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United For Children

In Allegheny County, A Roadmap For Early Care and Education

A comprehensive plan for early care and education in Allegheny County offers a roadmap for giving all children the opportunity to experience the high-quality early childhood services that reliable evidence shows promote success in school and later in life.

United For Children, a group of more than 80 leaders in early childhood care and education, drafted the report as part of its work as the state Department of Public Welfare-sanctioned Local Planning Group for early care and education in the county. It is the first community-organized agenda for early care and education created in Allegheny County.

“Uniting all of us around the idea that zero-to-five

counts is one of the major achievements of United For Children,” said Wendy Etheridge Smith, Projects Manager, Policy Initiatives, University of Pittsburgh Office of Child Development, which coordinates United For Children.

Studies show that quality early care and education – not simply babysitting – yields benefits ranging from better math and reading scores to less delinquency. Wider access to such services would improve the school readiness of young children and reduce anti-social

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Maternal Smoking Rate Here Is High

Smoke-Free Coalition's Tough Target: Women Who Smoke During Pregnancy

An Allegheny County coalition of health care professionals, hospitals, educators, community and government leaders and others is tackling a stubborn problem – reducing smoking among pregnant women, a practice so widespread that Pittsburgh's maternal smoking rate is the worst reported among the nation's 50 largest cities.

Nearly 23% of the women who gave birth in Pittsburgh during 2001 said they smoked while they were pregnant, giving the city the worst maternal smoking rate for the tenth time in 11 years, an Annie E. Casey Foundation study reports.

Smoking, while harmful to the woman, also poses great

risks for their babies. Smoking during pregnancy has been linked to fetal and infant deaths, low birth weight, and other serious health problems.

“We need to change health care practices, improve governmental policies, and increase public awareness of the risk of smoking during pregnancy and where women can go for help,” said Robert Nelkin, Director of Policy Initiatives at the University of Pittsburgh Office of Child Development (OCD), which is coordinating the Smoke-Free Mothers/Smoke-Free Families Coalition in Allegheny County. “In the coalition, we have a large group of leaders who can speak out and bring about these changes.”

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behavior – two critical needs facing Allegheny County and Pennsylvania today.

Unfortunately, quality early childhood care and education is in short supply. Just as troubling, the number of well-trained early childhood teachers – a key ingredient of quality programs – falls short of demand and recruiting students into the field is reported to be difficult.

The United For Children plan for early care and education in the county addresses quality and professional development issues, as well as capacity, services for children with special needs, engaging parents in early care and education, and public awareness.

The plan was drafted by a broad coalition. Chairs of key United For Children committees and the organizations they represent include:

- *Advocacy/Public Awareness* – Mardi Isler, Pennsylvania Partnerships for Children.
- *Capacity* – Anthony Gannon, Child Care Partnerships at the YWCA of Greater Pittsburgh.
- *Parent Engagement* – Nancy Crago, The Pennsylvania State Cooperative Extension.
- *Professional Development* – Cindy Bahn, The Pittsburgh Association for the Education of Young Children.
- *Quality* – Karen McIntyre, The Allegheny Conference on Community Development.
- *Special Needs* – Michele Myers-Cepicka, The Alliance for Infants and Toddlers.
- *Transition* – Jennifer Fustich and Barbara Willard, The School Readiness Group.
- *Members-at-Large* – Linda Ehrlich, Shady Lane Resources; Rachel Wilson, The Children's Cabinet.

Capacity

Access to quality early childhood care and education is a problem in Allegheny County, if not the entire state.

The United For Children plan sets its sight on obtaining the following outcomes:

- Build a countywide system for locating child care that is aligned with current and future consumer demand.
- Build a countywide system to support the development of child care capacity based on current and projected

need areas by age.

- Establish partnerships among early childhood programs, businesses, foundations, schools, and Head Start to address capacity.

Quality

Quality is a top issue among providers and parents alike. It is a commodity in short supply in Allegheny County and across the state.

Fewer than 20% of early childhood programs in the state offer environments that tap the full potential of early learning, according to a 2002 study by the Universities Children's Policy Collaborative (UCPC), a collaborative of the Pennsylvania State University College of Health and Human Development, the Center for Public Policy of Temple University, and the University of Pittsburgh Office of Child Development.

Access to quality early care and education for all children in the county is a key goal of the United For Children plan. It proposes ways to achieve the following outcomes:

- Increase the number of programs working toward, meeting, or surpassing national accrediting standards or that are progressing through the Keystone STARS system. Strategies include publicly recognizing improved programs and developing ways to support programs trying to improve.
- Increase awareness, understanding, and demand for high-quality early care and education for at-risk children. Suggestions include increasing the number of early childhood programs in at-risk neighborhoods or increasing the capacity of those already there.

Special Needs

In surveys, direct care providers report that children with special needs are not accepted into center-based and family-based care, seriously limiting access to quality care. Reasons include a lack of knowledge and training to work with special needs children and facilities that are not appropriately equipped for these children. Half of parents surveyed who have a child with special needs report difficulties finding a provider willing to take their child.

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Making sure special needs children have access to high-quality early care and education is a goal of the United For Children plan, which suggests ways to achieve the following outcomes:

- Establish strong relationships between early care and education providers and early intervention and mental health officials that result in integrated supports and services for special needs children. Strategies include a single point of contact for referring special needs children to appropriate early intervention and mental health services and a single point of contact for providers to discuss concerns with service plans.
- Make consultation services available to early care and education providers. Strategies include creating an easily accessible network of established agencies that provide technical assistance to those caring for special needs children.
- Provide support for parents of special needs children, including help in their role as parents and access to education about their children's needs and resources. Parents should also play a role in the design and implementation of inclusion services.
- Expand and enhance skill-building resources for everyone who is engaged in supporting children in early care and education, including providers of early childhood education, early intervention, and mental health services.

Engaging Parents

The involvement of families is critical to quality early care and education. Surveys show that while providers believe their relationships with parents to be very important, 68% say involving parents is difficult.

United For Children's plan calls for supporting parents and guardians as their child's most important teacher in identifying and selecting high quality early care and education environments for their children and having parents and providers of early care and education become partners in advocacy for quality services. Desired outcomes include:

- Early care and education staff are given training in a family-centered service approach, which promotes strength-based partnerships with parents.
- Parents in pilot communities are providing speaker presentations highlighting the importance of high quality early care and education and "charging" their audiences to get involved in ensuring that quality early care and education settings are available for children in their communities.

Public Awareness

A public that is unaware of the importance of quality early care and education is a concern among providers. Another frustration is the general lack of respect for the profession.

"Most people still don't understand that between the ages of zero and five some of the most significant brain development takes place," said Etheridge-Smith. "And a lot of our policymakers don't understand that money invested up front saves them a great deal of money later on."

One disturbing characteristics of the profession is low pay, which persists despite increasing evidence that the ability and devotion of staff are among the factors that shape the quality of early childhood programs. Low pay contributes to high turnover in the early childhood field.

United For Children's goals include rallying support for quality early care and education. Steps are proposed to achieve a number of outcomes, including:

- Getting out the message, based on evidence, that quality early care and education is very important to the healthy development of children.
- Establishing a coalition of existing policy groups to coordinate local, state, and national advocacy for early care and education.
- Recruit corporate, business, and others as partners to promote quality early care and education.
- Mobilize parents and providers to take a more active role in policy and advocacy efforts.

Professional Development

College-educated teachers provide a higher level of quality educational experience. But in Pennsylvania, only 58% of preschool teachers, 39% of Head Start teachers, 22% of child care center teachers, and 18% of home-based providers have a Bachelors degree in any subject. More than half of college-educated teachers who work with children 5 years old and younger have a background in elementary education, not early childhood, which is better suited to their field.

Only half of the early childhood college graduates take jobs working with children kindergarten age or younger – and more than a quarter of them leave Pennsylvania to do so, according to a UCPC survey of higher education programs in Pennsylvania.

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In 2003, the Allegheny County Health Department through its non-profit Tobacco Free Allegheny funded the coalition with money the state received as part of a nationwide legal settlement with tobacco companies. A countywide public awareness campaign was launched to help pregnant women stop smoking and the coalition drafted a comprehensive strategy to address maternal smoking. In December, the strategy was shared with state Public Welfare Secretary Estelle Richman.

Smoking Rates A Concern

Nelkin said efforts to organize a coalition around maternal smoking in Allegheny County began at OCD several years ago after learning that the rate of Pittsburgh women who smoked during pregnancy was the highest among the 50 largest U.S. cities whose data was reported in the annual Annie E. Casey Foundation survey.

The latest survey, released in January, shows that although the rate of pregnant women who smoke fell slightly in Pittsburgh from 23.3 % in 2000 to 22.7% in 2001 – the city still ranks as the worst of the large cities in the nation and its maternal smoking rate is well above Pennsylvania's statewide average of 16%.

Pittsburgh is not alone in posting troubling maternal smoking rates. Philadelphia's 14% maternal smoking rate in 2000 was 30th among the nation's 50 largest cities. And several of Pennsylvania's counties reported alarmingly high rates, such as Clinton County, where 30.3% of pregnant women smoke; Venango County, which posted a 33.4% maternal smoking rate; and Greene County, where 33.6% of pregnant women smoke.

High rates of maternal smoking means more children face greater risks of serious health problems.

Babies Face Health Risks

Women who smoke while they are pregnant expose their unborn children to serious health risks. Most troubling is the fact that maternal smoking is clearly linked to fetal and infant deaths. Babies of mothers who smoked during their pregnancies, for example, have three times the risk of Sudden Infant Death Syndrome.

Smoking during pregnancy is also linked to low birth-weight and premature births. The U.S. Surgeon General reports that 20% of low birth-weight births, 8% of preterm deliveries, and 5% of all prenatal deaths could be prevented by eliminating smoking during pregnancy.

Infants of mothers who smoke during pregnancy are also at higher risk of mental retardation, physical growth retardation, asthma and other respiratory diseases. Recent studies also suggest fetal exposure to tobacco may be associated with childhood behavioral and cognitive problems.

Getting Mothers To Quit

The coalition is taking several steps to reduce maternal smoking in Allegheny County and to help mobilize a broader effort throughout Pennsylvania. Among its first steps was to launch an anti-smoking billboard campaign as part of its effort to raise public awareness of the problem.

The coalition also drafted a comprehensive set of recommendations to prevent maternal smoking and help women who smoke to quit through a combination of heightened awareness, changes in health care practices, and changes in government policy.

Many of the recommendations apply to health care providers whose patients include women who are pregnant. These steps include:

- **Raise awareness.** Interviews suggest many health care providers are not aware of the high numbers of women in the region who smoke during their pregnancies. The coalition is distributing educational materials that address the problem and risks.

- **Best practices.** Few providers are aware of best practices to curb smoking among pregnant women. Only 21% of doctors nationwide are trained in smoking cessation counseling. The coalition proposes best practices training, including an internet tutorial.

- **Implement practices.** Women are more likely to quit smoking during pregnancy than at any other time. The coalition recommends that providers address smoking during prenatal visits, document smoking status during pregnancy, and refer women for treatment.

- **Report success rates.** The coalition recommends the tracking of pregnant women's smoking status, interventions, outcomes, and other data to identify where smoking cessation services are needed and other information.

- **Assess effectiveness.** The coalition recommends that the state issue report cards on rates of smoking during

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EVIDENCE-BASED PROGRAMMING: INVESTIGATING WHAT WORKS AND WHY

Special Report

University of Pittsburgh Office of Child Development
Serving Children and Families By Promoting

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The idea of supporting programs with a proven record of success is gaining popularity among policymakers and other funders of human services whose enthusiasm for investing in interventions not subjected to rigorous study has been dampened by dwindling resources.

This heightened interest in evidence-based programming is placing greater faith in scientists and their research. The demand that programs be forged from scientific evidence seems, on the surface, to be a prudent approach, particularly when trying to stretch limited funds. Evidence-based programming, however, is a complex issue.

Evidence that a program is effective in one community does not necessarily mean it will work just as well in another. Inconsistencies in the quality of studies cloud evidence of program effectiveness. In some program areas, the evidence is too thin to shed much light on whether programs are effective. Some interventions are not studied at all, leaving policymakers little more than anecdotes and assumptions to work with. Some social and behavioral problems themselves defy rigorous scientific study.

Relying on programs shown to be effective elsewhere requires policymakers to consider whether the assumptions they make about evidence-based programs hold up in each case. Common assumptions about these programs include the following:

- Evidence is available for one or more programs that address the issue in question.
- The program is described and packaged in a way that allows others to easily implement it the way it is intended to work.
- Characteristics critical to a program's success are clearly identified and defined.
- The program can be replicated successfully on the local level.
- It is clear that the program is truly evidence-based and worthy of being implemented elsewhere.

Accepting such assumptions has its risks. If any prove false, programs successful elsewhere may fail to live up to their promise when implemented locally.

Availability Of Evidence

The body of evidence available to measure the effectiveness of programs that address the well-being of children, youth, and families varies by domain. It is an important issue when policymakers rely heavily on an evidence-based approach in deciding which programs to support. As it stands today, policymakers have access to quality data on the effectiveness of some programs that address some problems, but little reliable data on which to judge other programs and address other problems.

Policymakers, for example, will find a large body of evidence addressing the effectiveness of programs designed to prevent problem behaviors among adolescents, such as substance abuse, violent behavior, delinquency, risky sexual activity, and school failure. However, policymakers looking at early childhood education will not find much in the way of evidence shedding light on the effectiveness of curricula to promote early literacy and appropriate social-emotional development – areas that are just now emerging in the scientific literature.

In some cases, policymakers may never have sufficient evidence about the effectiveness of programs that address difficult-to-study issues, such as child abuse. Although child abuse is a dangerous and costly problem that raises concern among policymakers and the public alike, creating programs to prevent it and evaluating child abuse interventions is difficult, in part, because of the low frequency the problem occurs in the population.

Description And Packaging

A key factor in adopting a program that has had success elsewhere is whether information necessary to faithfully

replicate it is available. Unfortunately, descriptions of interventions are not always complete and may be lacking in detail.

Studies suggest that even when a program is carefully and faithfully implemented, outcomes may vary from site to site and population to population. Social and behavioral programs do not “travel well” in many cases. It is particularly important that all of the characteristics of a program that are crucial to its success be thoroughly described.

Some of the general characteristics service providers identify as critical to program success are the strength of the relationships built between providers and those they are reaching out to help, how well a program is matched to the needs of those it serves, and the value participants place in the program and its approach.

Such factors are difficult to write into program descriptions, training manuals, and evaluations. Without them, however, a program will not likely find the level of success demonstrated elsewhere that made it so attractive to policymakers in the first place.

Will It Work Locally?

Another question is whether a program will be implemented locally as described or will changes be made to tailor it to a specific site or population.

Skilled practitioners expect to modify programs to meet individual needs and agencies are often eager to match their programs to the characteristics of those they serve. Local regulations and agency policies may interfere with implementing certain aspects of a program as prescribed. In all of these cases, changes made or characteristics not implemented may affect the program and the outcomes produced.

Defining “Evidence-Based”

What qualifies as “evidence-based” is, in many ways, still uncertain. Finding a way to thoroughly assess the extent to which evidence validates a program’s effectiveness is essential.

One reported process¹ is based on the hierarchy of evidence in the Institute of Medicine’s report on prevention² and influenced by discussions in clinical psychology.³

The process leans heavily on randomized trial and interrupted time series design and replication to define progressively higher levels of evidence.

While it represents a strong start toward a reliable process, it has a few shortcomings that are important to consider. For example:

- The process ignores research that uses designs other than randomized trials and times series. By ignoring such studies, it denies policymakers a body of research that may, in fact, offer important insights into the effectiveness of programs, characteristics that contribute to effectiveness, and other information.

- It does not distinguish between failed programs and programs that were not evaluated. A program may get poor marks simply because it was not evaluated.

- It does not consider effect size, cost of implementation, or cost/benefit ratio – all factors that policymakers must carefully weigh.

- It does not have a provision for what characteristics of a program contribute to its success, denying policymakers information they need to be flexible and creative.

“Consensus” Strategy

Such shortcomings suggest that a broader, multifaceted strategy for assessing program effectiveness is needed to arm policymakers with more complete and reliable information on evidence-based services.

An alternative approach is to enlist professionals whose training helps them navigate the complexities, trade-offs, and ambiguities found within research literature. In other words, a consensus group of knowledgeable researchers, practitioners, and policymakers would judge the level of evidence available for programs and identify characteristics that help make programs successful.

An attempt at this process is the Pathways Mapping Initiative of the Project on Effective Interventions at Harvard University,⁴ which convenes groups of experienced researchers and practitioners to help policymakers and others understand what works by defining actions and goals that lead to desired outcomes as well characteristics of effectiveness, rationale, and evidence that certain interventions achieve outcomes.

Characteristics Of Effective Programs

Several common characteristics related to programs, personnel, and participants are often found among effective behavioral interventions.

Effective interventions share several program characteristics, including the following:

- Effective interventions are theory-based, offering a conceptual rationale in addition to evidence that they will achieve desired outcomes.

- They are family-focused. They address all relevant members of the family and seek to mend family relationships and dynamics, create a supportive home environment, and build support for families within their communities.

- Effective programs offer services at a time when people need them and are receptive to them, often during the early stages of a developing behavior.

- The people served by the intervention are sufficiently exposed to services, with those at greater risk receiving higher doses in terms of duration of services, frequency, and the amount of time they are engaged in activities known to result in positive outcomes.

- Services are accessible and convenient.

- Effective programs are careful to match services to the particular needs, culture, developmental level, and circumstances of the people they serve.

Effective interventions share several characteristics related to personnel. For example:

- Program staff are well educated and trained specifically for their responsibilities.

- Staff are well supervised and supported by supervisors who, themselves, are well-educated, trained, and competent.

- Structural supports are provided staff, such as giving them enough time, small caseloads or few children, equipment, consultants, and specialized services.

- Program personnel see participants as being competent and concerned and they build relationships with them that are based on trust and strengthened by warmth, empathy, and sincerity.

Effective interventions also share characteristics related to program participants.

- Participants are found to be engaged in programs that have been proven to be effective. They attend, take

part in services and activities offered, support others, and stay with the program until graduation.

- High risk participants tend to gain the most from the services offered.

The combination of a thorough process of assessing interventions and an inventory of the characteristics that promote success promotes a deeper understanding of programs and enables providers to tailor services to the needs of those they serve. Many of the characteristics of successful programs are seen across a variety of domains, suggesting they are more useful to a far greater range of interventions than any single program could hope to be and that they may have greater longevity, particularly in fields where new evidence surfaces regularly.

References

Groark, C.J., & McCall, R.B. (in press). Integrating developmental scholarship into practice and policy. In M. Borstein & M. Lamb (Eds.), *Developmental Psychology: An Advanced Textbook*, 5th Edition. Mahwah, NJ: Lawrence Erlbaum Associates, Inc.

This Special Report, written by Jeffery Fraser, is based on the above-referenced publication. It is not intended to be an original work, but a summary for the convenience of our readers. References noted in the text follow:

¹Biglan, A., Mrazek, P.J., Carnine, D., & Flay, B.R. (2003). The integration of research and practice in the prevention of youth problem behaviors. *American Psychologist*, *58*, 433-440.

²Mrazek, R.J., & Haggerty, R.J. (Ed.s) (1994). *Reducing risks for mental disorders: Frontiers for prevention intervention research*. Washington, DC: National Academy Press.

³Chambless, D.L., & Hollon, S.D. (1998). Defining empirically supported therapies. *Journal of Consulting and Clinical Psychology*, *66*, 7-18.

⁴Schorr, L.B. (2003). Determining "what works" in social programs and social policies: Toward a more inclusive knowledge base. <http://www.brook.edu/dybdocroot/views/papers/sawhill/20030226.pdf>.

Announcements . . .

Family Support Conference Returns For An 11th Year

The annual Family Support Conference returns to Pittsburgh for an 11th year, offering more than 25 workshops and other opportunities to learn from the experts about family and community best practices.

The 2004 conference, *Family Support: Stepping Up and Stepping out for Strong Families and Communities* is scheduled for Wednesday, April 28, 2004 at the David Lawrence Hall on the Oakland Campus of the University of Pittsburgh.

Each year, the conference attracts nearly 1,000 parents, human service providers, child caregivers, educators, businesses, health care providers, mental health providers, drug and alcohol prevention specialists, policy makers, legislators, public agency foundations, and others committed to raising healthy children, healthy families, and building strong communities.

The conference offers a strength-based format for the sharing of multi-disciplinary approaches to best practices in the area of children, fathers, families, and communities; fosters opportunities for discussions of relevant knowledge and expertise, and opens the doors for creative dialogue and the exploration/expansion of unique partnerships. In addition, the conference provides the opportunity for reflection, renewal and celebration of children, families and communities by those attending.

A wide range of workshops, speakers, and other events highlight the conference, including Esther Bush from Urban League of Pittsburgh, Jim Kern, and Dan Onorato, Allegheny County Chief Executive.

The 2004 conference is endorsed by Family Support America, Mid-Atlantic Network for Children Youth

and Families, Pennsylvania Center for Community and Schools, County of Allegheny, City of Pittsburgh, and the University of Pittsburgh. Conference Registration is \$70, which includes continental breakfast. ■

OCD's Planning and Evaluation Project Offers Symposium on Evaluation Topics

The University of Pittsburgh Office of Child Development's Planning and Evaluation Project (PEP) is offering a 2004 program planning and evaluation symposium.

The symposium, *Building Capacity: Using Information to Improve Programs*, is scheduled for April 20, 2004 from 8:30 a.m. to 4:30 p.m. at the Wyndham Garden Hotel, University Place, 3454 Forbes Avenue, in the Oakland neighborhood of Pittsburgh.

It offers participants from social and human services and community agencies an opportunity to learn about a variety of evaluation topics and methodologies in one day.

The evaluation symposium includes:

- A full day of training with hands-on activities.
- A comprehensive *Evaluation Handbook* with resources.
- Networking opportunities during meals.

The morning session offers a choice of the topic evaluation and Logic Model, or making sense of data. The afternoon session offers a choice of survey design, focus groups, or needs assessments.

FOR MORE INFORMATION, please contact Charlene Nelson at (412) 244-7553 or ocdpep@pitt.edu. ■

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Education, 400 N. Lexington Avenue, Pittsburgh, PA 15208
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Designed By Providers For Providers

Internet-Based Solution To Measuring Outcomes Is Catching On

Last year, Circle C Youth and Family Services began to see significant improvements at one of its group homes, where the outcomes of some of the higher-risk youth had been a concern. The heavy lifting to turn the program around was done by staff and management. But it was an Internet-based application designed to crunch outcomes data that alerted them to the problem.

The application, Evaluation Station, was developed locally as a tool for family service providers to measure the impact of services on the lives of troubled children and their families.

Seven Allegheny County providers are now using the application developed by a California technology firm and the Allegheny County Outcomes Collaborative, an organization of some 30 family service providers, the United Way of Allegheny County, Allegheny County Department of Human Services, Allegheny County Juvenile Court, and the University of Pittsburgh Office of Child Development.

“It’s smart to track your data,” said David Droppa, Project Director of the Outcomes Collaborative. “We are getting organizations using this application that are smart about outcomes and what outcomes can do for them.”

Users say data that once took days to mine by hand can now be gathered, organized, and analyzed from any computer with an Internet connection in a fraction of the time. There is also no need to upgrade software, since Evaluation Station is upgraded on the Internet. Reports are easier to generate, they are more thorough, and they are more probing. Insight into operations is much improved, making it easier to fine-tune them. Outcomes are supported by comprehensive, documented evidence.

Successes And Red Flag

Bob Luczak, Circle C Youth and Family Services MIS Director, said Evaluation Station showed that the small non-profit serving youth with behavioral problems was doing well with its least at-risk, Level 1 youth. Across all programs, 78% were released to less restrictive settings – a yardstick of success.

Outcomes were not so encouraging among the program’s more seriously-troubled Level 2 youth. One group home, for example, was found to have a success rate of only 28% with Level 2 youth, meaning most did not complete the program and were sent to more restrictive settings or they were terminated from the program for being AWOL.

“It brought us to a point where we had to decide whether or not to accept Level 2 kids into the program or to change the program,” Luczak said. “We decided to modify the program.”

Circle C’s experience was what the Outcomes Collaborative had hoped for back in 1995, when it met for the first time in Allegheny County with a goal of defining a system to measure the effectiveness and accountability of children’s services. Outcome-based evaluation was an idea that was getting the attention of funders, and the growing sense among providers was they would have to figure out a way to measure the impact of their services or perish.

Youth and family service providers were looking for a common approach to measuring outcomes, one that was easy to implement and use and flexible enough to accommodate the special needs of individual programs. So were funders, including several foundations that provided financial support to the Collaborative. A framework for a computer application was developed by Collaborative members and the contract to develop the application was awarded to the Aliso Viejo, California Corporation for Standards and Outcomes (CS&O), whose comprehensive Internet applications and consulting services integrate performance measurement into everyday practice.

Even if funders did not mandate that programs undergo the scrutiny of an outcome-based evaluation, providers would gain considerable benefit from knowing the intimate details of their programs, said Droppa, a former executive director of Three Rivers Youth.

Data, Not Just Stories

“When I sat down with a funder and they asked what

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(*Outcomes continued from Page 9*)

my results were, I liked to be able to pull out a chart of my actual results rather than saying, 'Let me tell you about a kid whose life we saved,'" Droppa said. "Stories are nice, but data is more reliable. Anybody can tell stories about a few kids whose lives you turned around. But how are you doing with all of the kids who came in the front door?"

Evaluation Station had its debut in 2002. A growing number of providers are using the program and others are expressing interest, including several outside of western Pennsylvania. Under a licensing arrangement with CS&O, the subscription price to Collaborative members falls as more providers sign on to use the application.

"We're not only looking at lower prices with greater use, but also at being able to enhance the application," Droppa said. "It may be useful to other services, like family support centers, with some modifications."

Among the providers using the application is Spec-

trum Family Network, which uses the North Carolina Family Assessment Scale (NCFAS) built into Evaluation Station to assess severity level of families at entry and discharge. The data also shows how specific programs benefit specific clients and identifies ways to improve services. The non-profit provides in-home family therapy, family-based mental health, special needs foster care and treatment, and other services.

At Circle C Family and Youth Services, outcomes generated by the application led staff and management to review the services they provide to Level 2 youth and, not long afterward, to a number of changes in the program, including additional activities and a greater staff presence. From July 1 to December 31, 2003, the success rate of the group home that had showed the poorest outcomes among Level 2 youth increased from 28% to 67%. "What it tells us now is that the changes we made have been effective," said Luczak. "We are heading in the right direction." ■

(*United continued on Page 10*)

Among the goals in the United For Children plan for the county is to make sure that every early childhood educator has equal access to high-quality professional development. The plan calls for taking steps to achieve the following outcomes:

- Establish a career ladder with clearly stated qualifications and associated training, education, and experience for each rung.
- Establish a professional development system that reflects the content of the Core Body of Knowledge and the Professional Development Record.

- Eliminate barriers to professional development, including lack of communication, cost barriers, and lack of suitable substitutes.

- Build a system that allows staff to make choices for their own professional development.

From raising the quality of programs to raising public awareness, improving early care and education in Allegheny County is a complex job that demands the support of the community, said Etheridge Smith. "What we, as a community, must understand is that it is not just baby sitting. From day one, you are educating a young child, helping a child make sense of the world." ■

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Announcements . . .

OCD Moves To New Website, Changes Its Internet Address

The University of Pittsburgh Office of Child Development has a new website where news about OCD, its projects, events, publications, and other information can be found.

The OCD homepage is located at www.education.pitt.edu/ocd/ and provides links to general information about OCD, its divisions, and who to contact; OCD publications, including Special Reports, policy and research, background reports on issues important to children and families, and newsletters; children and family resources, such as parenting guides and parenting columns; news about trainings and conferences; and more.

PLEASE BOOKMARK OCD'S NEW WEBSITE ADDRESS:

www.education.pitt.edu/ocd/ ■

Conductive Education Camp Scheduled For Children With Motor Disabilities

A Conductive Education camp for children ages 2 to 18 with cerebral palsy and other types of motor disorders is scheduled for June 28-July 30 in the Squirrel Hill neighborhood of Pittsburgh and in the North Hills of Allegheny County.

Conductive Education (CE) is a unique and intensive program for children with motor disabilities. The program helps children use their cognitive abilities in order to move their bodies more functionally and gain greater independence.

The camp, which focuses on building self-reliance and functional skills, is sponsored by Conductive Education of Pittsburgh.

Teachers in the program, called "conductors," lead small groups of children through activities that help them improve skills in sitting, standing, walking and many other functional activities. Conductors are graduates of a four-year degree program at the Peto Institute in Budapest, Hungary, or at satellite centers in England, Israel, or Grand Rapids, Michigan.

Conductive Education is currently offered in more than 50 locations in North America, Europe, Israel, New

Zealand, and Australia. Conductive Education of Pittsburgh is a grassroots organization of parents and professionals whose mission is to make Conductive Education available to children in Western Pennsylvania. The summer camp is in its seventh year.

FOR MORE INFORMATION, or to register, or to arrange a time to observe the program, call (412) 361-



Family-Focused Workshop Addresses Issues Related To Early Intervention

A workshop for families whose young children receive Early Intervention services in Allegheny County will address a range of issues, including available supports and services, becoming a better advocate for your child, and educating and mentoring other families in the Early Intervention system.

The workshop, *EI FAMILIES*, is free to Allegheny County families with children age birth through 5 years receiving Early Intervention services. The workshop is scheduled for Saturday, April 24 from 8:30 a.m. to 3:00 p.m. at the United Way Building, Stackhouse Room, Ft. Pitt Blvd. and Smithfield Street, Downtown, Pittsburgh.

Workshop leaders are family members raising children with special needs. The one-day training will provide families with the historical and legislative basis for Early Intervention services and supports in Allegheny County. Best practice models of support and communication skills will also be introduced.

The workshop is sponsored by Local Interagency Coordinating Council, Allegheny County Department of Human Services, The Alliance for Infants and Toddlers, Pittsburgh Public Schools, and Allegheny Intermediate Unit Project DART.

Free parking is available in the United Way lot behind the building on a first come, first serve basis. You must sign-in in the lobby, using the Dept. of Human Services as the organization.

FOR MORE INFORMATION AND TO RSVP, contact Stephanie Scanlon at 412-323-3220 ext. 1, or Julie Hladio at 412-885-6000 ext. 136 before April 17, 2004.



(Smoking continued from Page 4)

pregnancy and that county-by-county assessments of program effectiveness be used to guide additional intervention.

Enlisting Medicaid's Help

The coalition also recommended that the state further promote smoking cessation among pregnant women by adopting new Medicaid policies that encourage providers to help them through counseling and other treatment.

Among the ways the coalition recommends helping women quit is to increase the Medicaid reimbursement rates for counseling, which the American Academy of Pediatrics has concluded now stand as a "disincentive to provide qualified pediatric and substance abuse services." Billing changes, allowing coverage for multiple sessions of smoking cessation counseling, and covering the costs of drugs used in nicotine replacement therapy are other recommended policies.

Any Medicaid policy that is successful in getting pregnant women to quit smoking is expected to have a profound impact on reducing the statewide problem. "The smoking rate among women who participate in the Medicaid program is two-and-a-half times the rate of women who are privately insured," Nelkin said. "If we are looking to target a particular population who could benefit most from this, women on Medicaid are it." ■

Announcements . . .

Free Background Reports Cover Children's Issues

University of Pittsburgh Office of Child Development offers background reports on current topics important to children and families free of charge.

The series of reports, *Children, Youth & Family Background*, is updated with new topics throughout the year.

The reports, originally produced to keep journalists and policymakers up to date on children's issues, are available free of charge to anyone interested in concise overviews of what is known about topics such as early childhood education, resilient children, school transition, and juvenile crime. The reports are written, edited, and reviewed by the University of Pittsburgh Office of Child Development.

All *Children, Youth & Family Background* reports are posted on the OCD website as portable document files (.pdf) for viewing and downloading at the following address: <http://www.education.pitt.edu/ocd/family/backgrounders.asp>. ■

Developments

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