

State Incentive Grant Enhancement for Early Childhood Prevention (SIG-E) Final Evaluation Report

EXECUTIVE SUMMARY

In 2003, the Center for Substance Abuse Prevention (CSAP) awarded Oregon a State Incentive Grant Enhancement for Early Childhood Prevention (SIG-E). This project was intended to help continue Oregon's efforts to provide comprehensive services and supports to children ages 0 to 6 and their families, particularly focused on preventing caregivers' substance use and mental health issues, and promoting children's healthy physical, emotional, and social development.

The goals of the SIG-E were to 1) institutionalize data systems that collect information about the status of Oregon's prevention system and its ability to meet the needs of youth ages 0 to 6; and 2) implement and evaluate Starting Early, Starting Smart prevention demonstration projects to build a knowledge base for successful implementation of integrated substance abuse prevention services throughout the state.

This project included statewide early childhood systems development and data infrastructure work, as well as community-level service system development (early childhood and behavioral health) and direct service components.

Summary of Results

RESEARCH QUESTIONS

1. Are the state early childhood system partners and behavioral health system partners increasing their collaboration over time?

Yes. Key stakeholder interviews illustrated positive development of collaborations both within the early childhood system and between early childhood and behavioral health.

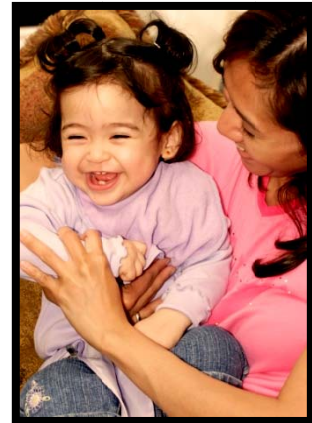
Significant cross-system sharing, training, and communication occurred.

2. What are the factors influencing success in building collaborative systems?

- Leadership.
- Time and energy.
- Engagement in and commitment to the system development process.
- Communication and training within and across all levels and systems.
- Training and technical assistance, preferably on site.

3. Are the statewide data systems for prevention and intervention services for families with young children becoming more integrated at the client level?

No, during this project, data infrastructure efforts moved away from cross-system data integration and toward expansion and development of within-agency database management. However, behavioral health and public health strengthened a connection through the inclusion of behavioral health and child development information being added to electronic data gathering forms for Maternity Case Management in Maternal Child Health.



4. To what extent are the pilot sites successful at implementing SESS (Starting Early Starting Smart) components?

Based on local key stakeholder interviews, site visits, conference calls, and analysis of pilot site quarterly reports, pilot sites made significant progress toward understanding the SESS principles and creating locally specific ways to implement them.

STATE LEVEL

System Development

The SIG-E project obtained results on the state early childhood system developed in three main areas: collaboration, policy and funding, and programming.

Collaboration

This project contributed to increased collaboration between state early childhood system partners and behavioral health system partners¹. As a result, several key outcomes were achieved.

- Substance abuse treatment and mental health providers learned about issues related to early childhood development and parenting (including early screening and identification), and early childhood providers learned about the impact of parental mental health and substance abuse issues on child development and on parenting/family functioning.
- Increased recognition of the steps that are involved in system change and the amount of time and effort it takes for that to occur
- Development of multiple projects and efforts in many communities and across a variety of agencies that cumulatively are moving the system in the desired direction

¹ As reported by key stakeholders at both the state and local levels.

- Expansion of public-private partnerships to support early childhood efforts
- Reorganization of the inter-agency collaborative work group focused on early childhood system issues to include management staff (decision-makers), now called Oregon's Early Childhood Council; development of priorities toward family member inclusion, public-private partnerships, and setting priorities for early childhood system development activities

Several activities, projects, and events represent significant maturation of the state-level early childhood system development efforts.

Policy & Funding

State leaders, including the Governor, initiated several efforts that have policy implications for the early childhood system.

- Governor's Executive Order No. 07-04 creating the Statewide Children's Wrap-around Project, to ensure coordination of services for children across agencies, and requiring coordination of funding across state agencies to facilitate services to children
- Additional state funding allocated for early childhood programs such as Head Start
- Early childhood mental health diagnostic codes and treatment guidelines, to allow billing for early intervention services

Programming

- The Early Childhood Comprehensive Systems Plan incorporates input from multiple stakeholders across the state and outlines strategies for achieving a state-wide coordinated set of services across agencies and disciplines for young children
- The SIG-E project funded four pilot sites to implement and test the Starting Early,

Starting Smart model and to operationalize best practice principles into local services

Data Infrastructure

The SIG-E project forwarded discussions regarding the complicated nature of client-level data sharing, confidentiality of sensitive data, and workload management for direct service providers. During the course of the project, efforts moved away from cross-system, cross-agency data integration and toward expansion and development of within-agency database management.

The project facilitated:

- The inclusion of behavioral health information in early childhood electronic data gathering forms in the new ORCHIDS² data system for Maternity Case Management in Maternal Child Health.
- The development of a Systems Indicator Work Group to develop a plan to measure indicators of early childhood systems development.

Lessons learned will be incorporated in early childhood systems development and in the continuum of services for the Statewide Children's Wraparound Project.

LOCAL LEVEL

System Development

Many collaboration, policy, and programming outcomes also occurred through development of the local level early childhood systems.

- Resolution of conflict at local sites through increased understanding, negotiation, coordination, and communication
- Increased interaction between cultural groups and increased cultural responsiveness in direct services

- Local service enhancements (both increased service availability and increased quality of service by incorporating best practice principles)
- Extensive trainings for service providers and opportunities for staff to learn about each other's services

Prevention Services in the Pilot Communities

- The SIG-E pilot sites recorded 645 prevention services in the Minimum Data Set (a national prevention data system), with a total of 2,050 people participating. Services covered community-based processes, such as training and technical assistance; education, such as parenting services; information dissemination, such as the development of printed materials; and problem identification and referral, including families receiving preventive assessments.
- Incorporation of mainstream services into locations comfortable to families

CLIENT-LEVEL OUTCOMES

A small sample of families in the pilot sites participated in a client-level evaluation.

Significant findings included:

- Improved parenting skills and comfort with parenting (Native American families)
- Decreased domestic abuse (Caucasian families)
- Improved interest or pleasure in things [indicator of positive change in mental health] (Caucasian families)

The evaluation also found:

- A trend toward increased social support (Caucasian families)
- Sites identified children with a developmental delay, and connected all of them to appropriate services.

² Oregon Child Health Information Data System (formerly FamilyNet), developed by the State of Oregon, Department of Human Services, Office of Family Health.

LESSONS LEARNED

The SIG-E project taught providers and decision-makers a variety of lessons:

- An explicit focus on substance abuse is necessary to assist affected families.
- Communities and service providers need to anticipate and tailor services to be responsive to various cultural groups.
- Child Welfare is a critical partner in developing effective early childhood systems, to create strategies for overcoming families' (particularly families from frontier and ethnic/cultural minority groups) fears and encouraging them to participate in services.
- Leadership is crucial, both at local and state levels.
- Individuals and communities that actively engage in the system development process experience successes.
- Collaboration takes considerable time and energy.
- Systems change requires flexibility, extensive on-site training and technical assistance, and investment in cross-system communication and training.
- Communication between state and local levels is vital.
- Additional resources (time and money) increase services.
- Successful implementation of activities and Starting Early Starting Smart (SESS) principles requires extensive on-site training and technical assistance, and the inclusion of multiple partners.
- Logic models are a useful planning and management tool.
- Connecting with families at partner sites increases cross-agency collaboration.
- Health promoters (promotoras), natural helpers, and cultural liaisons increase service engagement of families within the cultural group and enhance provider response to the cultural community.
- Reaching out to families where they are increases client access to services.
- Public-private partnerships increase the sustainability of service enhancements.
- Local realities sometimes interrupt progress or continuity of efforts.
- Carefully consider the format of data collection tools. Ongoing training is necessary to collect the data.
 - Clients were reluctant to participate in the evaluation and share sensitive information, including CSAP-required GPRA data.
 - Survey length was burdensome to clients and providers.
 - Translation of forms required investment of time and funds, identification of appropriate contractors, and adjustment of data collection timelines.
 - Incentives may have increased the number of surveys that were completed.

Summary and Conclusions

Funds and focused attention helped state and local systems take on system development and collaboration tasks; progress was achieved, as evidenced by both policy level and program level changes. SIG-E stakeholders and site participants developed clarity on expectations regarding data infrastructure. Funds provided to the pilot sites helped communities build their local systems, increase service capacity, improve service quality, and reach different cultural groups.

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