

FY11 United Way Year End Report

Program: Home Visiting Collaborative

Agency: Children, Youth and Family Services, The Arc, Jefferson Area CHIP

Date: August 1, 2011

1. For the current funding period, please highlight your program's goals, activities and results, noting any changes to your original plan/proposal. Include any relevant budget and/or financial information. Limit your response to no more than one page.

There have been no changes in our program goals or activities. All programs have lost funding for the coming year and are seeking other sources of funds to maintain programs at this year's level.

Outcomes reported reflect families that were closed. Many of the families were closed because they could not be located. The data from these families lowers our overall percentages in meeting outcomes.

The Home Visiting Collaborative works with families with young children to promote family health and to increase access to appropriate services in the community. We also work with pregnant women to ensure optimal prenatal care and to prepare families for caring for their child. Families receive a home visit by a Family Support Worker, a nurse or a developmental specialist, or all three as needed. Visits are scheduled around the needs of the family and/or by program standards. While some families receive monthly visits, other families are seen 1-2 times per week.

Family visits focus on assessing family needs and building on family strengths. Education is the key to most services provided. The home visitors with CHIP and Healthy Families have been trained in Parents as Teachers curriculum, a nationally known program that works with families in the home to promote positive parent child relationships and to encourage the parents' interaction with their child. We work with parents on parenting issues; including literacy, discipline, growth and development, attachment and bonding, and the importance of play in a child's life. We assist families in identifying and addressing issues such as housing, jobs, health care and education. We work with parents to identify and appropriately use services in the community that will improve their lives and the lives of their children. We work to give families the knowledge, self esteem and confidence to be the best parent they can be. Visiting in the home gives us first hand knowledge of how many families live, and allows them, in the safety and comfort of their own home, to express concerns and fears they have as individuals and as parents. Every parent wants to be successful but may not have the financial and emotional support, or the knowledge of what it takes to raise a healthy child. The Home Visiting Collaborative offer families the education and support to improve their ability to raise a healthy child. Collaborating with other agencies in the community increases the awareness of the needs of families served by the HVC.

Please share a success story from your program. We are especially interested in stories that show a long-term impact on a person and families that show collaborations or referrals to other agencies.

The Thomas family was referred to the Infant Development Project by Jefferson Area CHiP due to concerns that the 15 month old twins were not receiving the stimulation they needed in order to continue to develop on target. They thought Ms Thomas would benefit from support in learning to play and interact more often with her children. At first there were no toys or books available in the home. Ms. Thomas rarely left the apartment with her children. The Thomas's are a refugee family who have lived in the US several years. Mr. Thomas has several family members living throughout the community but Ms. Thomas remained relatively isolated with few friends and no family living in the state.

When the male twin was 18 months a developmental screening showed concerns about his communication skills. His mom also reported that she did not understand his vocalizations. He did not seem to be using words in English or Mai Mai, his home language. He received services from a speech therapist for several months through the Infant Toddler Connection. Through the services provided by the speech therapist and by mom being encouraged to increase her interactions with the children, the twin soon began to use language appropriately.

When the twins approached their third birthday they were referred to the preschool program in Charlottesville. The children were developmentally on target but had little experience interacting with other children. The female twin was used to getting her way most of the time. She used an ear piercing scream when she did not get her way. If she wanted to use a toy her parents would make her brother give it to her. She would not comply with adult directions and was very difficult to redirect.

The children were enrolled in school but as the beginning of the year approached, the family began to have doubts about sending them. The mother was soon to give birth and the family routine was to sleep until mid-morning. She did not feel that she could consistently get the twins up and on the bus each morning. The family decided not to send the twins to school yet. Instead they attended a local neighborhood playgroup, which began near lunchtime on a regular basis. During this group the children continued to be exposed to activities to prepare them for kindergarten and had an opportunity to interact with other neighborhood children.

A year has made a big difference in their ability to get along with others. The female twin has stopped yelling to get her way. The male is much more vocal and is great at sharing with other children. This summer the family has often went out in the community to local events appropriate to preschoolers such as story time at the library, the local parks and the Discovery Museum. The twins squeal with delight at these new experiences. Currently the children are about to begin the city 4 Year Old Preschool Program. Immediately after being accepted into the preschool this time, the family registered at the school, took a tour and completed all the paperwork, including an up to date physical and dental visit. CHiP has given the family local vouchers for back to school shopping and mom is eager to use them.

3. Complete the following Outcome Measurement update (based on your application for funding) for the fiscal year.

**Projected Number of Intended
FY10 Primary Beneficiaries: 755**

**Actual Number of
Primary Beneficiaries: 756**

Projected FY11 Outcomes	FY11 Indicators Tracked	FY11 Outcome Results (provide specific numbers and percentages)
Families will use their medical homes as recommended	<p>95% and 700 children will have UTD immunizations</p> <p>90% and 670 children enrolled more than 6 months will have up-to-date well child care.</p>	<p>710 (94% of 756) of enrolled children were up-to-date on immunizations.</p> <p>490 (94% of 522) of children enrolled more than 6 months had up-to-date well child care.</p>
Families will relate to their children in a more positive, nurturing manner.	<p>95% and 717 children will not have a CPS report made by program staff.</p> <p>(75% of 350) enrolled at least one year will show appropriate parent/child relationship as measured by two subscales on the HOME Scale.</p>	<p>748 (99% of 756) of children did not have a CPS report made by program staff.</p> <p>382 (78% of 490) showed improved relationships.</p>
Children's' healthy growth and physical, learning, and emotional development will be enhanced	<p>(75% of 450) children will be developing on the Ages and Stages Questionnaire.</p>	<p>589 (88% of 670) demonstrated typical development on the ASQ</p> <p>Numbers include only those enrolled long enough to completed an ASQ.</p>

4. **Impact Report.** We are looking for issues and statistics specific to our local area; you are also welcome to include some general issues that set the framework for the local statistics. Under the Actual Results heading, we are looking for impact, especially long-term results, not just numbers served. For the Financial Impact section, have each example highlight a different thing (in other words, don't just multiply the first answer three more times).

Community Needs or Issues Your Program Addresses -- please include at least 3 local issues/statistics and cite your source

1. The Charlottesville/Albemarle area continues to experience an increase in the number of non – English speaking families. Their limited ability to communicate in English makes it difficult to access resources and to provide their children with needed services. There is also a lack of understanding cultural differences that can sometimes lead to issues of child neglect.
2. Data from Growth and Development assessments indicates that 1% of children living in poverty are delayed at birth. By school age 25% of children living in poverty are delayed. By high school 40% are delayed. (From Ounce of Prevention Fund) 80% of developmental delays are not determined through a well child visit and 70% of mental health issues are not determined through regular well child visits. (First Sign.org) While it is difficult to obtain local stats, we do know that many children locally are entering school with developmental delays not detected before entering. Data from Smart Beginnings indicate that only 60% of disadvantaged children met benchmarks in language and literacy.
3. Research from Zero to Three and from the Smart Beginnings illustrates the difficulties parents in poverty have in understanding and meeting their children's needs. The financial and emotional stress as well lack of education (CHIP shows the average grade completed is the 10th with only 33% having a high school or GED) creates barriers for successful parenting.

Your Program's Solutions that United Way Community Impact Funds Support

1. **Latino Population and Refugee population:** Smart Beginnings funding has allowed IDP to focus on parent-infant education to Latino families. CYFS and CHIP are providing group activities to Latino families using the Parents as Teachers curriculum. CHIP has phone interpreter services that allow us to communicate with anyone in any language – especially refugees. There are 6 staff persons in the collaborative that are bilingual. These services increase the opportunities Spanish speaking families as well as refugee families to have the help so their children will be healthy and to enter school ready to learn.
2. **Developmental Screenings:** Children served through the Home Visiting collaborative receive developmental screenings using the Ages and Stages Questionnaire. Children who fall below a standard goal are referred to follow-up. Staff work with parents to provide education around normal growth and development and provide activities for parents' involvement with their child that promotes growth in all areas. Through the PAT training we are able to provide growth and development screenings beginning at birth. Screenings also look at learning environments and styles and connect families to intervention, prevention, and community resources. This year the HVC is also offering approximately 150 developmental screenings to children not case managed through their programs.
3. **Parenting and Poverty:** While both IDP and Healthy Families do not have income as

a requirement for services, both recognize the challenges of working with families in poverty. Training for all three agencies recognizes the different and difficult issues that families who experience poverty face. The curriculum used is particularly focused on families who need extra help. We have diversity within our staff and we meet families where they are the most comfortable – in their homes. We recognize that change occurs slowly and that building the relationship is crucial to success.

Actual Results - *based on your stated outcomes; please use percentages and numbers served to help show outcomes*

Mid Year outcomes:

1. 710 children (94%) enrolled were up-to-date on immunizations.
2. 490 children (94%) enrolled more than 6 months had up-to-date well baby care.
3. 748 children (99%) did not have a CPS referral made by the program person
4. 589 children (88%) were typically developing on A&S

Financial Impact of Donations:

A \$5 donation will buy a book for a child

A \$10 donation will provide light refreshments for one group activity.

A \$20 donation will purchase 40 bus tickets for a needy family.

A \$15 donation will provide one hour of parent education to a family

A. \$25 – 30 donation will provide a home visit by a registered nurse

A \$60 donation will purchase a DVD player to provide education in a family's home

A \$100 donation will provide 200 miles of travel to an at risk child or family.