (compared to 40% in 2010-2011).
- Forty-six percent of enrolled children had a family medical provider during the time they were enrolled in services from July 2011 to June 2012 (compared to 38% in 2010-2011). Seven percent of all children did not have a family medical provider in any of the months during the time they were enrolled in services (identical to 2010-2011).
- Sixty-eight percent of all the children were up to date on immunizations (compared to 49% in 2010-2011).
- Only 26% of all the children had a dental visit during the time they were enrolled in services from July 2011 to June 2012 (up from 17% in 2010-2011).
- Fifty-four percent of all children had a well baby visit (compared to 39% in 2010-2011).



Exhibit 18. The FSA Child Outcomes

Child Outcome	Categories	Number % North	Number % Central	Number % South	Number % Alliance
Number (percent) of children who have insurance	Number of families for whom complete data were available	193	305	224	722
	No Insurance	6 3%	13 4%	9 4%	28 4%
	Intermittent	74 38%	93 30%	84 38%	251 35%
	Have insurance	113 59%	199 65%	131 58%	443 61%
Percent of children who have a primary medical provider	Number of families for whom complete data were available	198	306	219	723
	No Medical Provider	22 11%	19 6%	12 5%	53 7%
	Intermittent	97 49%	135 44%	104 47%	336 46%
	Have Medical Provider	79 40%	152 50%	103 47%	334 46%
Percent of children who are up-to-date with immunizations	Number of families for whom complete data were available	193	287	207	687
	Not Up-to-Date on Immunizations	4 2%	7 2%	9 4%	20 3%
	Intermittent	27 14%	90 31%	82 40%	199 29%
	Up-To-Date on Immunizations	162 84%	190 66%	116 56%	468 68%
Percent of children who had a dental visit	Number of families for whom complete data were available	174	284	213	671
	No Dental Visit	122 70%	220 77%	154 72%	496 74%
	Had a Dental Visit	52 30%	64 23%	59 28%	175 26%
Percent of children who had a well child visit	Number of families for whom complete data were available	182	287	214	683
	No Child Well Visit	101 55%	143 50%	72 34%	316 46%
	Had a Well Child Visit	81 45%	144 50%	142 66%	367 54%

Source: Supplemental Family Data Form 2011-2012.
Some percentages do not total to 100% due to rounding.



Exhibit 19. The FSA Family Outcomes

Family Outcome		Number North	%	Number Central	%	Number South	%	Number Alliance	%
Family Health Insurance Status	Number of families for whom complete data were available	144		215		164		523	
	No Insurance (Guardian)	12	8%	44	20%	18	11%	74	14%
	Intermittent (Guardian)	71	49%	75	35%	71	43%	217	41%
	Have insurance (Guardian)	61	42%	96	45%	75	46%	232	44%
Number (%) of families who received health insurance assistance.		35	42%	56	47%	54	61%	145	55%

Exhibit 19 presents information on family outcomes. Fourteen percent of families had no insurance coverage during the time they were receiving services (relatively unchanged from 15% in 2010-2011). Forty-one percent of families had health insurance for some months, but not all of the months they were receiving services, and 44 percent of families had health insurance coverage during the entire time they were receiving services. Fifty percent of families reporting no health insurance or intermittent health insurance received health insurance assistance (up substantially from 26% in 2010-2011).



Success Story: Easter Seals Blake Foundation, Raising Healthy Kids

The family was able to obtain speech therapy for their special needs child after a seven month waiting. Raising Healthy Kids coordinator explained the insurance system so the parents could advocate to their health insurance and request speech therapy for their daughter.

Michael is a single dad who struggled for some time to obtain services for both his children with special needs. His older son was diagnosed with severe autism and his younger one with severe global delays. The program and Michael worked very hard to obtain services for both of his children. Now both children have ST, OT, PT, and sensory therapy. Once the children started going to therapy for several months, Michael saw improvements in his children's development.

Changes in Parent Satisfaction and Parent Efficacy

Although the FTF Parent Questionnaire was released in late spring 2010, it was not administered because FTF's requirements for outcome measures were still being developed. Later, FTF released a statement that the FTF Parent Questionnaire was not a required measure. The FSA decided to not administer the questionnaire to its families.

In order to capture the opportunity to collect some baseline data from parents, the evaluation team recommended that the Alliance partners begin with an easy-to-implement validated measure of parenting efficacy in October 2009. Other data, such as screens for developmental delays, are collected through the required FTF PGMS database on a quarterly basis and will be presented in this report as well.

The *Being a Parent* scale is an adaptation of the Parenting Sense of Competence Scale (Gibaud-Wallston & Wandersman, 1978), which assesses parenting self-esteem.⁵ The 12 Being a Parent items comprise of two subscales: 1) Parenting Satisfaction, an affective dimension reflecting parenting frustration, anxiety, and motivation, and 2) Parenting Efficacy, an instrumental dimension reflecting competence, problem-solving ability, and capability in the parenting role (Johnston & Mash, 1989). This measure is administered at baseline, 6 months, and annually thereafter or at case closure.

⁵ Gibaud-Wallston, J. & Wandersman, L. P. (1978, August). Development and utility of the Parenting Sense of Competence Scale. Paper presented at the meeting of the American Psychological Association, Toronto.



There are two scales in the *Being a Parent* instrument: Parental Satisfaction and Parental Efficacy. There were 454 participants (73%) that completed a pre-test taken at the entry into the program and 334 families (53%) that completed a post-test (6 months, and annually thereafter or at case closure). Of those 454, 170 families completed both a pretest and a posttest. Dependent sample t-tests were conducted to determine the level of change from pre-test to post-test for each scale (see Exhibit 20). Analyses by region or program were not conducted due to sample size.

Both scales showed statistically significant changes over time. Details are shown in Exhibit 20. Overall, both Parental Efficacy and Parental Satisfaction increased at statistically significant levels as families continued receiving services (as measured by the *Being a Parent* instrument) compared with their levels of satisfaction and efficacy at the start of the services.

Exhibit 20. Being a Parent Survey Results

	Pre Survey Mean	Post Survey Mean	Level of significance (p-value)
Parental Efficacy	32.27	33.68	p<.01*
Parental Satisfaction	27.59	29.91	p<.01*

Note: This analysis is based on 170 matched families that completed both a baseline and post-test assessments.

*Statistically significant difference between pre-test and post-test assessments.

Changes in Time Spent in Parent-Child Literacy Activities

Two items from the FTF Parent Questionnaire (2010) were used in the FSA evaluation to assess the time a parent or other family members spent reading to their child and telling stories or singing songs. These items were administered together with the *Being a Parent Survey* at baseline, 6 months, and annually thereafter or at case closure. Some programs provided both home visitation and community-based education programming, and separating out the data from each type of program was not feasible. The number of participants providing responses on pre-test was 280 and 265 to 266 at the post-assessment depending on the item. One hundred thirteen families took both the pre and the post assessment.



The first item on the number of days a child was read to by a parent or other family members showed statistically significant changes from pre-test to post-test. Overall across the Alliance, families reported spending about one more day a week reading to their children compared to how often they were reading when starting services (e.g., compare pre- and post-test means for the Cross-Alliance from Exhibit 21), and that difference was statistically significant.

Exhibit 21. Average Number of Days per Week Parent or Other Family Members Read to Child

	Pre- Mean # of Days	Post- Mean # of Days	Level of significance (p-value)
Cross-Alliance Mean	3.81	4.54	p<.01*

Note: This analysis is based on 113 matched families that completed both a baseline and post-test assessments.

*Statistically significant difference between pre-test and post-test assessments.

There was also a statistically significant difference between the self-reported number of days a parent or other family members told stories or sang songs to their child. Families reported spending about one half day a week more telling stories to their children or singing compared to when they just started services (e.g., compare the pre- and post-test means for the Cross-Alliance from Exhibit 22), and that difference was statistically significant.

Exhibit 22. Average Number of Days of Parental or Other Family Members' Story Telling

	Pre- Mean # of Days	Post- Mean # of Days	Level of significance (p-value)
Cross-alliance Mean	4.78	5.23	p<.05*

Note: This analysis is based on 113 matched families that completed both a baseline and post-test assessments.

*Statistically significant difference between pre-test and post-test assessments.



Changes in Types of Food Served to Children

Parents were also asked, "If your child rejects a new food, do you try to serve the new food again?" Two response options were offered, "yes" or "no." Overall, only 6% more parents tried to serve the new food again at post-test than at pre-test and this difference was not statistically significant (see Exhibit 23). Therefore, the frequency of encouraging children to try new foods at post test as compared to the start of services did not change.

Exhibit 23. Changes in Parental Food Serving Practices

	Pre-test (% of parents/ guardians who answered "yes")	Post- test (% of parents/ guardians who answered "yes")	Level of significance (p-value)
Cross-alliance Mean	79%	85%	>.05

Note: This analysis is based on 103 matched families that completed both a baseline and post-test assessments. It should be noted that findings that show no significance may be due to low sample size.

Finally, families were asked about the frequency of serving vegetables other than fried potatoes, "How often do you serve vegetables, other than fried potatoes, to your children?" Response options included daily, 4-6 times a week, 2-3 times per week, once a week, less than a week and never. Higher numbers indicated improved outcomes. Exhibit 24 presents that information for the Alliance. The examination of means at pre-test (when parents just started the services) and at post-test revealed significant changes for the Alliance as a whole. On average, parents reported serving more vegetables other than fried potatoes after having received services as compared to when they entered the program.

Exhibit 24. Changes in Parental Servings of Vegetables Other Than Fried Potatoes

	Pre- Mean	Post- Mean	Level of significance (p-value)
Cross-alliance Mean	4.43	5.14	p<.01*

*Significant correlation between a pre-test and a post-test.

Rating scale categories: 6=daily, 5=4-6 times a week, 4=2-3 times per week, 3=once a week, 2=less than a week, and 1= never.

*Statistically significant difference between pre-test and post-test assessments.



Success Story: Marana, PAT

One of the PAT families had an infant that has been observed to have some possible physical/motor deficits; this became more apparent as the baby was not meeting her milestones. The Parent Educator encouraged the Mom to discuss with the pediatrician what she had observed. After discussing this with the pediatrician, the child was referred to a pediatric physical therapist. After only two months of physical therapy, pediatric chiropractic services, and massage therapy, the infant was discharged by the physical therapist. The therapist stated that the child had made six months of progress in two months. The child was on track with her milestones and mom continued to work with the child daily. Mom stated, "I am so relieved by all of this, it was not looking very good for a while. I think this is a true testament to the importance of early intervention. Had it not been caught early, correcting it would have been much more difficult and possibly require surgery." As you can imagine this success story gives the PAT program the encouragement to continue to do this work with renewed energy and hope. We are definitely going in the right direction as we work with families.

Developmental Screening

Developmental screens are regularly provided by home visitors in all of the home visitation programs and are used to measure a child's developmental progress and identify potential developmental delays requiring specialist intervention. The programs administer the Ages and Stages Questionnaire (ASQ) for physical development and some also administer the ASQ-Social Emotional (SE) which focuses on social and emotional difficulties. The home visitation programs all work to ensure that children who may have development delays can obtain needed intervention. Programs are required by FTF to track the number of children eligible for a screen, the number of development screens completed when children are 9, 18, and 24 months of age, and the number of children showing possible delays. Several courses of action may be taken after a family's ASQ is scored: 1) the child is screened as having no delays, 2) the child is referred for further assessment and is determined to have no delays upon a more extensive assessment, 3) families are referred to different services such as the Arizona Early Intervention Program (AzEIP) or other early intervention or therapy, or 4) the home visitor may provide developmental intervention or education to the family.



Data compiled from the FTF data collection system (PGMS) documents screenings at the different intervals. As can be seen in Exhibit 25, 1017 children were reported as eligible in the 9, 18, 24 month, and other time intervals, and 548 children (54%) received developmental screens during this report period, compared to 73% in 2009-2010 and 77% in 2010-2011. Many screens were completed for children other than at the 9, 18, and 24 month interval; 58% of all screens (592 children) were reported as “other age.” It should be noted that “Other age” includes all ages greater than 48 months as well as ages that fall between those listed in Exhibit 25. Across all ages, 11% of those receiving developmental screens were identified as having possible delays. The highest rate of screens identifying delays (25%) is at 48 months. An examination of the data from each region revealed that the programs in the South region have the highest rate of screening, with 82% of eligible children receiving an ASQ screen as compared to 46% and 48% of eligible children in North region and Central region, respectively.

However, the North region programs showed the highest rate of positive screens, with 18% of screened children identified as delayed, compared to 12% and 5% of screened children in the South region and Central region, respectively. The Alliance-wide rates of ASQ screens are displayed in Exhibit 25 below.

Exhibit 25. Developmental Screening Rates-All Home Visitation Programs, 2011-2012

Interval ASQ Screening	Number of children Eligible for screening	Percent of children that received ASQ screening	Percent screened as delayed
9-month	71	79%	7%
18-month	72	76%	11%
24-month	71	90%	2%
30-month	48	67%	13%
36-month	51	82%	19%
42-month	48	63%	7%
48-month	64	69%	25%
Other age	592	38%	12%
Total all ages	1,017	54% (548 children)	11% (63 children)

Source: Southern Arizona Family Support Alliance Database 2011-2012. A child may be screened more than once during the time they are served by a program. Therefore, the total number of eligible children reported in this exhibit is not an *unduplicated* number for children served by the program as is reported earlier in the report.



The overall number of screenings (548) increased significantly from last year (294). However, the percent of eligible children who received a screening noticeably decreased from 77% last year to 54% this year. However, it might be likely that the number of children who are eligible for developmental screenings is underreported (only 54% of the children served this year were reported as eligible). Attention should be given to completing timely data collection.

Community-Based Parent Education

The FSA continues to reach many parents in many communities throughout Pima County through community-based parenting education. Parents with young children are reached through a variety of programs which are being offered in Central Tucson as well as more rural areas like Amado, Arivaca, Vail, Marana, Ajo, Three Points, Sahuarita, and Catalina. These programs include weekly Stay and Plays (parent/child play-based learning groups), support groups, and multi-session parenting classes. Five agencies in the Alliance (Amphitheater Parents as Teachers, Marana Parents as Teachers, Parent Aid, Casa de los Niños, Sopori Elementary, and The Parent Connection) provide Community-Based parenting education sessions. A description of the programs is included below.

Community Based Education Program Model: <i>Nurturing Parenting Programs®</i> and the <i>Active Parenting Now in 3™</i>.
Programs delivering this model: Casa de los Niños & Parent Aid
FTF Regions served: Central
<p>Description:</p> <p>Casa De Los Niños conducts parent groups through a parent education program called the <i>Nurturing Parenting Programs®</i> and the <i>Active Parenting Now in 3™</i>. The Nurturing Parenting Education Program is a family-focused program designed to create positive and nurturing parenting skills as an alternative to abusive and neglectful parenting and child rearing practices. The overall objectives for this program include preventing a return to abusive or neglectful practices by families already involved with child welfare services, decreasing the number of multi-parent families related to teen pregnancies, reducing the incidence of juvenile delinquency and substance abuse, and eradicating intergenerational child abuse and neglect by teaching positive parenting strategies. Components of the curriculum include activities which encourage positive parenting skills and self-nurturing, activities to be practiced in the home, family nurturing time, and activities which positively influence the development of the brain in children ages birth through 5. Parents may attend one class or the whole series of classes. The <i>Active Parenting Now</i> program is a video based, three session curriculum with supplements and activities. The guiding objectives of the <i>Active Parenting Now in 3</i> program are to teach parents and caregivers how to use positive discipline techniques that are effective;</p>



Community Based Education Program Model: <i>Nurturing Parenting Programs® and the Active Parenting Now in 3™.</i>
enhance communication with their children; teach responsibility and other values to children that are important to the family; successfully deal with parenting challenges as they arise; mitigate power struggles with their children; foster independence in their children as their children grow up; and support their children to succeed in life by effectively using encouragement.

Community Based Education Program Model: <i>Play-Based Parent/Child Learning Group--Stay and Play and Parents as Teachers – Stay and Play</i>
Programs delivering this model: The Parent Connection, Amphitheater PAT, Marana PAT, and Sopori
FTF Regions served: North, Central, and South
Description: Play-based parenting groups are designed to give parents, through play activities, a better understanding of their child’s development and information to help their child grow and develop to their full potential. It also is a venue for families to meet other families and form friendships, reducing feelings of isolation. Activities and discussions are based on the latest early brain development information and positive parenting skills and strategies. Groups take place in a safe and interesting environment for parent and child to learn and have fun together. The hour and a half play-based group includes: Choice time (child directed play), Activity time (parent led stimulation activities), Education & Discussion time (led by Parent Educator), and Circle time (song, rhythm, story activities).

The total number of parent education sessions conducted across all programs from July 2011-June 2012 was 725 (see Exhibit 26). A total of 5444 adults (1496 of these adults are unduplicated) attended these sessions. The largest number of sessions (76%, N=548) was conducted by The Parent Connection who was contracted to provide parent education sessions in all three Pima regions. Exhibit 27 presents the number of unduplicated and duplicated families as they can attend multiple sessions.



Exhibit 26. Community-Based Parent Education Sessions

Region	Provider	Number of Sessions	Number of Adults Attended Unduplicated	Number of Adults Attended Duplicated
North Pima	Amphi (PAT)	18	30	72
	Marana (PAT)	69	235	595
	The Parent Connection	66	112	551
Total		153	377	1,218
Central Pima	Amphi (PAT)	38	61	306
	Casa de Los Niños	35	573	573
	Parent Aid	2	8	16
	The Parent Connection	184	199	1356
Total		259	841	2,251
South Pima	Parent Aid	15	35	90
	The Parent Connection & Sopori	298	243	1885
Total		313	278	1,975
Overall Total - Alliance		725	1,496	5,444

Parent Education sessions included such topics as general child development, early language and literacy, parenting skills, socio-emotional development, working on fine motor skills, and others.



Conclusions and Recommendations

The Southern Arizona Family Support Alliance includes nine funded partners and 17 affiliated partner organizations. This report presents on Year 3 findings. The evaluation focused on six key funded home visitation and parent education programs.

Year three (2011-2012) has been a year of significant focus on sharing referrals, resources, staff, professional development, and practices across partners and growth for the FSA. Based on the existing analyses of the data presented in this report, the following recommendations are made to help the program progress in the upcoming year.

- 1. Continue to expand and support home visitation and parent education services in Pima County.** Due to the limited resources in the community, the home visitors provide vital services that otherwise may not be available. Service integration, common accountability and reporting structures, coordination, coherence, sustainability and efficiency are all important indicators of success. The FSA should continue in its role to expand and support home visitation and parent education services in Pima County.
- 2. Continue to provide FSA services that benefit multiple programs.** In 2011-2012, the FSA coordinated and hosted the Second Annual Family Support Conference and ran the Home Visitor Support Group. FSA programs should continue to use a variety of recruitment methods as well as education and outreach to the community as the recruitment strategy.
- 3. FSA members should continue to place emphasis on evidence-based decision-making in the daily work of home visitation.** The circumstances families face in their day to day lives have changed dramatically in the last decade. Families being served by home visitation programs are living in worse conditions. Research has established that increased poverty diminishes child development outcomes and impacts parenting. In this time of fewer resources, FSA programs will need to take more initiative to continue investigating their program operations and data to keep the process of using evidence active. Some key ways in which all programs can engage in evidence review includes:



- Learning about ongoing research to answer questions about program operations;
 - Critically examining the existing data on the program;
 - Using the program report, quarterly reports and process of data collection to inform ongoing practices; and
 - Using data to make program improvements.
4. **Familiarize FSA members with recently released FTF logic models.** FTF developed and released its logic models in spring 2012. FSA members will benefit from learning more about them.
 5. **Track fidelity of implementation.** The FSA and LeCroy & Milligan Associates should increase their efforts to develop a more comprehensive plan to track fidelity of program implementation. Assessment of fidelity of each model will ensure each program appropriately implements the key components. The development of tools that staff can use to track and assess fidelity of implementation could provide important focus on key program elements to implement.
 6. **Place increased focus on assuring timely developmental screenings and data submission.** There has been a decrease in the number of developmental screenings. The home visitors may need to place more emphasis on the importance of developmental screenings. FSA members should also pay particular attention to documenting developmental screenings in data collection forms.
 7. **Monitor reasons for disenrollment.** In 2011-2012, 17% of families were reported to have left the program after completing it; 28% of the families could not be located. Further monitoring of the reasons for disenrollment is needed. Each program should develop retention strategies to keep more families in the program until completion.
 8. **Continued attention should be directed to submitting accurate and complete data to assure the programs are documenting their outcomes and building a body of data for program improvement.** Missing data makes it difficult to evaluate the effectiveness of the program for a family, and it also may be an indication that the family is not receiving all the services they need. Both the quantity and quality of the paperwork required of program staff should be examined to determine the most useful and relevant data necessary for case management, quality assurance, compliance, and



evaluation. The FSA must continue its efforts to improve data collection mechanisms for each evaluated partner and across the Alliance. There is commitment on behalf of the FSA to conducting and using evaluation information. The percentage of missing (i.e., when forms for active clients are not submitted due to missing or incomplete information- data was missing for about 25% of all participants in 2010-2011 and for about 16% in 2011-2012) and mismatched data (i.e., when an instrument is being administered at program entry but not later, especially for Being a Parent assessment) decreased from 2010-2011 to 2011-2012. The FSA Regional Family Support Director with the guidance from LeCroy & Milligan Associates will need to work with each of the programs to have better accountability and lower missing data rates.

9. **Focus evaluation strategies on enhancing the “worker-parent alliance” to increase retention and positive outcomes of participant families.** Research has demonstrated that one common factor in predicting participant engagement and positive outcomes is the worker-parent alliance. Currently FSA member programs are not using a measure of worker-parent alliance to monitor this critical factor. The FSA may want to explore the use of this tool to help home visitors understand the factors that contribute to achieving a strong alliance or connection with their families.
10. **Conduct a more thorough evaluation of the community-based parent education services.** Currently, the evaluation of the community-based parent education services reports on basic outputs (i.e., the number of sessions provided, the number of families attended, zip codes where services took place). An evaluation could examine satisfaction with these services and program improvement recommendations, develop additional output and outcome indicators that could be utilized, as well as track dosage.



Appendix A. 2011-2012 Data Collection Overview Table

Instrument or Data Source	When Collected	When Submitted
FTF Monthly Excel Data Sheets	Data collected monthly by program staff from program specific tracking systems.	Submitted monthly by the 10th to Ally Baehr; Ally Baehr submits to FTF quarterly and sends a copy to LMA quarterly (by 20 th of following month).
Quarterly FTF Home Visitation Narrative Report	Submitted quarterly to Ally Baehr by 10 th of following month.	Submitted to FTF by Ally Baehr each quarter, with a copy sent to LeCroy & Milligan end of each quarter (by 20 th of following month).
Being A Parent Survey	PRE: Within 30 days of enrollment. If prenatal, within 30 days of baby's DOB. POST: Case closure OR at 6 months and yearly thereafter.	Submitted to LeCroy & Milligan by 10 th of following month, except for months that coincide with the end of the quarter, which will be due on the 6 th of the following month.
Client Spreadsheet	Update on a monthly basis and submit to LeCroy & Milligan Associates.	Submitted to LeCroy & Milligan by 10 th of following month, except for months that coincide with the end of the quarter, which will be due on the 6 th of the following month.
Supplemental Family Data Form	Other FTF required Health Data is culled from Home Visitor client files and put on this form every month; supervisor checks and submits quarterly.	Submitted to LeCroy & Milligan by 10 th of following month, except for months that coincide with the end of the quarter, which will be due on the 6 th of the following month.

Form Administration Schedule			
	Within 30 days of enrollment. If prenatal, within 30 days of baby's DOB.	6 months	Case closure and once per year
Being a Parent	X	X	X



Appendix B. Reasons for Disenrollment by Program/by Region

Region	Program	Completed Program	Transitioned to Other Services	Family Discontinued Services	Moved	Unable to Locate	Total Disenrolled
North Pima	Amphi (PAT)	1	0	2	2	9	14
	Marana (PAT)	3	0	3	4	4	14
	CFR (HF)	2	1	12	4	2	21
	Parent Aid (SafeCare)	1	0	1	0	2	4
	ESBF (Raising Healthy Kids)	10	3	3	7	4	27
North TOTAL		17 (21%)	4 (5%)	21 (26%)	17 (21%)	21 (26%)	80
Central Pima	Amphi (PAT)	5	0	1	1	2	9
	TPC (PAT)	1	0	2	11	11	25
	CFR (HF)	6	4	27	10	5	52
	Parent Aid (SafeCare)	10	0	1	1	9	21
Central TOTAL		22 (21%)	4 (4%)	31 (29%)	23 (21%)	27 (25%)	107
South Pima	TPC (PAT)	1	0	2	2	5	10
	CFR (HF)	1	2	31	5	9	48
	Parent Aid (SafeCare)	2	0	0	0	10	12
South TOTAL		4 (6%)	2 (3%)	33 (47%)	7 (10%)	24 (34%)	70
Alliance TOTALS		43 (17%)	10 (4%)	85 (33%)	47 (18%)	72 (28%)	257

Source: Southern Arizona Family Support Alliance Database 2011-2012. Due to rounding, some percentages do not add up to 100%.



Appendix C. Professional Development Sponsored by the Family Support Alliance

Professional Development Opportunities	Trainer/Collaborating Organization	Month
Home Visitor Support Groups	Child and Family Resources	September
Refugee 101 and Cultural Competence	International Rescue Committee	August
Breastfeeding Support and Resources	Amita Graham, UWTSA	September
Somali/Bantu Cultural Workshop	The Somali Bantu Association	October
Feeding Behaviors	Andrea Chiasson, UWTSA	October
Engaging Fathers in Home Visits	Neil Tift, Child Crisis Center	November
Bhutanese Cultural Presentation	International Rescue Committee	February
Promoting Physical Activity in the Home with the Families You Work With	Uzo Nwankpa, RN, BSN, Easter Seals Blake Foundation	February
Autism Spectrum Disorders	Ann M. Mastergeorge, Ph.D., Associate Professor and Early Childhood Extension Specialist, University of Arizona.	March
School Readiness and Self Regulation	Dr. Ida Rose Florez, First Things First	March
Family Support Conference	Southern Arizona Home Visitation Alliance	April
Iraqi Cultural Presentation	International Rescue Committee	June



Appendix D. Regional Staff Professional Development Opportunities

Type of Professional Development
A Systems Approach to Developing Young Minds
Administrator's Summit
Adolescent Brain Development & Substance Abuse
Advanced Intake Plan Training
Ages and Stages Planning Guide; Goal Setting with Parents
Amphitheater School District State and Federal Programs Staff Performance Essentials and Evaluation
Application Strategies
Arizona Infant Toddler Institute
Arizona Poison and Drug Information Center Poison Prevention Train the Trainer Program
Arizona Refugee Resettlement Conference
ASIST
ASQ Planning Guide
ASQ Training
ASQ-ASQ/SE
Assessment & Intervention
Autism Spectrum Disorders
AZEIP Eligibility
Behavioral Health & Military/Veteran Members Series: Collaborative Commitment to Effective Behavioral Health Services
Behavioral Health & Military/Veteran Members: The Unique Dynamics and Needs of Military Veteran Families
Behavioral Health System
Best Practices in Family Health and Nutrition
Bhutanese Cultural Workshop
Breastfeeding Support and Resources
Building Leaders from the Start
Business Leaders in Action: Mastering the "C" Word: Making Criticism Work for You
Child Abuse
Child Protective Services System
Coach Training
Color Me Healthy Curriculum
Common Core Standards and Early Childhood
Connecting Like A Child
CPR/First Aid



Type of Professional Development
CPSA Behavioral Health & Older Adult Dealing with Conflict
Cultural Competency
Cultural Competency 101
DES Certification training
Dialogic/Interactive Reading
Early Intervention for Infants & Toddlers
Early Signs and Interventions for Autism
Effective Outreach Material Webinar
Elevate – Essential Learning
Emerge Center Against Domestic Abuse Training
Emergency Preparedness
Engaging Fathers in Home Visits
Exploring Trauma Wounds in the Postpartum Experience
Facilitating Change
Family Centered Practices
Family Style Meals Training
Feeding Behaviors
Feeding Behaviors; Responsive Eating Model
Fetal Alcohol Spectrum & Disorder
Fetal Alcohol Syndrome Spectrum Disorders
FFK Collective Leadership Training
Fielding University – Cognitive Behavioral Therapy Training (with Dr. Maureen Lassen)
Financial Literacy for Families
Fire Safety
First Aid & CPR
Fraud and Abuse
FTF Summit Early Brain Development
FTF Summit/Training
Gang Trends and Awareness
Grant Writing Workshop with Pima County Public Libraries
Growing Great Kids Curriculum Training
Growing Great Kids/Prenatal to 36 months Tier 1 Certification Seminar – Skill Development Program
Hazardous Chemicals
Health and Nutrition Best Practices
Healthy Families Family Support Specialist (FSS) Training
Healthy Families Prenatal Training
Healthy Families Supervisor Training
Healthy Pima Conference



Type of Professional Development
Helping Immigrants Who Are Victims of Violence
HIPAA for Healthcare Professionals: How To Avoid Disciplinary and Malpractice Actions
HIPAA for Mental Health Professionals
Impact of Death/Illness in Families
Importance of Hearing in Newborns Training
Inclusion Conference
Increasing Parent Involvement
Infant Toddler Behavior
Infection Prevention and Control
Inside the Teenage Brain
Interracial Domestic Violence
Jewish Children and Family Services Presentation
JumpStart Training
Juvenile Justice System and Motivational Interviewing
Keeping Babies Healthy and Safe
Make Way for Books
Make Way for Books, Infant and Toddler Kits
Make Way for Books, Reading with your Baby
Make Way for Books, Book M.A.G.I.C. (Making A Great Impact on Children)
Mood Disorders (Depression, Bipolar, etc.)
Mood Disorders and Paranoid Disorders
Motherhood Transition: Adjustment, Anxiety and Depression
Motivational Interviewing and Tobacco Cessation
NCFL Engaging Parents National Conference
Non Profit e-Marketing: Do It Right!
Nutrition Strategies for Families
Oasis House
Ongoing training by the Family Support Director
Parenting Counts
Parenting Counts – Talaris Institute
Parents & Teachers as Allies
Parents as Sexuality Educators
Parents as Teachers Foundation and Model Implementation
Parents As Teachers Foundational Re-Certification
Parents as Teachers Model Implementation
PAT Data Entry
PAT- Foundational Training for Certified Educators
Peer Mentoring; Data collection (BAP)
Peer Mentoring; Program Recruitment



Type of Professional Development
Perinatal Mood Disorders
Perinatal Trauma Wounds
Physical Activity in the Home
Planned Parenthood –Parent Workshop Information Session
Post Partum Depression
Program Guidelines ADE Phoenix
Project MORE
Promoting Physical Activity in the Home with the Families You Work With
QPR (Question, Persuade, Refer) Training
Refugee 101 and Cultural Competence
Refugee 101 Intercultural Communication
Responding to Relationships
Responsive Leadership
RISNet Forum – Working with Refugee Population
Safe Talk
SafeCare
SAzAEYC Conference
School Readiness and Self Regulation
Secondary Trauma Training for Child Welfare Supervisors
Self-Esteem and Relationships
Self-Regulation & School Readiness
Serving Fathers in our Programs
Sexual Harassment/Discrimination Prevention for Employees
Shaken Baby Syndrome
SIDS and Shaken Baby Training
Social Language and Conflict Resolution
Social Media Strategies
Somali Bantu Cultural Workshop
Strategies for Supporting Parents to be the Primary Sexuality Educator of their Children
Strengthening Families Webinar
Stress in the Workplace
Striving for a Smoke Free Environment
Substance Abuse Training
Suicide Prevention Training
Summer Nutrition Institute
Summer Session Fielding University
Sun Safety
Supervision and the Parallel Process: Diving Deeper into GGK (Supervisor Training)
Supervisor Training



Type of Professional Development
The Infant Toddler Mental Health Coalition of Arizona
Toddler Discipline
Training on Early Intervention for Infants & Toddlers
Transformation Leadership Training
Trauma and Attachment Disorders
Trauma in Children and Adolescents
Tucson Clean and Beautiful Recycling
Understanding Infant Adoption
Understanding the Meaning of Young Children's Challenging Behaviors And Helping Children Cope with Anger and Aggression
University of Arizona Poison Control
Vision and Hearing Screening
Working with Teen Parents
Workplace Violence
Write a Will Workshop
Youth Development Overview



Appendix E. Recruitment Approaches by Program Model

Organization/program	Target population	Recruitment method
Child & Family Resources/ <i>Healthy Families</i>	Families at risk for child abuse and neglect and prenatal mothers in Pima County; child must be under 3 months old at intake.	Most referrals come from the standardized risk assessment screening in 4 hospitals at birth; also, referrals from pediatricians, clinics and community organizations for prenatal mothers.
Amphi Schools / <i>Parents as Teachers and Parent Child Stay and Play groups</i>	Any family who resides in Amphi school district with children birth to kindergarten entry.	Referrals from school personnel, self referral, and community agencies; sending flyers to parents on waiting list; recruiting families from the open Stay and Play groups into PAT.
Marana Schools/ <i>Parents as Teachers and Community based Stay and Play education</i>	Any family who resides in Marana school district, with focus on isolated rural communities in NW Pima County; focus on vulnerable families with risk factors with children birth to kindergarten entry.	Referrals from school personnel, self referral, and community agencies; outreach to family and center based care providers, health care outreach workers, contacting families that were served in the previous year and had a gap due to summer vacation; families on waiting list referred to Stay & Play groups.
Easter Seals Blake Foundation/ <i>Raising Healthy Kids</i>	Children not eligible for AzEIP or DDD who have special health care needs.	Referrals from pediatricians, hospital social workers, neurologists, rehab services, health clinics.
The Parent Connection/ <i>Parents as Teachers</i>	Any family with children birth to kindergarten entry in Tucson, Sahuarita, Green Valley, Vail, and Corona de Tucson (except those eligible for Sunnyside schools PAT program).	Referrals from school personnel, self referral, and community agencies; outreach to family and center based care providers.



Organization/program	Target population	Recruitment method
Parent Aid/ <i>SafeCare</i>	Families with children 3 months to 5 years old with identified risk factors.	Referrals from school personnel, self referral, and community agencies; outreach to family and center based care providers, maintaining phone contact with parents on waiting lists; outreach to Amado Food Bank, parent education classes in Central and South Pima elementary schools.
Casa de los Niños/ <i>The Nurturing Parenting Programs®</i>	Parents and caregivers (of children ages infant through 18) from Pima County and surrounding areas.	Participants may be referred to our parent education programs by self-referral or through our crisis shelter, Child Protective Services, or other community agencies serving children and families.



Appendix F. Alliance Screening and Referral Tool

Southern Arizona Family Support Alliance Screening Tool – updated 6/25/10

	Program enrolls families meeting these characteristics:								Program provides the following types of services:						
	Name of Program	Pregnant Women	Teen Parents Age 12 to 21	CPS Referred Families	Serve Families in NORTH Pima	Serve Families in CENTRAL Pima	Serve Families in SOUTH Pima	Other Eligibility Requirements & Considerations	Home visitation (frequency)	Parent Education Classes	Pregnancy Support/ Education	Parent Support Groups	Child/ Parent Play Groups	Support for medically fragile children	Support for Developmentally Disabled Children
Amphi Schools	Parents As Teachers	😊	😊	😊	😊	😊		<u>MUST</u> live in Amphi School District	😊	😊	😊	😊	😊	😊	😊
Casa de los Niños	Parent Education	😊	😊	😊	😊	😊	😊	Most classes are held at 4 th & Speedway – Any parent can attend		😊					
Casa de los Niños & Blake Foundation	Nurse/Family Partnership	😊	😊	😊		😊		Must be less than 28 weeks pregnant & in 1 st pregnancy	😊		😊			😊	😊
Casa de los Niños & Blake Foundation	Raising Healthy Kids	😊	😊	😊	😊	😊			😊		😊			😊	😊
Child-Parent Centers	Early Head Start	😊	😊	😊	😊	😊	😊	Child must be less than 3 years old – Locations vary – Income requirements	😊	😊	😊	😊	😊		😊
Child-Parent Centers	Head Start				😊	😊	😊	Child must be 3 or 4 years old – Locations vary – Income requirements	😊	😊	😊	😊	😊		😊
Child & Family Resources	Healthy Families	😊	😊	😊	😊	😊	😊	Child must be less than 3 months old – Cannot serve Mt. Lemmon in North – Can only serve Tucson, Sahuarita, Vail, and Three Points in the South	😊		😊	😊			
Marana USD	Parents As Teachers	😊	😊	😊	😊			<u>MUST</u> live in Marana School District	😊	😊	😊	😊	😊	😊	😊
Our Family	Counseling	😊	😊	😊	😊	😊	😊	Cannot serve Mt. Lemmon in the North – Can only serve Tucson, Sahuarita, Green Valley, Vail, and Three Points in the South	Counseling Only						
Parent Aid	Parent Partners Program		😊		😊	😊	😊	Cannot serve Catalina, Mt. Lemmon, Ajo, Lukeville, or Sasabe	😊	😊					😊



	Program enrolls families meeting these characteristics:								Program provides the following types of services:						
	Name of Program	Pregnant Women	Teen Parents Age 12 to 21	CPS Referred Families	Serve Families in NORTH Pima	Serve Families in CENTRAL Pima	Serve Families in SOUTH Pima	Other Eligibility Requirements & Considerations	Home visitation (frequency)	Parent Education Classes	Pregnancy Support/ Education	Parent Support Groups	Child/ Parent Play Groups	Support for medically fragile children	Support for Developmentally Disabled Children
Parent Connection	Parent Education & Classes	☺	☺	☺	☺	☺	☺	Classes are usually at central location – Signing With Baby Classes are also available		☺		☺	☺		
Parent Connection	Stay & Play		☺	☺	☺	☺	☺	Various locations around Pima County					☺		
Parent Connection	Parents As Teachers	☺	☺	☺	☺	☺	☺	Can only serve Tucson, Sahuarita, Green Valley, Vail, and Corona de Tucson	☺		☺	☺	☺		
Parent Connection	First Steps Baby and Me		☺	☺	☺	☺	☺	Held at Central location – For newborns to crawlers				☺	☺		
Pima County Health Dept.	Health Start	☺	☺	☺	☺	☺	☺	On tribal reservations when requested – must meet one risk criteria	☺		☺			☺	☺
Pima County Health Dept.	Public Health Nursing	☺	☺	☺	☺	☺	☺	On tribal reservations when requested	☺	☺	☺			☺	☺
Sunnyside USD	Parents As Teachers	☺	☺	☺			☺	<u>MUST</u> live in Sunnyside School District	☺	☺	☺	☺	☺		☺
Teen Outreach Pregnancy Services	TOPS	☺	☺	☺	☺	☺	☺		☺	☺	☺	☺			

North Pima Definition - Includes Catalina, Oro Valley, Mt. Lemmon, Catalina Foothills, Tanque Verde, Marana, Avra Valley, Picture Rocks, Rillito, and Tucson Zip Codes 85704, 85718, 85737, 85739, 85741, 85742, 85743, 85749, 85750, 85755

Central Pima Definition - Includes Tucson Zip Codes 85701, 85705, 85707, 85708, 85710, 85711, 85712, 85713, 85714, 85715, 85716, 85719, 85745, 85746, 85756, and 85757

South Pima Definition - Includes Ajo, Why, Lukeville, Arivaca, Amado, Green Valley, Sahuarita, Sasabe, Vail, Corona de Tucson, Three Points, & Tucson Zip Codes 85706, 85730, 85735, 85736, 85747, & 85748

