This appendix provides additional detail about the Starting Early Starting Smart (SESS) grant sites and their programs. The SESS program is an initiative of the Office on Early Childhood, Substance Abuse, and Mental Health Services Administration (SAMHSA) and the Casey Family Programs, along with other federal sponsors. Patricia Salomon, Director of the Office of Early Childhood at SAMHSA, oversees the SESS program along with project officers Michele Basen, Velva Spriggs, and Jocelyn Whitfield, and staff Shakeh Kaftarian. At the Casey Family Programs, the partnership is overseen by Jean McIntosh and Barbara Kelly-Duncan, along with project officers Eileen O’Brien and Peter Pecora.

The SESS program currently operates in 12 sites across the United States Table A.1 lists each of the study sites and the associated principal investigator, project director, and local researcher, first for the primary care (PC) sites and then for the early childhood (EC) sites.1 Information about the Data Coordinating Center is also provided in Table A.1. A brief description of the program at each site follows the table. Further information about the SESS program is provided in Appendix B and Appendix C and is available from the Casey Family Programs (www.casey.org/projects.htm#sess) and SAMHSA (www.samhsa.gov).

1One of the original SESS grant sites was unable to continue with the study but made several important contributions to the original design and implementation of the project.
### Table A.1

#### SESS Grant Sites

<table>
<thead>
<tr>
<th>Study Site</th>
<th>Principal Investigator</th>
<th>Project Director</th>
<th>Local Researcher</th>
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<tr>
<td><strong>Data Coordinating Center</strong></td>
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<td><strong>Primary Care Sites</strong></td>
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<tr>
<td>The Casey Family Partners, Spokane, Wash., (509) 473-4810</td>
<td>Christopher Blodgett, Ph.D.</td>
<td>Mary Ann Murphy, M.S.</td>
<td>Christopher Blodgett, Ph.D.</td>
</tr>
<tr>
<td>University of Miami, Miami, Fla., (305) 243-2030</td>
<td>Connie E. Morrow, Ph.D.</td>
<td>K. Lori Hanson, Ph.D.</td>
<td>Emmalee S. Bandstra, M.D. April L. Vogel, Ph.D.</td>
</tr>
<tr>
<td>University of Missouri, Columbia, Mo., (573) 884-2029</td>
<td>Carol J. Evans, Ph.D.</td>
<td>Robyn S. Boustead, M.P.A.</td>
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</tr>
<tr>
<td>University of New Mexico, Albuquerque, N.M., (505) 272-3469</td>
<td>Andy Hsi, M.D., M.P.H.</td>
<td>Bebeann Bouchard, M.Ed.</td>
<td>Richard Boyle, Ph.D.</td>
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<td><strong>Early Childhood Sites</strong></td>
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<tr>
<td>Asian American Recovery Services, Inc., San Francisco, Calif., (415) 541-9285, ext. 227</td>
<td>Davis Y. Ja, Ph.D.</td>
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<tr>
<td>Johns Hopkins University, Baltimore, Md., (410) 955-3989</td>
<td>Philip J. Leaf, Ph.D.</td>
<td>Jocelyn Turn-Musa, Ph.D.</td>
<td>Philip J. Leaf, Ph.D.</td>
</tr>
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Table A.1—continued

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<th>Study Site</th>
<th>Principal Investigator</th>
<th>Project Director</th>
<th>Local Researcher</th>
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<tbody>
<tr>
<td>Division of Child and Family Services, Las Vegas, Nev., (702) 486-6147</td>
<td>Christa R. Peterson, Ph.D.</td>
<td>Laurel Swetnam, M.A., M.S.</td>
<td>Margaret P. Freese, Ph.D., M.P.H.</td>
</tr>
<tr>
<td>The Tulalip Tribes Beda’chelh, Marysville, Wash., (360) 651-3282</td>
<td>Linda L. Jones, B.A.</td>
<td>Linda L. Jones, B.A.</td>
<td>Claudia Long, Ph.D.</td>
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<tr>
<td>The Women’s Treatment Center, Chicago, Ill., (773) 373-8670, ext. 302</td>
<td>Jewell Oates, Ph.D.</td>
<td>Dianne Stansberry, B.A., C.S.A.D.P.</td>
<td>Victor J. Bernstein, Ph.D.</td>
</tr>
</tbody>
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**PRIMARY CARE GRANT SITES**

**Boston Medical Center, Department of Pediatrics**

Participants: 200.
Population: African-American, Hispanic, and Haitian, ages birth to six months.

Boston Medical Center is a primary care site studying the integration of behavioral health services—Project RISE (Raising Infants in Secure Environments)—into its Pediatric Primary Care Clinic. Project RISE provides integrated services from multiple internal service departments at the medical center and develops referrals to external collaborators. The service integration strategy addresses barriers to access, and families receive transportation to some appointments as necessary. Collaborative agreements have been established with internal departments (e.g., Behavioral Health Services, Center for Excellence in Women’s Health, Addiction Service of the Boston Public Health Commission, and River Street Detoxification Center).

The sample population for Project RISE includes inner-city, low-income caregivers who speak English, Spanish, and Haitian Creole and are experiencing a range of risks for mental health and/or substance abuse problems. Participating parents and other caregivers (1) have a history of substance abuse/addiction and/or mental health problems or (2) have active substance abuse/addiction and/or mental health problems or (3) must be considered at-risk stemming
from the presence of one or more other risk factors. Parents and other caregivers with major psychotic mental illness are excluded. The control group receives standard pediatric primary care at Boston Medical Center and transportation to regular well-child visits. The randomly assigned intervention and control groups include 100 families each, who are a diverse group of African-American, Haitian, Hispanic, and white non-Hispanic families newly immigrated from 30 different countries. Targeted children are newborn infants. Mother/infant dyads are screened to eliminate serious developmental and health risks (e.g., very low gestational age, HIV positive).

The core intervention team consists of family advocates and behavioral health specialists. Family advocates assigned to each intervention family are central to the Project RISE service strategy. Each family advocate handles case management activities and regularly visits each assigned family at home and in the primary care clinic. Family advocates see families beginning with the first well-child office visit (three to five days old), at age two weeks, and approximately every two months or as needed to age 24 months. They also home visit as needed. They assist the primary care staff in the following up of referrals to specialty clinics within the medical center (e.g., clinics for exposure to lead, failure to thrive). Advocates also work closely with behavioral health specialists (substance abuse, mental health, and child development).

The behavioral health specialists serve as liaisons between pediatrics and internal and external agencies, such as psychiatric inpatient facilities, substance abuse treatment programs, and early intervention programs. They see families as needed, provide assessment and crisis intervention, and facilitate referrals to psychiatric services, substance abuse services, and early intervention by forging collaborative relationships with external agencies. To simplify the referral process for Project RISE parents and caregivers, two behavioral health specialists are assigned to treatment teams in Behavioral Health Services and a third is assigned to Addiction Services.

**Casey Family Partners: Spokane**

Participants: 170.
Population: 72% white non-Hispanic, 6% African-American, and 22% mixed heritage, ages birth to two and a half years.
Casey Family Partners: Spokane (CFPS) is a primary care site providing assessment and treatment to children and families who have been referred to Child Protective Services (CPS) for child abuse or neglect. Although CFPS serves families affected by both abuse and neglect, only neglect cases are eligible to participate in the SESS study. The target population is 72 percent white non-Hispanic, 6 percent African-American, and 22 percent mixed heritage. The total sample size will be 70 treatment and 100 control children.

The goal of CFPS is to restore children and their families to a healthy, productive life and to expedite permanency planning. A strength-based, intensive case management model is coupled with co-located mental health counseling and substance abuse treatment services, as well as screening and referral for pediatric health, developmental, and parenting skills services.

CFPS case managers (“Family Team Coordinators”) work in tandem with CPS social workers assigned to each intervention family to support the family in achieving service goals, while ensuring that the services required for resolving dependency issues are obtained. Family service plans are developed in conjunction with a family team, composed of the client’s family, extended family, friends, and collaborators working with the family. The CFPS SESS program focuses on the service needs of both the child and the parent, whereas child welfare decisionmaking typically focuses on the parent’s problems that led to the abuse and neglect. Addressing the child’s service needs, co-locating critical services in one convenient location, and empowering clients to develop and involve natural support groups of families and friends in their treatment are hallmarks of the CFPS program.

University of Miami School of Medicine’s Perinatal CARE Program

Participants: 242.
Population: 52% African-American, 29% Hispanic, 12% Caribbean, and 7% white non-Hispanic, ages birth to three years; 53% of caregivers are known substance users at enrollment.

Miami’s Families SESS is administered by the University of Miami (UM) School of Medicine’s Perinatal Chemical Addiction Research
and Education (CARE) Program. This site is based at the Juanita Mann Health Center (JMHC), a UM/Public Health Trust Community Health Center, which provides a full array of primary health care services in high-risk neighborhoods. The total sample size is 121 intervention children and their families and 121 comparison children and their families.

The Perinatal CARE Program collaborates with various community organizations that provide direct health care, substance abuse treatment/prevention, adult and child mental health, and basic needs services. The JMHC medical staff and Healthy Start High-Risk Children’s Program community health nurses are fully integrated into the multidisciplinary team. Collaboration with substance abuse treatment providers has consisted of prioritized referral processes and ongoing consultation with treatment center staff to monitor and support client progress. Simplified referral and co-staffing procedures have been established with several mental health providers. Streamlined referral and service access with early intervention providers has ensured that children identified as developmentally delayed receive immediate evaluation and placement.

Program services include the following:

• **Care Coordination.** Care coordinators, supported by a multidisciplinary team, provide intensive services in a flexible, family-centered format to maintain rapport and facilitate family participation in interventions. Activities include regular face-to-face contact at home visits and on site at JMHC; appointment scheduling, reminders, and follow-up; ongoing needs assessment and participatory family service planning; facilitation of needed service referrals (including basic needs) through cross-agency contacts; and ongoing referral follow-up to assess and address barriers to service utilization.

• **Mental Health and Substance Abuse Treatment and Prevention.** Training for all levels of SESS and collaborating agency staff in the areas of substance abuse and mental health is essential to properly serving families affected by these issues. Ongoing clinical evaluation and informal observation of caregivers’ substance use and mental health status is equally important, because these factors are dynamic. SESS staff utilize a flexible approach,
addressing these issues with caregivers at their current level of readiness for change. Crisis intervention and stabilization services are often needed, and treatment engagement efforts are intensive when a need for formal treatment is identified. These engagement activities attempt to overcome treatment barriers through ongoing discussion and supportive encouragement by all SESS staff, solicitation of the support of family members and significant others, and a focus on the impact of parental functioning on children and families. When formal referrals are unwanted or not necessary, short-term individual and family counseling sessions are provided by licensed SESS staff. Preventive educational topic groups related to mental health and substance abuse prevention have been offered monthly on various requested topics.

- Parenting Interventions. Several group and individual services are designed to support successful parenting of infants and young children, and efforts are made to include all significant caregivers—mothers, fathers, extended family, and alternative caregivers. Interventions encourage the development and maintenance of appropriate family and peer support systems. Families find it helpful that individual and home-based parenting sessions are available when issues cannot be appropriately addressed in a group setting or they are unable to attend. Two formal group curriculums are described below, and families participate in a formal graduation ceremony following completion of each group. An ongoing grandparents' support group and parent advocacy group meet regularly.

The “Baby & Me” Group is a 14-week parent-infant therapy program that promotes attachment, caregiver knowledge and understanding of infant development and behavior, and empowerment/insight into the impact of the caregiving environment. Each session with three to five parent-infant dyads is two hours and includes group process activities, structured parent-child interaction, practical didactic discussions, and work on a baby book. Didactic topics include attachment, infant communication cues, crying/soothing, sleep/wake patterns, infant medical care, feeding, safety, child abuse prevention, stress management, and anticipatory developmental guidance.
Sessions are designed to facilitate discussion in a manner that is fun and engaging, as well as educational.

The 14-week "Strengthening Multiethnic Families and Communities Program" meets for three hours weekly with 10 to 12 parents. It emphasizes raising children in violence-free environments. Violence prevention is addressed through ethnic/cultural roots, parent-child relationships, parent modeling in the family and community, and parent teaching and discipline. The curriculum helps parents teach children to express emotions, develop empathy, manage anger, and enhance life skills needed to function in society. The program also integrates positive discipline approaches aimed at fostering self-esteem, self-discipline, and social competence. Developing cultural awareness through family rituals/traditions and the importance of community involvement by parents are emphasized.

Curators of the University of Missouri

Participants: 150.
Population: Predominately white non-Hispanic, ages birth to five years.

The University of Missouri is a primary care site studying the integration of behavioral health services into a university pediatric primary care clinic located in Boone County, Missouri. The Healthy Foundations for Families Program serves children between birth and five years of age who live within Boone County. The population served in the pediatric primary care clinic is predominately white non-Hispanic, with a small minority and international population. Referrals are from physicians or self, and selection within the population is based on the caregiver needs with respect to parenting stress. After screening, participants are randomly assigned to the intervention (n = 75) or comparison (n = 75) groups. Those who are not assigned to the intervention receive the usual standard of care, which typically involves referral to other community or hospital-based services from the primary care clinic.

The intervention integrates health and human service professionals working with very young children and families. The professional team includes an on-site recruiter and the child’s pediatrician. Fam-
ily associates are housed in the community. Mutually agreed-on referral forms and release of information forms have been developed to allow for a more expedient and efficient way to initiate the referral/intake process for families. Contracted agencies include those who provide the following:

- Substance abuse counseling.
- Early childhood education.
- Parent education.
- Therapeutic interventions for emotional and behaviorally challenged children and their families.
- Intervention to families with histories of child abuse and neglect.

The family associate is responsible for working with families to identify and coordinate services for the child and family and provide age-appropriate anticipatory guidance from parents in the areas of child health, development, and parent-child interaction. For services beyond those provided at the clinic, families are referred to contracted agencies and other services within the community. To facilitate access to these services, wraparound funds have been established to support program families who experience transportation and child care difficulties. Flexible funds are also available to pay for therapeutic intervention, as well as support services like child safety items, utility bills, or a parenting class.

The community and clinic-based professionals involved receive training on cross-professional issues, culturally competent care, family-centered care of families with young children, anticipatory guidance, and emotional/behavioral problems in young children. In addition, community agencies have been contracted to serve as consultants with regard to barriers that prevent participants from keeping appointments and following through with services.

**University of New Mexico**

Participants: 200.
Population: Reflects the major ethnic groups in Albuquerque: Hispanic, white non-Hispanic, African-American, Native American, and multiracial, ages birth to three years.
The University of New Mexico Health Sciences Center (HSC) in Albuquerque is the site for the Starting Early to Link Enhanced Comprehensive Treatment Teams (SELECTT) program for families and their children. For the purposes of this study, only families residing in the greater metropolitan area of Albuquerque, within a 40-mile radius, participate in SELECTT.

Families are recruited through referrals from HSC staff, including its specialty clinics and collaborating programs, partner agencies that include private hospitals, Head Start and Early Head Start, and through recruitment presentations made at Career Works/Welfare to Work orientation classes. The program enrolls children under three, with continuing service to age seven, when there is identified family substance use, mental health, domestic violence, and/or unsupported teen issues.

Once a family has been identified as meeting the SELECTT criteria, they are assigned randomly to a treatment group or a control group. Both receive case management services, although those in the control group receive a minimum of four hours of case management per year. Those in the intervention group receive intensive case management, according to a strengths-based, solution-focused approach to engaging and working with families. All service assessment and provision is predicated on the belief that families will become more productive if they focus on healthy behaviors that produce positive change. Families benefit from an interdisciplinary team and case review (i.e., a family service delivery plan), during which service providers discuss goals, identify specific program outcomes, and review family progress in attaining these goals and outcomes.

SELECTT offers child-centered, family-focused services in three locations: at home, in an integrated HSC clinic held one day per week at the Family Practice Clinic of the HSC, or in the SELECTT offices. The unique feature of the program is its capacity to address the needs of the entire family, focusing on healthy behaviors that produce positive change. Program services include the following:

- Primary, Coordinated Medical Care.
- Case Management Services.
- Child Developmental Assessment and Intervention.
• Legal Services.
• Solution Focused Clinical Approaches.
• Substance Use Counseling.
• Mental Health Counseling for Children and Adults.
• Parenting Support Groups.
• Interdisciplinary Team Services.
• Parent Advisory and Community Steering Advisory Committees.
• Extensive Community Referral Base to Early Intervention, Behavioral Health Services.

As a result of its programmatic efforts toward service integration, SELECTT merged with three other programs at the HSC to provide a continuum of services for high-risk children and their families. This collaboration will enhance services across the four programs by offering a wider spectrum of services, cross-training, streamlined documentation, and eventually, a pooling of financial resources.

SELECTT’s Steering Committee meets monthly with its HSC and community collaborators to discuss program policy, service issues, and other issues to ensure that services are provided to the families. The principal investigator and program manager are heavily involved in a variety of local and state ad hoc and formal groups, whose goals are to further systems and services integration in specific service areas, such as domestic violence, child witness to violence, early intervention, health care/Medicaid issues, home visiting, and mental health/substance abuse. Among its successes, SELECTT counts its mobilization of the Albuquerque and New Mexico community at its “Community Forum,” held in Albuquerque in October 2000, which focused on “Making New Mexico a Child-Friendly State.”

EARLY CHILDHOOD GRANT SITES

Asian American Recovery Services, Inc.

Participants: 291.
Population: Predominately Chinese with a minority of Hispanic and African-American, ages three to five years.
Asian American Recovery Services, Inc., is an early childhood grantee assessing the integration of services for an at-risk population composed largely of recently immigrated families. The target population consists of children and their family members at four preschools operated by Wu Yee Children’s Services in two inner-city San Francisco neighborhoods. The total sample is 191 intervention children and 100 comparison children. The comparison schools were selected based on their proximity to these neighborhoods, ethnic background, and school size.

Through SESS, the intervention children and their families participate in “CAPS”: Comprehensive Asian Preschool Services. The CAPS program is supported by multidisciplinary community partnerships, which include AARS, Inc.; Wu Yee Children’s Services; Chinatown Child Development Center (CCDC); and Chinatown Public Health Center. To facilitate organizational collaboration, community partners meet monthly to review policy issues and make progress toward reducing barriers to accessing services.

The CAPS intervention involves both a family advocate and a multidisciplinary case management team. Family advocates provide flexible, responsive, personal contact and support for families. The multidisciplinary family service team, which includes the family advocate, early childhood teaching staff, and a mental health consultant, assesses and plans for service integration for each family. The intervention combines intensive services designed to strengthen family capacity, child development, and access to behavioral health services for assessed families. Children receive enhanced child development services as part of their preschool classes. SESS provides for a partnership with CCDC, a community mental health agency specializing in working with immigrant families. The CCDC mental health consultant provides observation, assessment, and guidance to staff. Children and families in need of additional behavioral health services are referred to community partners off site. Additional intervention strategies include the following:

- Socialization groups for identified children.
- Information and referral for families.
- Parent training and empowerment groups.
• Family relationship enhancement activities.
• Home visiting.

Each year the program operates parent empowerment groups. The program also offers an eight-week, culturally appropriate parent education series at the intervention sites. Parents unable to attend the series receive this information through the family advocates during home visits. The program interventions will continue, according to family need, for up to three years. SESS services are provided at both the early childhood centers and in the home, striving to meet the unique needs of each family.

Child Development, Inc.

Participants: 240.
Population: Primarily white non-Hispanic and African-American, ages three to five years.

Child Development, Inc., is an early childhood site assessing the integration of behavioral health services into Head Start sites serving nine rural Arkansas counties. The intervention and comparison groups consist of children who entered Head Start at age three during the 1998–1999 school year. The sample size is 240—120 intervention children and 120 comparison children. Treatment sites in the target communities were randomly selected, then matched with comparison sites according to center size and type, community income level, number of classrooms, ethnic background of the student body, and age of the Head Start facility. Children at both sites are primarily white non-Hispanic or African-American. Any children who receive parental consent in the intervention and comparison centers are study participants.

The intervention is organized at several levels: community, classroom, and individual family. At the community level, each intervention center has a regional steering committee. The steering committee operates separately from the interdisciplinary team, functioning as a policy organization designed to decrease interorganizational barriers and enhance collaborative capacity. Steering committee members include collaborating agencies, such as the local mental health agency and community mental health providers,
the local substance abuse treatment agency, criminal justice, the public school system, county child protective services, victim’s assistance, parents, and the Head Start centers. Staff in community organizations receive SESS-sponsored cross-training in such issues as cultural sensitivity in service provision and multiple service coordination. The project conducts extensive training on issues related to resiliency, substance abuse, and child and family issues, focusing on the development of on-site dialogue teams, increased on-site training, and resource enhancement.

At the classroom level, classrooms receive support through training of teachers and staff, and through the provision of behavior management specialists and case managers who assist and advise teachers in addressing behavioral problems in SESS classrooms. They also work closely with mental health practitioners in the development of activities for children.

Families and index children receive an intensive array of services and support during their two years of Head Start and seven months of kindergarten. Case management focuses on developing individualized interventions based on family members needs that have been expressed in the family partnership agreements. Caregivers in the intervention group receive extensive training in parenting through education and support groups, parent-child bonding activities, and the incorporation of prevention activities into parent meetings. Intervention children and families receive most services on site at the Head Start Centers, and home visits provide additional service delivery. Mental health and substance abuse services not co-located on site are made available at collaborating agencies or other referral facilities.

The lead agency provides behavioral health services to intervention children and parent education and training to caregivers. Collaborating agencies provide support groups, mental health services, and outpatient and residential substance abuse services. Collaborating agencies have increased accessibility by extending service hours and simplifying administrative requirements. For families who have difficulty paying for mental health or substance abuse services, the intervention provides a flexible funding source to pay for services, copayments, and deductibles when no other payment sources exist.
Children's National Medical Center

Participants: 280.
Population: 60% Latino, 25% other immigrant, 15% African-American, age four years at recruitment.

The Children’s National Medical Center is an early childhood grantee testing the effectiveness of service integration in a Head Start setting in the suburban environment of Montgomery County, Maryland. The sample size is approximately 280—140 intervention and 140 comparison children. Both groups include families and their four-year-old children who attend Head Start. All families whose children attend one of four Head Start schools may participate in the study. Participants are assigned to intervention or comparison groups based on the school attended. Two of the four schools were randomly designated as intervention sites and two as comparison sites. The sample is estimated to be 60 percent Latino, 25 percent other immigrant, and 15 percent African-American.

Intervention provided by SESS staff takes place in the Head Start classrooms and participants’ homes. Additional services are delivered in various public and private community agencies. The planned intervention integrates and facilitates access to mental health, substance abuse, educational, physical health, and social services (including housing, financial assistance, vocational training, adult education, and other social service programs).

The collaboration is designed to reduce unmet needs for a variety of mental health, behavioral, and social services through effective service integration of existing community services supplemented by specific home and school-based interventions. Both types of services are provided through linkages to community organizations. The Family Services Agency, Inc. (FSAI), provides regular home visitations by Peer Family Support Workers (FSW) to intervention families to support normative development and effective parenting. FSWs also develop relationships with the family, provide assessments, support family functioning, make recommendations and referrals, assist in follow-through on referrals, and coordinate services. Through Connect for Success (CFS), early childhood mental health specialists provide weekly consultation to Head Start staff in the intervention classrooms. Under the supervision of a clinical psy-
chologist and bilingual MSW, the FSAI and CFS staffs have regular case conference meetings to discuss the needs of specific families, develop intervention plans, and ensure the integration and coordination of home and school interventions.

Service integration and facilitation occurs at multiple project levels. First, representatives from public and private service providers participate in the Montgomery County SESS Community Consortium, which meets regularly to better understand and accomplish service integration. Second, FSWs serve as case managers with intervention families to facilitate access to services and coordinate services used by families with multiple-sector needs. Third, cross-training, particularly in substance abuse and child development, is conducted for SESS, Head Start, and community provider staff. Finally, regular case conferences facilitate multisector integration by addressing the needs of families requiring services from multiple agencies.

The intervention changes significantly in the second year, when the intensity of the home visitation component is reduced and classroom consultation is no longer available. During the second year, the children make the transition into public school kindergarten—a transition that is often a source of stress. The second-year intervention is intended to provide a bridge to independence.

Johns Hopkins University

Participants: 540.
Population: African-American, ages three to five years.

Johns Hopkins University School of Hygiene and Public Health is an early childhood site studying the integration of behavioral health services into two Head Start Centers in Baltimore. The intervention group includes African American children ages three to five and their families, compared with children attending two similar Head Start programs without SESS services. The total sample size is 320 intervention and 220 comparison children. The program is offered to all children and their families at the intervention centers.

The intervention strategy blends preventive services to families with assessment and case management for effectively addressing behavioral health problems potentially impacting the development of
index children. All Head Start programs screen children to identify their specific needs and refer them to the appropriate services. However, the intervention group benefits from additional on-site services, including a mental health clinician and resource coordinator who work collaboratively with Head Start staff and community providers to expand and coordinate available services to Head Start children and their families.

Programmatic efforts focus on the following:

- Providing families with services are coordinated on-site and in the community.
- Staff development.
- Parent training.
- Family support groups.

Specifically, an on-site clinician is available to provide direct services to families and staff (staff consultations) and to facilitate family group services. Community-based services are coordinated and integrated through developing a network of services within the community (e.g., substance abuse). At each site, a family community resource coordinator has been added to augment Head Start staff and to work with families and staff to help families access the coordinated services as well as other services they need.

Families have the opportunity to participate in the Pyramid to Success program. This curriculum is designed to help parents develop effective discipline strategies for their children, with a focus on heritage-based and strength-based ways to promote the development of African-American children. In addition, parents have the opportunity to participate in the Families and Schools Together program, a whole-family support group model with an emphasis on substance abuse prevention.

Head Start staff at the two intervention sites participate in joint staff development trainings several times during the school year, as well as site-specific trainings. An advisory group of Head Start parents as well as input from advisory groups from citywide services systems (e.g., Baltimore Substance Abuse Systems) help facilitate the progress of the program.
The on-site clinical services, family parenting/support groups, and staff development activities are delivered in the Head Start Centers. Service integration and coordination activities are coordinated through the Head Start Centers with services received at community-based program sites.

**The State of Nevada Division of Child and Family Services**

Participants: 192.
Population: Approximately 55% African-American, 35% Hispanic, 10% white non-Hispanic, and a small number of Native American and Asian, ages three to four and a half years.

The state of Nevada is evaluating the impact of New Wish, a project that provides the integration of behavioral health, developmental, substance abuse treatment, and family advocacy services into Head Start sites in Clark County. Targeted children range in age from three to about five years and must be enrolled in Head Start. In Las Vegas, the major city in Clark County, roughly 55 percent of its Head Start preschoolers are African-American, 35 percent are Hispanic, and 10 percent are primarily white non-Hispanic, with a small number of Native Americans and Asians. The study sample size is 192—80 intervention and 112 comparison children. Once families are enrolled in the intervention, services are provided whether or not the child remains in Head Start. The comparison group, which receives traditional Head Start services, is selected from demographically similar Head Start centers. Teachers refer children in need of behavioral health services to the study at both the intervention and comparison centers.

Within the community two powerful barriers to behavioral health and substance abuse treatment programs have been observed: (1) mistrust of formal systems and of individuals who work for them by families who need the programs and (2) fees, transportation, and child care are major issues among the targeted population. New Wish addresses these barriers in the following ways:

- Case managers and family specialists (parent advocates) teach parents to be more effective as advocates and service coordinators.
• Many services are co-located at Head Start centers or provided in families’ homes.
• Special arrangements are made to access and support chemical dependency treatment.
• Linkages with collaborators provide access to county mental health services.
• Transportation and childcare are provided as necessary.

The intervention involves the integration of behavioral health services for Head Start children, parents, and families. This includes family and adult mental health (Early Childhood Services, Southern Nevada Adult Mental Health), substance abuse treatment (Bureau of Alcohol and Drug Abuse funded programs in Southern Nevada), developmental services for children (Clark County School District), and family advocacy (Parents Encouraging Parents). Each family chooses a team of representatives from programs providing services to that family. This team meets at least quarterly with parents to formulate a broad-based family intervention plan and to coordinate services. Each family chooses a case manager for the team, who helps parents learn how to achieve follow-through, establish collaboration with service providers, set treatment goals, and achieve them. All service providers communicate changes of plans or difficulties in implementation of service plans with the case manager.

Behavioral health services are offered in the home or at the child’s Head Start site by New Wish counselors. More intensive child behavioral health services, such as psychiatric evaluation, medication monitoring, and day treatment, are provided at the most convenient Early Childhood Services site. Developmental services, adult mental health programs, and substance abuse treatment programs are provided by collaborators at the nearest appropriate site. Referrals are expedited for New Wish families.

New Wish counselors are based at New Wish Head Start sites where they are generally available for informal conversation and consultation with parents and teachers. They perform a range of prevention programming for children, adults, and families. Their involvement and usefulness to families results in more openness about families’ problem areas.
The Tulalip Tribes

Participants: 201.
Population: Native American, ages three to five years.

The Tulalip Tribes' beda?chelh ("our children") is an early childhood grantee assessing integrated services for "at risk" three- to five-year-old tribal and mainstream children and their families. The Tulalip tribal children and families are accessed through Catholic Community Services' Childspace in Everett and St. Mike's Tikes preschool in Olympia, both of which serve smaller, intact communities within a larger suburban setting. Lummi Head Start provides the comparison for the Tulalip preschools, because Lummi is a Northwest tribal community similar to the Tulalip Tribes. The South Everett Montessori and the South Sound YMCA preschools are comparison sites for the mainstream groups because they serve families socioeconomically similar to those served at ChildSpace and St. Mikes' Tikes. In both tribal and mainstream intervention sites, beda?chelh believes in a mind, body, and spirit approach to reducing risks and enhancing protective factors in children and their parents, and interventions are designed to strengthen individual skills by strengthening the bonds between children and their families and communities. The total sample size is 113 intervention and 88 comparison children.

The intervention involves service integration strategies at the individual, classroom, and community levels. Multidisciplinary teams composed of family members, case managers, child therapists, clinical and legal consultants, child welfare workers, and treatment providers from substance abuse, mental health, and domestic violence fields assess and develop service plans for index children and their families. Interagency collaboration occurs through participation on the multidisciplinary team and on professional advisory boards, which guide the project. Several intercommunity collaborative ties and partnerships extend service provision to the larger communities in which index children reside. All of the above integration strategies are unique to the SESS project, with the exception of the multidisciplinary team. Even this team, however, has been significantly expanded and strengthened under the SESS project.

The integrative mechanisms will guide delivery of and enhance access to services. All index children will receive the following:
• Enhanced preschool curriculums (violence and alcohol, tobacco, and other drug-prevention curriculum through use of the Nee-Kon-Nah Time curriculum).

• Reading readiness and connectedness/bonding through traditional storytelling.

• Milieu therapy in the preschools.

• Gymnastics lessons.

Case management provides access and follow-through for child therapy, mental health services, chemical dependency treatment, family preservation services, domestic violence treatment (for perpetrators and victims), housing assistance, and parenting education and support. These services are provided by the grantee, its partnering agency, and collaborative agencies and organizations.

The curriculum and child-centered services are provided at the early childhood centers and other services are provided at nearby and convenient locations. Family preservation services are provided in the home, as are other services if caregivers are unable to gain access to center-based services. The children and families will receive the majority of their services in the child care/preschool setting. All of the children’s enrichment services and the majority of the child therapy are provided in the child care/preschool settings. The family services of substance abuse, mental health, and domestic violence treatment and parenting education occur, for the most part, in the family’s small and intact community. Through the project’s inter-agency collaborations, services in the greater community (e.g., inpatient chemical dependency or mental health treatment) are accessed as needed.

The Women’s Treatment Center

Participants: 185.
Population: Primarily African-American, ages three to four years.

The Women’s Treatment Center is an early childhood grantee collaborating with the Ounce of Prevention Fund and the University of Chicago to study the integration of behavioral health services into a Head Start site located on Chicago’s South Side. The intervention
group is recruited from two classes and includes African-American children, ages three to four. These children are compared with African-American children receiving traditional Head Start services at a comparison site.

The comparison group is in Head Start, but there are differences in case management procedures. Only the intervention sites receive substance abuse prevention and treatment and mental health services. Both sites have Head Start family support worker services available to them. More intensive family counseling is available at the intervention sites.

The services integration strategy involves the addition of two substance abuse/family support counselors to work directly with all families in the intervention program and additional behavioral health specialists to meet identified needs and make appropriate referrals.

The intervention site receives the following:

- Group parent education.
- Group substance abuse education, screening and referral for treatment and aftercare.
- Mental health screening and referral for treatment.
- On-site family counseling.

A psychologist and a parent-child specialist are available to work with the Head Start staff and family support counselors to develop individual family service plans. These behavioral health specialists are a resource for the integrated staff. On-site substance abuse services for intervention group families are immediately available and free of charge, funded through the SESS grant. Additional service needs are more readily available through the intervention site. Intensive outpatient or residential substance abuse treatment available through the Women’s Treatment Center and an outside collaborator provides services for males. Intensive mental health services are provided through an external collaborator. SESS provides for extensive cross-training of professionals from other disciplines regarding the identification, signs, and symptoms of substance abuse.
The bulk of services takes place at the Head Start centers, while such specialized needs as substance abuse treatment take place at the Women’s Treatment Center and other collaborating agencies. Each intervention and comparison center has the benefit of a Head Start Parent Advisory Council.