

Part B. Project PEECH

Executive Summary: The proposed project, Parents' Early Education for their Children (PEECH) is a collaborative endeavor directed by the Early Intervention Program, University of Oregon, in collaboration with the Relief Nursery's Accessing Success Program, Therapeutic Early Childhood Program, and Adult and Child Mental Health Services. This project will provide critical parenting education and support and infant mental health services to vulnerable families with infants and toddlers who have been prenatally exposed to illegal drugs and alcohol. Identified gaps in these service delivery areas will be filled by providing classroom-based and support group interventions. Peers who have been successful in parenting and drug treatment will assist interventionists. In addition, this project will focus on gathering data on outcomes of identified infants and their families as well as continued assessment of related unmet needs in Lane County. Finally, we anticipate the development of a model that can be replicated in additional counties in Oregon.

Project Need Determined: The need for this project was determined by data we have collected over time related to this target population. We have found that 100% of the families with substance abuse issues in the Accessing Success Program have admitted to use of methamphetamines. Lane County data reveal that 70% of child welfare cases have methamphetamine as the primary drug of use. Many of these children are born prenatally exposed to alcohol and other drugs.

We have identified a significant gap in the services offered to families with substance abuse issues once the reunification process with birth families begins. In general, once children are reunited with their parents, ALL parenting support services are terminated. Therefore, parents with substance abuse issues receive drug treatment and parenting support while their children are in foster placements but once they are reunited with their children, they receive no supportive parenting services.

Community served involvement in defining program: A questionnaire was sent to this community of parents who abuse substances and whose children are being returned after foster care. In this survey, parents were asked to identify where they felt the greatest gaps in services occurred. All parents (N = 18) indicated that they needed more support with parenting skills, once their children were returned. In addition, Relief Nursery as well as Protective Services staff, have consistently observed families being put into crisis when they are left with little or no

support once their children are returned. Although these same families received support while working toward reunification with their children, once they were successfully reunified, they were left unaided to deal with transitional issues that arose. We have observed time and again that this stress often led the parents to relapse. Finally, the need for parenting support and early intervention for families upon reunification has been identified as an area of need by the Lane County Family Early Advocacy and Treatment (FEAT) working group, an interdisciplinary systems change project focused on improving identification and referral of infants with prenatal substance abuse.

How we plan to address the need: The need will be addressed by implementing crucial parent support services that are currently lacking in this community. These services will be offered to parents who are reuniting with their infants/toddlers after foster care and to parents returning to the community after a period of incarceration. A weekly three-hour parent-child intervention classroom staffed by peer leaders who themselves have succeeded with drug/alcohol treatment will be the anchor for these services. The Relief Nursery Accessing Success model described below will be used as a basis for this intervention classroom. Each weekly classroom session will include a parent-child time together, a separate intervention “play” time for children while parents meet with the peer leaders, and a final snack and supportive parenting time for parents and infants/toddlers at the end of the session. The sessions will last for 10 weeks; parents who need additional support will be able to attend subsequent sessions, depending upon needs and resources. Transportation will be offered to all families, facilitating their attendance to these sessions.

Early Intervention master’s and doctoral students will assist in designing and implementing activity-based early intervention services for the children aimed at improving mental health and developmental outcomes. The Relief Nursery, Inc. will provide additional culturally and linguistically appropriate services as needed by families, including home visiting, case management, respite care, and individual and group recovery support in addition to the therapeutic early childhood program and parenting support groups. Home visits will be offered to all families to assist in the generalization of learned skills and supportive parenting practices into the home environment. A sample therapeutic classroom schedule is outlined in Table 1.

Sixteen 10-week groups of 10 adults and 8 infants/toddlers in each group are proposed during the three years (three 10-week sessions with two groups running concurrently during

years 1 and 2 and two 10-week sessions with two concurrent groups during year 3). Thus, approximately 320 adults and 256 infants/toddlers will be served over the three years of the grant period. The expertise in conducting intervention services for young children and families of both the Relief Nursery and the Early Intervention Program will be applied to a new population-- infants and toddlers and their families with substance abuse issues who are newly reunited after out of home placements.

Table 1. Sample Weekly Therapeutic Intervention Schedule

Group time	Parent Group	Infant/Toddler Group
	<ul style="list-style-type: none"> • Two groups each week of approximately 10 parents per group • 10 week sessions • Staff provided by Relief Nursery, including Accessing Success peer leaders 	<ul style="list-style-type: none"> • Two groups each week of approximately 8 children per group • 10 week sessions • Staff provided by Early Intervention doctoral and master’s students and Relief Nursery staff
1:45pm-2:00pm	Greeting	
	<ul style="list-style-type: none"> • Arrival of parents/children via Relief Nursery bus, public, or private transportation 	
2:00pm-3:00pm	Recovery support time for parents (Accessing Success) <ul style="list-style-type: none"> • Drug treatment support • 12 step meetings • Service coordination • Assistance with jobs, food • Transportation assistance • Peer support • Parenting support • Additional weekly home visits as needed 	Infant/toddler intervention time <ul style="list-style-type: none"> • Therapeutic preschool activities • Activity-based intervention • Developmental activities • Social-emotional enhancement activities
3:00pm-4:00pm	Parent and child time together	
	<ul style="list-style-type: none"> • Arts/crafts • Early literacy activities: reading, picture books, water play • Snack time for parents and children • Opportunity to practice parenting skills, receive parents support 	

Parent Intervention Model: Our model, a Peer-to-Peer Mentor model, is recognized by the federal government’s Substance Abuse Mental Health Service Administration (SAMHSA) as evidence based model. The peers employed for this position will be in recovery from substance

abuse and in similar situations as the clients with whom they work. Thus, they understand their client's situation and can give them the tools and skills to live a healthier more successful life. The peers often have less judgment of, and more compassion for, their clients because of their own drug abuse experience.

The **Accessing Success** model consists of supporting clients in recovery by taking them to 12 step meetings, providing support groups, anger management classes, parenting classes, advocating with child protective services, attending court proceedings, and helping clients get into treatment. This proposed project would apply the successful Accessing Success Model to a new population—those families who are being reunited with their children after incarceration and/or out of home placement. Enhancing parent-child interactions and infant/toddler mental health as well as supportive parenting will be the goals for Project PEECH.

Evidence Based Practice: The Relief Nursery, Inc was founded in 1976 on best practices in early intervention, and has been a pioneer in the development of best practices in this field ever since. The agency has been the recipient of national demonstration grants for the development of a crisis nursery service model (NCCAN), a family-centered recovery support program (NCCAN), and is currently in year two of a four-year project to develop a national evaluation for recovery support services program (SAMHSA). In 2002 the Relief Nursery, Inc was designated as “an innovative program with noteworthy aspects” by the US Department of Health and Human Services, Office on Child Abuse and Neglect, for their Emerging Practices in the Prevention of Child Abuse and Neglect project. Of the 236 adults served by the Accessing Success program in a given year, the statistics show that 94% of parents who engage in Accessing Success remained clean and sober for 1 year; 79% were able to obtain and maintain adequate, stable housing; 49% of men and 36% of women were able to significantly improve their employment situation and stability. One hundred percent of the children who were living with their families in their own homes at the time of intake ***remained there***, not requiring foster care or other out-of home placement.

Activity-based intervention (ABI) for young children, developed at the University of Oregon, is supported by a rich empirical base collected on over 80 studies conducted nationally. In general, young children with targeted goals and objectives who receive multiple opportunities for practicing these goals, make good to excellent progress towards social-emotional and developmental outcomes (Pretti-Frontczak, 2004).

Other organizations involved in collaboration: An interagency approach is proposed involving coordination and collaboration among early childhood mental health, child welfare/protective services, medical, welfare, drug treatment, recovery support, early intervention and human services agencies. Letters of support from these agencies can be found in Section E.

Timeline Proposed to meet benchmarks: A proposed timeline and associated benchmarks can be found in Table 2.

Evaluation of program impact: The evaluation will take place on an ongoing basis; a process evaluation will be conducted regarding this project. The process evaluation will include assessments of the project goals and objectives and client opinion surveys. Hollie Hix-Small, project evaluator/supervisor, will monitor the program implementation with an on-going evaluation of benchmarks (i.e., goals and objectives) by developing relationships and information sharing sessions with project staff. Due to the confidential nature of the alcohol drug and support program, the evaluator will not observe participant interactions in the program directly. The focus of the evaluation on parent outcomes will be on parent self ratings of parenting knowledge and skills, as well as ratings of these skills by project staff. The focus of the evaluation of child outcomes will be on child progress on mental health outcomes such as self-regulation and positive relationships as well as developmental skills such as language and cognition.

Program sustainability beyond grant period: The Relief Nursery™ has a long history of maintaining programs and services of proven benefit to its clients, and has never closed a program due to funding considerations. The Relief Nursery™ assures fiscal stability by maintaining a diversified funding base which includes local, state, and federal grants and contracts (46%); private foundation funding (9%); public and private community contributions (14%); large volunteer support base (5%); investment returns (6%); and continual, aggressive fund-raising (20%) and grant-seeking activities.

The University Center on Excellence in Developmental Disabilities (UCEDD) has identified early childhood mental health as a target area for the next three years. Hill Walker, UCEDD Director, has written a letter of support (Section E) offering UCEDD assistance with project dissemination and outreach training once the PEECH demonstration project has ended.

Finally, Oregon has made addressing the methamphetamine problem a priority. Federal monies from SAMHSA and the Child Abuse and Treatment Act (CAPTA) are allocated to

Oregon for projects such as these and we will apply for federal and state money to continue model development and replication. We expect that positive results from this project will enable us to forge further successful collaborations, and open up possibilities for leveraging additional public and private funding.

Table 2. PEECH Benchmarks and Timeline

	Year 1			Year 2			Year 3		
I. Begin model implementation									
A. Conduct bi-weekly staff meetings (Relief Nursery and Univ. of Oregon)									
B. Recruit intervention families									
C. Begin Intervention Sessions #1, 2									
D. Collect formative data, evaluate/modify model									
E. Conduct Intervention Sessions #3-6									
II. Evaluate and refine model									
A. Conduct Intervention Sessions #7-12									
B. Collect formative data, evaluate/modify model									
C. Conduct Intervention Sessions #13-16									
III. Conduct final analyses, model development, and dissemination									
A. Conduct final analyses									
B. Make final model revisions									
C. Develop final report									
E. Develop model description, web site, journal articles									
F. Disseminate results									

How to share lessons learned with the community and others working with this population:

Proposed Project Director, Jane Squires, is currently directing a CAPTA systems change grant focused on early identification and referral of substance-exposed newborns (see <http://eip.uoregon.edu/projects/feat>). This project, Family Early Advocacy and Treatment (FEAT), has on-going work groups in Lane County and at the state agency level. We plan on sharing outcomes and lessons learned with these interagency workgroups as well as asking input about project activities in an ongoing manner. Finally, proposed project director and co-director have a history of presenting at the local, state, and national levels on their projects and of publishing outcomes in consumer and professional publications.

Part C: Applicant Organization

The Early Intervention Program at the College of Education, University of Oregon (UO) conducts research, outreach, and training related to the early development, assessment, and intervention with children at-risk for and with disabilities. The EIP is located in the Center on Human Development and is part of the University Center for Excellence in Developmental Disabilities (UCEDD). The UCEDD represents the University of Oregon's commitment to excellence through research, development, training and outreach in the area of disabilities and at-risk conditions. The UCEDD is able to provide support to this project in the form of facilities, equipment, and expertise. The on-line and library capabilities of the UO rank among the top in the nation. The University of Oregon's College of Education is home to an alliance of nationally prominent centers, institutes, and affiliated research and outreach units. The university consistently ranks among the top five public colleges of education nationwide and the UO Special Education Program consistently ranks third in the nation (U.S. News & World Report, 2004). Graduate students interested in practicum experiences will also be available to this project at no cost. The UO EIP's 25-year history of research, training, and outreach activities has fostered many collaborative arrangements with early childhood agencies and programs in Oregon and nationwide.

The Relief Nursery™ has been providing early intervention and comprehensive family support services, throughout Lane County, to high-risk, low-income families with young children since 1976. In that time we have developed more than a dozen innovative programs including our Therapeutic Early Childhood Program; Families Together Intensive Parent Training; and our

family-centered substance abuse recovery support program Accessing Success. The philosophy of our program model is to integrate services from our various programs to meet the unique needs and strengths of each family we serve, to maximize their chances for success. This model has been extremely successful: while up to 60% of client families enrolled in our core services had a history or open case with Child Protective Services at time of intake, at the end of one year of services fewer than 6% of these families required any additional reports for child abuse or neglect to CPS. Less than 1% of our clients' children require foster care or other out-of-home placement.

Recognition of this success is evidenced by the fact that: our parenting program has been used for the past 15 years by the state of Oregon (DHS) as the model for parenting programs throughout the state; our recovery support program was recently the recipient of a four-year SAMHSA grant designed to evaluate the strategies of successful recovery programs; and our agency model has been replicated in eight communities throughout Oregon. Furthermore, our substance abuse program has been called upon by the state to provide a number of additional services such as Substance Abuse Family Support Workers and Alcohol and Drug Outreach Workers for their "Tracker" program, which contribute a unique blend of experiences with the population targeted by this project.

What are the qualifications of the people who would be responsible for managing the project? Jane Squires, Ph.D. is a Professor, Early Intervention, and College of Education at the University of Oregon and directs a graduate training program, outreach and research projects. She has directed or co-directed over 20 grants totaling over \$11 million, focused on improving outcomes for young children and families. As project director, Dr. Squires will be responsible for coordination of all activities. She will monitor progress toward project objectives, collaborate with Relief Nursery staff, supervise activities of UO staff and develop project reports and other written materials (e.g., journal articles), and disseminate results. (See Section E for vitae.)

Sharri da Silva, M.S., is Executive Director of Programs for the Relief Nursery, and has extensive experience in directing and managing comprehensive service delivery systems focused on preventing child abuse and developing empirically based innovative support and treatment programs. Ms. da Silva will be responsible for coordination of treatment and intervention activities and supervision of staff at the Relief Nursery and will assist Dr. Squires in monitoring progress towards objectives and in disseminating findings. (See Section E for vitae.)

Hollie Hix-Small, M.S., is a doctoral student at the University of Oregon with considerable experience in program evaluation and data management/analysis at Oregon Research Institute. Ms. Hix-Small will work with Dr. Squires and Ms. da Silva to conduct the project evaluation as well as coordinate the University of Oregon practicum students who will be assisting in the infant/toddler intervention classroom.

What sort of track record does your organization have conducting similar work?

The Early Intervention Program has successfully completed six outreach and demonstration projects aimed at improving mental health and developmental outcomes in young children and their families. The Relief Nursery™ has been a leader in developing community collaborations to provide the broad range of services required by our client families. We have, and continue to work with national, state, and local agencies and programs including: SAMHSA; Oregon Commission on Children and Families; Oregon Department of Human Services - Child Welfare; Healthy Start; LaneCare Mental Health; Oregon Department of Human Services - Alcohol and Drug Services; Lane County Human Service Commission; Crisis Nurseries; Lane Domestic Violence Council; Willamette Family Treatment; Community Safety Net; United Way; and many others. The success rate of the Relief Nursery is very high: more than 94% of the high-risk children in our Therapeutic Early Childhood Program do not require any reports of child abuse or neglect; fewer than 1% of these children require foster care placement; more than 80% of parents mandated to our intensive parent training program complete the program, and most are able to get their children back from foster care; 85% of the parents in our recovery support program were still clean and sober after a year and a half with the program. As noted above, the success of our programs has resulted in many of them being adopted as state models, national demonstration projects, and demand for replication in other communities.

D. Project's Finances

We are asking for approximately 40% of the project budget from NWHF. However, the Relief Nursery will also be making substantial financial contributions to the project, including the salary of the project co-direct, Ms. da Silva, two Relief Nursery classrooms weekly for the intervention groups, and the time of project staff currently working on a SAMHSA grant related to treatment for incarcerated women. Therefore, less than one-third of the total budget will be

supported by NWHF. However, without this funding, this interagency project would not be possible. We hope that the NWHF will provide critical oversight and input in order to make PEECH as beneficial as possible to the Northwest community.

PEECH will be administered through the Early Intervention Program, Center on Human Development at the University of Oregon and will comply with all Oregon University System fiscal requirements. A fiscal manager will closely oversee the budget. The University greatly values community projects such as these and will support the project both directly and indirectly.

Note: Name of project was changed from PEEP (as submitted in the original letter of intent) to PEECH, based on client feedback from Relief Nursery. This change of name is not reflected in some of the letters of support.