

Section I: THE KENTUCKY MODEL

A. The Model

This section provides an overview of the Kentucky Model. It answers the questions Who? What? Where? Why? and How?

WHO?

The Kentucky Model concept was developed by Audubon Area Community Services (AACS) located in the mid-sized city of Owensboro, Kentucky. AACS is a private, nonprofit community action agency. In addition to Head Start and other family service programs, AACS operates Child Care Assistance, Retired and Senior Volunteers, Family Preservation, Stewart B. McKinney Homeless Assistance, Energy Assistance, and Foster Grandparent, Senior Companions, and Homeownership Counseling programs. The agency serves a 16-county area and employs 249 full-time and 238 part-time personnel.

AACS's Head Start program is quite large, serving over 2,200 children in more than 50 Head Start centers in collaboration and in contract with local school districts. Spread across 6,000 square miles and serving rural, semi-rural and small urban environments, the Head Start agency is organized into 10 Areas, each under the direction of a Local Area Manager who works in collaboration with a central management team in Owensboro to administer the local Head Start programs.

In developing the model, AACS's Head Start Director worked closely with individuals from key community agencies (whose representatives would become the project partners and collaborators), leaders from the target neighborhood, and Head Start staff, along with a consultant on substance abuse prevention issues. Planning committee participants were chosen because, by virtue of their location, organizational mission, or history, they had a known stake in addressing substance abuse issues in the original target neighborhood. In many cases, they also had a history of collaborating with AACS. The original model was based directly upon ideas generated by the planning committees, which met twice during the proposal development period.

Kentucky Head Start's Free to Grow model did not emanate from the Head Start Bureau in Washington, nor did it come from the Free to Grow program office in New York. Rather, it emerged from a collaboration between program leadership and their community partners. Together, they formed a team dedicated to designing an effective model. Specifically, the team worked toward restructuring the day-to-day operations of the Head Start program to integrate Free to Grow principles and program strategies, with an emphasis on strengthening families and communities.

In creating this model, planning committee members drew upon and adapted best practices in substance abuse prevention, drawing heavily upon the risk and protective factors conceptual framework. They also turned to the fields of family preservation and community development to integrate strategies that had been tested and found effective in other environments, but which were new to the Head Start program.

This effort coincided with changes that were taking place within Head Start nationwide. Revised performance standards had been issued which required all local Head Start programs to bolster both the provision and the coordination of family services, and provide resources toward this end. For the team developing the Kentucky Model, this provided an opportunity to re-organize staff to help integrate Free to Grow principles into its overall work and to implement its strategies.

The model that emerged from this collaboration was pilot tested in Owensboro and was subsequently implemented in two additional counties served by AACS. As this process proceeded, a newly hired Free to Grow director assumed leadership in refining the model and overseeing the project. In this task, she worked closely with the director of the Foust Family Resource Center. Model design team members from other partnering agencies remained closely involved in the periodic review of Free to Grow work. Then, as pilot testing was completed and the implementation got underway, the Head Start director and program management team resumed the primary leadership role, refining the model as they proceeded.

WHAT?

The Kentucky Model is a multifaceted approach to addressing the root causes of substance abuse in distressed communities. The model is designed to strengthen the capacity of families and communities to raise healthy, resilient children—children who are free to grow and to fulfill their promise.

The Kentucky Model expands the traditional focus of the Head Start program beyond the children and families it serves. While serving all families who participate in any aspect of Head Start, including Early Head Start, the Kentucky Model also reaches out to other families and residents living within the community in which the program operates to engage them in its family and community strengthening efforts. In reaching beyond the walls of Head Start, the Kentucky Model acknowledges that there are many more families than those served by the Head Start agency who could benefit from the program's efforts.

The model consists of three interrelated components.

- ▲ A revised family services structure designed to assess a family's level of need allows intensive case management services to be provided to those at greatest risk.
- ▲ At the same time, this family assessment process helps program staff to identify those families with the greatest strengths, who join other locally identified potential leaders to receive leadership development training. This training builds skill areas critical to carrying out the project's primary prevention goals.
- ▲ Community Action Groups provide a vehicle for these trained leaders, working in collaboration with a broader pool of community residents as well as other community stakeholders, to put the skills they have learned into action to fight the impact of substance abuse on their communities and to meet the needs of young children and their families.

To achieve these goals, the Kentucky Model builds on and restructures Head Start activities and staffing patterns. To allow the time needed to provide intensive case management services to their highest-risk families, the Kentucky Model reinvented the Head Start family services worker position. Renamed Family Advocates, and relieved of many of their former administrative responsibilities, Family Advocates

are trained in a strengths-based approach to family intervention that allows them to assess both families' strengths and needs.

At the core of the model's leadership development and community-building activities is an understanding that community strengthening requires a constantly renewing pool of leadership. Thus, outreach, recruitment and training activities are ongoing, and are designed to bring new parents and residents into the project's community strengthening efforts each year.

Community Action Group activities emerge from a resident-focused community assessment process and are designed to grow out of residents' views and priorities. A great deal of work must be done before an agenda can be shaped or carried out. Community development specialists work with the Community Action Group, facilitating its work and forging bonds with stakeholders and resources in the community. Staff also assist group members in the strategic planning process, helping to articulate clearly defined outcomes for their work.

The Kentucky Model rests on the premise that encouraging families to resist substance abuse has a positive effect on the families themselves (by supporting effective parenting and reducing the likelihood that children will use alcohol or drugs) and on the community in which they live (by reducing the incidence of substance abuse). The community development strategies are aimed at reducing those factors in the community that make substance abuse more likely, such as norms favorable toward substance abuse, availability of alcohol and other illegal substances, or neighborhood disorganization. At the same time, they are designed to bolster the factors that help protect the community and its families from the likelihood of substance abuse.

Thus, the model's family and community strengthening efforts intersect and reinforce one another. How does this happen? As community leaders become more effective in mobilizing other community members, communities become stronger and more competent to address neighborhood priorities. As local conditions and norms change, a once troubled neighborhood becomes a less hospitable host to substance-related activity. Resident families find an array of alternative community-building activities available, which reinforce their own attempts to avoid substance abuse and increase the social ties within the target area.

This interrelation of family and community strengthening activities is also reflected in the model's organizational structure. As the implementation section of this manual describes, Family Advocates and Community Development Specialists work closely together. Free to Grow activities are integrated within the agency's Family and Community Partnerships component, and are designed to reinforce these links, ensuring a multifaceted but well integrated effort to meet program goals.

WHERE?

The catchment area for AACS, including its Head Start program, consists of a 16-county rural farming and coal-producing area in western Kentucky, which covers more than 6,000 square miles and is dotted with small to mid-sized cities. Owensboro is the urban center for this large rural area. This city of about 60,000 people is, according to AACS, representative of hundreds of cities of similar size throughout the mid-western and southeastern United States. The majority of its residents are white. Poverty is high among local residents and the population is declining.

AACS Head Start selected Owensboro as the target area for its Free to Grow project because of the extensive collaborative relationships that already existed within the community. The original target neighborhood, which was defined as the attendance area for Foust Elementary School in the city's West End, was selected because it represented the area with highest poverty, unemployment, crime, and substance abuse in Owensboro. The poverty index for the attendance area of this 500-student school is estimated at 44 percent. About 20 percent of Foust students live in public housing and half live in single-parent homes. About a third are African-American. AACS Head Start estimates that about 114 of the Head Start students it serves at two centers come from the Foust Elementary School attendance area.

In recent years, Owensboro has experienced noticeable increases in substance abuse problems and related gang activity. The influx of gangs from other parts of the country and the violence associated with their presence has alarmed local residents and driven many to demand action from local agencies.

After the project's pilot testing, implementation was extended to two other counties served by Audubon-Hancock County, a rural environment, and

Target Areas Can Be Different

In Owensboro, the small city where the project was first developed and piloted, the target community is the attendance area for a local elementary school located in the West End neighborhood of the city. This area represented the area of highest poverty, unemployment, crime, and substance abuse in Owensboro. When the model was implemented in two other locations, specific boundaries defined the target areas. Hancock County, the second program site, is a rural area. The model's geographic reach there is broader, encompassing the entire county and the small communities that comprise it. A public housing development in a specific urban neighborhood is the target in Christian County.

Hopkinsville in Christian County, another small city served by the AACS Head Start. This expansion gave Head Start management the opportunity to better understand how Free to Grow program strategies should be modified to fit the distinctive geographical catchment areas in which this large Head Start program operated.

WHY?

The most important question about any program is: Why do it at all? Research provides part of the answer. As we begin a new century, substance abuse remains a major public health concern. (See box on the next page.)

The trends captured in the research were no surprise to Kentucky Head Start staff. Increasingly they saw families whose alcohol and drug problems jeopardized their children's well-being, and they struggled to find ways to support them. They also knew that the neighborhoods in which their centers were located had become more dangerous, with open drug dealing and alcohol-related violence on the rise. Free to Grow gave them an opportunity to act.

HOW?

How would the Kentucky team tackle such complex problems? The Kentucky team worked to estab-

Context: Time is of the Essence

Research shows that substance abuse has roots in early childhood. Efforts that begin in late elementary or middle school often start too late. Studies have found that young children today are increasingly likely to feel pressure to drink alcohol and use drugs. What's more, the younger a child begins to use alcohol and other drugs, the higher the risk for serious health consequences and adult substance abuse (Belcher & Shinitzky, 1998).

Today, the rate of drug experimentation remains several times higher than in the early 1990s, despite the fact that it is well below the peak of 1979 (Johnson, 1997).

According to Lloyd D. Johnston, principal investigator for the Monitoring the Future study, the "relapse" in the

drug epidemic shows that "drug use among kids is a persistent and recurring problem—one which needs consistent and unremitting attention. It is a long-term problem which means that we must institutionalize prevention efforts."

Moreover, substance abuse continues to have a serious impact on the life prospects of our nation's young people. A review of the literature in the Archives of Pediatrics found that "Alcohol and other drug use in the adolescent population carries a higher risk for school underachievement, delinquency, teenage pregnancy, and depression" (Belcher & Shinitzky, 1998).

lish a clear concept of what they hoped to accomplish and how success would be gauged. They developed a "logic model" for their program, setting out the assumptions upon which the model rests.

The objectives, strategies and activities of the Kentucky Model were designed to help the Head Start program and its partners move toward Free to Grow's long-term goal of reducing children's vulnerability to substance abuse and other high-risk behaviors. The program's objectives are summarized in the box that follows. Key strategies are described briefly later in this section of the manual, while a more detailed discussion of these strategies and the supporting activities is included in the implementation section (Section II).

In creating a long-term effort designed to strengthen the overall environment of Head Start children by strengthening families and communities, the Kentucky Model defined a series of short- and intermediate-term outcomes that provide a road map to help track program progress. They are the guideposts which indicate that strategies and activities have been effectively implemented. The outcomes build upon one another, and assume that short-term benchmarks must be achieved before intermediate outcomes can be met. Together, this map defines the project's logic model (see diagram on page 14). As with the program's strategies and activities, program benchmarks are stated for family-level and community-level interventions. These are summarized below.

The Logic Model: Capturing Your Program Assumptions

Logic models have emerged as an important tool to help program developers clearly define the underlying assumptions of their work. They concretely capture the "if...then" structure of a program. They make us think about the sequencing of outcomes, as well as their causal relationships. As a management tool, they help us to track whether the strategies and activities which we have chosen to implement are actually having the desired outcomes. In doing this, they allow us to assess and adapt our program interventions as we track their impact.

Objectives of the Kentucky Model

The national goal of the Free to Grow program is to reduce young children's vulnerability to substance abuse as they grow up by strengthening families and communities. Within that framework, the specific objectives of the Kentucky Model are to:

- ▲ strengthen families in the target area who are at risk for substance abuse so they can better support and nurture their children and protect them from the dangers of substance abuse;
- ▲ strengthen the target area community by developing local leadership and mobilizing for community action through risk- and-protective-focused action planning and implementation; and
- ▲ enhance the capacity of local service providers to strengthen the target families and community, and engage them in working with Head Start families, staff and other residents to carry out primary prevention activities on their behalf.

Short-term Results

The model anticipates numerous short-term results during the first two program years, including the following:

- 1) From the family-level interventions:
 - ▲ increased support for high-risk families;
 - ▲ improved parenting skills and better established family routines, attachment, and identification;
 - ▲ stronger communication and family management skills among parents and other family members;
 - ▲ increased awareness among parents of available community resources and programs;
 - ▲ increased linkages of families with organizations and agencies that can meet basic needs;
 - ▲ increased awareness among parents and other family members about the risk and protective factors for substance abuse;
 - ▲ clearer standards against substance abuse;
 - ▲ increased awareness of available substance abuse treatment services and how to access them; and
 - ▲ increase in the number of parents and other family members who enter treatment.
- 2) From the community-level interventions:
 - ▲ increased involvement of residents in neighborhood/community groups;
 - ▲ increased involvement of parents in schools;
 - ▲ stronger organizational, leadership, and advocacy skills among parents and other group members;
 - ▲ greater levels of attachment to the community among residents, including increased interaction and bonding among residents;

- ▲ decreased availability of alcohol and drugs;
- ▲ increased knowledge among providers and community residents of risk and protective factors for substance abuse;
- ▲ improved collaborative relationships among residents and community officials and organizations (including schools, police);
- ▲ increased coordination and collaboration among local service providers for children and families;
- ▲ increased availability and awareness of constructive opportunities for children/youth after school hours;
- ▲ increased awareness among community youth of positive alternatives to substance abuse, violence, and other negative behaviors; and
- ▲ increased school attendance and improved school performance.

Intermediate-term Results

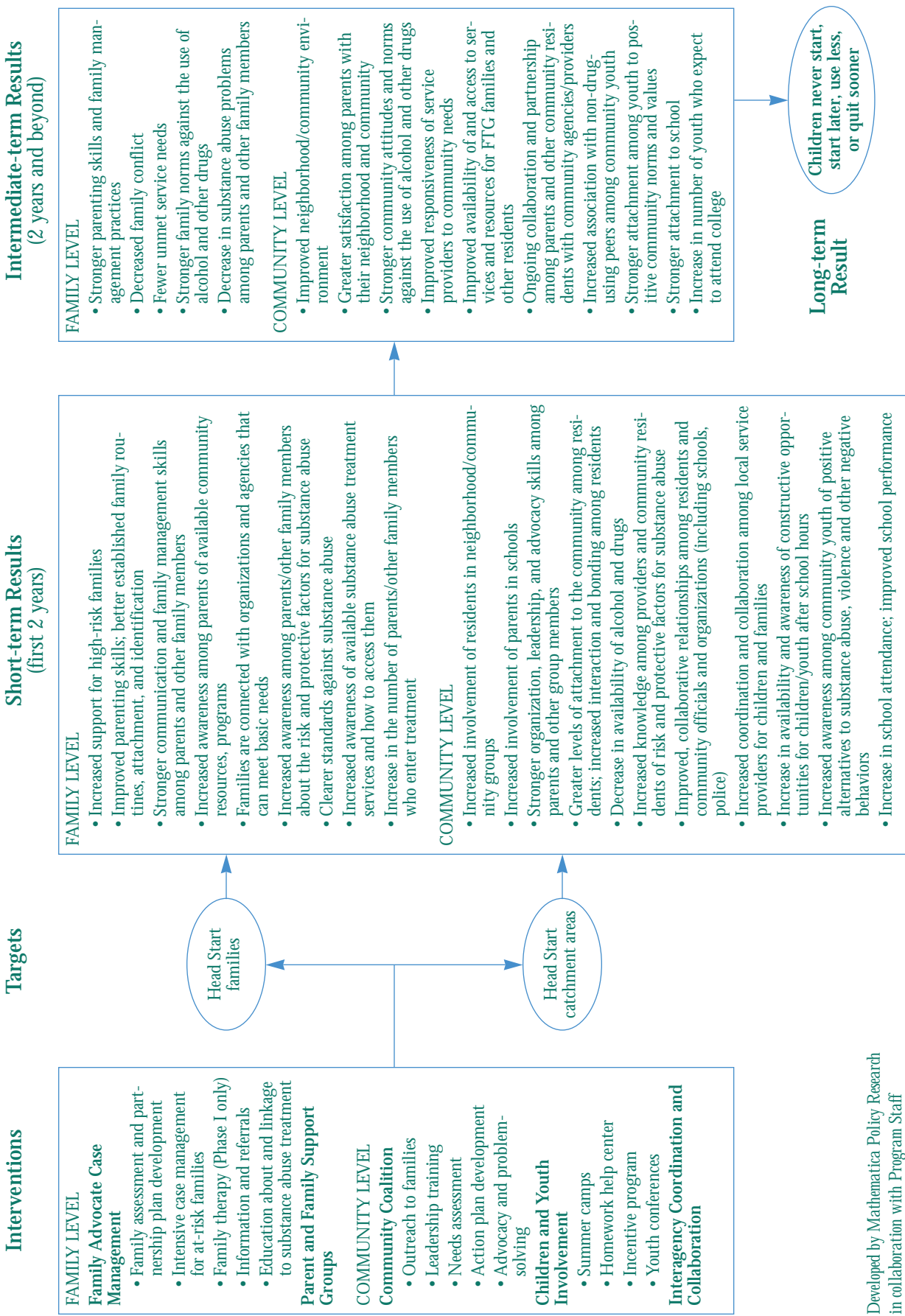
The intermediate-term results—those expected to be evident after two years or more—from family-level interventions are increases in factors that protect children and families from the likelihood of substance abuse. These include:

- ▲ stronger parenting skills and family management practices;
- ▲ fewer unmet service needs;
- ▲ stronger family norms against the use of alcohol and other drugs; and
- ▲ decrease in substance abuse problems among parents and other family members.

In the same time frame, the community-level interventions are expected to result in a lower risk of substance abuse for community residents. From the

Logic Model for Kentucky's Free to Grow Project

GOAL: Prevent substance abuse problems by reducing risks and enhancing protective factors at the family and community levels.



Developed by Mathematica Policy Research in collaboration with Program Staff

standpoint of the target community and its population, this outcome will take the form of:

- ▲ improved neighborhood environment (e.g., drug-free school zones, cleaner schools and nearby areas, decreased crime/violence, more police patrols and/or arrests);
- ▲ greater satisfaction among parents with their neighborhood and community (e.g., increased desire to stay in the community, increased sense of safety, increased feelings of hopefulness);
- ▲ stronger community attitudes and norms against the use of alcohol and other drugs;
- ▲ improved responsiveness of service providers to community needs;
- ▲ improved availability of and access to services and resources for Free to Grow families and other residents;
- ▲ ongoing collaboration and partnership among community residents with community agencies/providers;
- ▲ increased association with non-drug-using peers among community youth;
- ▲ stronger attachment among youth to positive community norms and values;
- ▲ stronger attachment to school; and
- ▲ increase in number of youth who expect to attend college.

Why Do Free to Grow: The Perspective of a Member of the Audubon Head Start Management Team

“Strengthening families is about strengthening communities—it’s as simple and as hard as that. We knew that we needed to do something that would be more responsive to the community issues that our families face, but we also knew that our families have really different needs, and we wanted to find a way to be responsive to that range of needs. The Free to Grow model has given us an opportunity to ... fully integrate family and community strengthening efforts.”

B. The Research Base

Free to Grow rests on a solid research base showing that strengthening communities and families can improve results for children. Research shows, moreover, that outcomes for children are affected both by the quality of the home environment and the ways that communities and families interact (Connel & Aber, 1995; Coulton, 1995; Furstenberg & Hughes, 1971; Aber, Berlin, Brooks-Gunn & Love, 1997).

The Kentucky Model draws upon studies showing that multifaceted early intervention strategies hold promise for reducing the risk of substance abuse (Belcher & Shinitzky, 1998; Gerstein & Green, 1993; Hawkins, Catalano & Miller, 1992). In particular, the model owes much to the research-based, conceptual model of primary prevention of substance abuse described by Hawkins, Catalano, and Miller. Their model is based on the belief that an effective approach to preventing substance abuse is to reduce risks and increase protective factors within the domains of the community, family, school, and peer group. This approach uses a systemic focus on prevention addressing environmental factors rather than individual factors only. The Kentucky Model plans and implements prevention activities within a risk/protection framework.

The work of Hawkins, Catalano and Miller is grounded in research on resilience—the capacity of some individuals and families to thrive in environments that have negative effects on most children and families. What factors protect or buffer these individuals against adversity? Many researchers have studied this question, and have identified protective factors that appear to increase resilience. Moreover, they have concluded that prevention efforts geared toward children and families who live in high-risk situations are most effective when they seek not only to reduce risk factors, but also to bolster protective factors. For this reason, it is important to focus on a community’s strengths, not only on its needs.

This approach—the risk/protection framework—marked a shift from conventional substance abuse treatment and prevention strategies that tended to assume a deficit model. That is, previous strategies looked only at a community’s problems and how they might be solved. Head Start Free to Grow sites were not required to design their programs solely on the risk/protection framework, but were expected to integrate its principles into their overall approach.

The team that developed the Kentucky Model found that the risk/prevention framework gives local communities a simple but effective way to analyze factors that contribute to or work against the problem of substance abuse. The framework also provides a clear methodology by which activities can be identified, prioritized, and implemented to reduce specific risk factors and/or increase protective factors.

The team also drew upon this framework in conceptualizing its family case management component. This component is based on the premise that families most at risk for substance abuse can be identified by the presence of key family risk factors, as defined by Hawkins, Catalano and Miller. To have a significant impact upon these families, long-term intensive intervention is required—a fact that supported the inclusion of the family-strengthening component.

The Power of an Idea

“That was the thing that really sold me personally,” says the AACS Head Start Director of his introduction to the risk/protection framework: “I was able to see that this is something that can easily be incorporated into Head Start, because we’re already doing those types of things, like working with families and communities and schools, so it fit. Before, we just did what we could for families—referred them for services, provided some support. When I understood more about primary prevention and risk and protective factors and looking at the broader scale, I realized that there are different ways that you can actually address some of the major issues. It was helpful to understand that, when you are doing these kinds of things, you are also making some impact on the larger picture. That was what was encouraging to me and to our staff, too.”

Risk, Prevention, and Substance Abuse Prevention

Hawkins, Catalano and Miller (1992) suggest that substance abuse can be prevented by:

- 1) identifying both the risk factors that increase the likelihood of substance abuse and the protective factors that promote healthy individual development and personal success; and
- 2) determining, and then implementing, appropriate strategies that have a good chance of eliminating or reducing risk factors and enhancing protective factors.

Risk factors are categorized by Hawkins et al. (1992) as either societal and cultural or individual and interpersonal. First, the societal and cultural (or contextual) factors relating to alcohol and other drug-using behavior include the following:

- ▲ laws and norms favorable toward behavior;
- ▲ availability;
- ▲ extreme economic deprivation; and
- ▲ neighborhood disorganization.

Individual and interpersonal factors are those found in a child’s family, school, and peer group environments include:

- ▲ physiological factors;
- ▲ family behavior and attitudes toward drugs and alcohol;

- ▲ poor and/or inconsistent family management practices;
- ▲ family conflict;
- ▲ low bonding to family;
- ▲ early and persistent problem behaviors;
- ▲ academic failure;
- ▲ a low degree of commitment to school;
- ▲ peer rejection in elementary grades;
- ▲ association with drug-using peers;
- ▲ alienation and rebelliousness;
- ▲ attitudes favorable to drug use; and
- ▲ the early onset of drug use.

Protective factors as described by Hawkins et al (1992) are those qualities and conditions that mediate the effects of risk of substance abuse. Some protective factors seem related to individual characteristics. Others are rooted in families and communities. These include:

- ▲ being outgoing and socially active;
- ▲ formation of strong family, school and community bonds, such as being involved in school teams or extra-curricular activities, or church or youth group activities;
- ▲ opportunities to engage in pro-social activities; and
- ▲ choosing friends who don’t use alcohol or drugs

Content: What Research Tells Us About Resilience

By the mid-1980s, scholars influenced by Urie Bronfenbrenner's ecological approach asserted that children's outcomes hinge on a combination of elements: environmental stressors (at home and in the community); environmental protectors (again, both in the home and in the community); and children's personal coping skills

(Feldman, Stiffman & Jung, 1987; McWhirter, 1993). They argued that looking at all three elements (and how they interact) leads to solutions based on the complex realities of individuals' lives rather than on assumptions about seemingly intractable social or economic problems.

Content: Primary Prevention

The Kentucky Model's program activities fall primarily into the category of what is generally called primary prevention. Primary prevention efforts target individuals and families with the intent of strengthening them *before* the onset of substance abuse problems. Interventions might include parent leadership development workshops, family management instruction, enrichment opportunities and the establishment of support networks, provision of needed services such as child care and transportation, assis-

tance with employment and training needs and promotion of community development efforts.

The model's provision of intensive case management to high-risk families constitutes a *secondary* prevention strategy. In this instance, interventions target individuals in the early stages of problem behaviors and attempt to avert the related negative consequences through counseling and treatment.

C. Key Strategies

Working together, Head Start staff and partners developed Free to Grow program strategies that rest on two shared assumptions:

- ▲ First, families have differing strengths and needs. The model must therefore have the capacity to respond to a wide range of families. Some of the program's highest-risk families require intensive case management, while others benefit from participation in support groups, educational programs, or job training activities. Still other families are, with training, encouragement, and support, able to take on the role of community leaders to improve the overall environment in which their children are growing up
- ▲ Second, the needs of children can be adequately addressed only by strengthening families within the context of the communities in which they live. The model must therefore provide opportunities to strengthen both families and neighborhoods.

This section describes seven key strategies that constitute the Kentucky Model. Each strategy aims at

enhancing the capacity of families and communities to create and advance a community-action agenda geared to preventing substance abuse. They include:

- ▲ taking a new approach to family services;
- ▲ gearing the level of service to families' needs and strengths;
- ▲ introducing intensive case management;
- ▲ preparing local residents to take the lead;
- ▲ forming Community Action Groups;
- ▲ taking action; and
- ▲ gauging results.

STRATEGY 1: TAKING A NEW APPROACH TO FAMILY SERVICES

Every Head Start program serves parents as well as children. The Kentucky Model revised and expanded Head Start's family services component. Taking a strengths-based approach to family support, the model widens the program's focus beyond the needs of the Head Start child and his/her parents to address the needs of the entire family. The approach allows Family Advocates to:

- ▲ focus on those factors within families that increase their risk of or protection from substance abuse;

Guiding Principles of the Family Services Component of the Kentucky Model

To help frame their work, the Kentucky Head Start Free to Grow program developed the following Family Services Guiding Principles (based on the writings of Charles Bruner, a national expert in the field of family support, and materials used by the Resource Center for Family-Centered Practice):

- 1) Everyone is a part of both difficulties and solutions. It is the responsibility of all persons involved to rethink or reframe needs, as well as the manner in which services are provided.
- 2) There will always be more than enough work for everyone! We support seeking shared ways to divide the workload, which might include modifying and/or continually assessing our current roles and responsibilities.
- 3) We look for ways to empower children, youth, and families in all areas of services.
- 4) We seek and appreciate feedback from families and use such information to modify how we work with them.
- 5) The center of our work will revolve around the needs, strengths, difficulties, and aspirations of our client families. We support practices that help us remember that children and families are the reason for our individual and collective efforts.
- 6) Kindness and empathy are cornerstones of our work and should be used with families and colleagues alike. Effective, positive change/growth cannot take place without an ethic of kindness, caring, and sincere concern for others.
- 7) We are committed to enhancing the lives of families and broadening our methods and ideas. Further, we understand that new learning can be challenging, unsettling, and tiresome. We pledge to allow for mistakes, bridge gaps when possible, and be supportive to those with whom we work.
- 8) Needs of families should be met by a comprehensive, holistic, strength-based approach in which collaboration is sought.

- ▲ “identify” the level of intervention needed by families and provide intensive assistance where appropriate;
- ▲ work with families to help them set and achieve goals; and
- ▲ integrate family strengthening into community strengthening, and so play a role in community development activities.

In short, the new Family Services approach introduced by the Kentucky Model allows staff to tailor their interventions to the needs and strengths of particular families. It lets staff focus intensively on the ways that community conditions affect the families with whom they work. Family Advocates are given enough time to provide intensive case management services to those families with the greatest level of need, which includes those at high risk of or already involved in substance abuse. They are also given time and opportunities to gain the skills needed to carry out this role effectively.

STRATEGY 2: GEARING THE LEVEL OF SERVICE TO FAMILIES’ NEEDS AND STRENGTHS

The Family Partnership Plan provides guidelines for assessing or “scoring” families’ needs to determine an appropriate level of intervention (see Appendix G). The Kentucky Model has identified five service levels, ranging from services geared to families who are “more self-directed and are able to meet the majority of their needs on their own” to services geared to those who require intensive assistance “due to a crisis or due to the ability or functioning of the family.”

All families enrolled in the Head Start program have a Family Advocate who stays in close touch with the family primarily through home visits. Visits take place as frequently as weekly with those families needing intensive case management. Family Advocates work with parents on topics including education, effective parenting skills, appropriate behavior management and discipline, root causes of substance abuse, risk and/or protective factors affecting their children, and any other areas of concern. Family Advocates also act as a liaison with teachers, families, and other agencies that might be involved with the family, assisting with communication and overall case management, or helping them in learning to negotiate tasks of daily life, such as budgeting food stamps.

All families are asked to develop a family goal to work on throughout the year with support and input from the Family Advocate. The goals are tracked and documented to help families see progress and determine any areas in which they might need help. The Family Advocate not only works on such issues during home visits, but also encourages parents/guardians to participate in support groups and training opportunities within the community. Families are also encouraged to identify and utilize formal and informal community supports as needed.

STRATEGY 3: INTRODUCING INTENSIVE CASE MANAGEMENT

The Kentucky Model’s restructured family service component targets its highest-risk families for participation in case management activities. The presence of multiple risk factors in the home—such as family alcohol and drug behavior and attitudes; poor and inconsistent family management practices; family conflict; and/or low bonding to the family—constitutes high risk. Family Advocates receive special training and support to help them most effectively serve high-risk families. Partnering and collaborating agencies also work with Advocates to create an integrated approach to meeting the families’ needs.

STRATEGY 4: PREPARING LOCAL RESIDENTS TO TAKE THE LEAD

Each year, Family Advocates identify high-functioning families (both Head Start families and other families and residents from the community) for participation in community development activities. They look for families who have strong support networks, good problem-solving skills, and effective family management practices, and involve them in an intensive eight-week leadership training program that focuses on community development. In so doing, the model builds an increasing pool of local leadership capable of carrying out primary prevention focused community action.

The training prepares participants to assess community strengths and needs, and take action to resolve their neighborhood’s most pressing problems. Its curriculum (contained in the companion training manual) includes hands-on exercises to develop understanding of and skills in planning and mobilizing community

Audubon's Restructured Family Services: Supporting Head Start's Revised Performance Standards and Beyond

Traditionally, Head Start addressed family issues only as they related to children's experiences in the program. In the 1990s, the program's scope widened, reflecting new insights into the impact of family and community on outcomes for children. Head Start issued new performance requirements, mandating that all programs prepare, for every family, an individual plan of action for meeting family goals. The process, which must be undertaken with the consent and the collaboration of the family, would result in an Individualized Family Partnership Agreement (IFPA). IFPAs are expected to:

- ▲ identify each family's goals, strengths, and services needed;
- ▲ describe timetables and strategies for achieving these goals; and
- ▲ document progress made toward achieving them.

Using this tool, Head Start staff make systematic efforts to learn about their families' involvement in other programs and, when appropriate, to build on plans developed by other programs or to craft joint plans. Staff members also monitor implementation of IFPAs on a regular basis, reviewing and updating them as necessary.

The Kentucky Model created its own version of the IFPA that meets Head Start requirements and in fact goes far beyond them. Called the Family Partnership Plan, it helps families and program staff paint a vivid portrait of the family and community. It helps them think together about how to build on strengths and address needs. It also helps program staff match families with the most appropriate level of service.

action; assessing risk and protective factors in the community; and group dynamics.

In short, leadership training prepares community residents to identify, prioritize, plan, and implement action designed to reduce risk factors and increase protective factors for substance abuse in their families, schools and communities. It also creates a network linking Head Start parents, other community residents and community stakeholders. This gives Head Start families the chance to engage in advocacy efforts beyond the walls of their programs that support healthy child development.

STRATEGY 5: FORMING COMMUNITY ACTION GROUPS

These trained Head Start families, working in collaboration with other neighborhood residents, as well as key community institutions and organizations, form a Community Action Group, which is an essential component of the Kentucky Model. Meeting bi-weekly in each participating catchment area, the Community Action Group seeks to engage an ever-widening circle of community residents in implementing a resident-driven agenda of community-building activities. Group members reach out to build relation-

Building Leadership for Community Development

While many Head Start programs have traditionally incorporated leadership development training into their parent involvement components, these curricula have focused primarily upon individual growth and development, or upon the communication skills needed to support effective participation in the Head Start Policy Council Structure. With its community development focus, Free to Grow's leadership development training expands the range of skills taught to program participants, and prepares them to engage in broad-based community advocacy. "I learned a whole new way of looking at my community," said one participant. "I'd never thought about the real impact of all those liquor stores or public drinking on my kids before. And I never knew that there were things that people at the community level could do to change those things."

ships with their neighbors, soliciting their input and perspective on the neighborhood's most critical issues. Community-based neighborhood assessment activities are used to identify priority areas for action. To support their work, group members learn a set of relevant skills, including research and strategic planning.

The Community Action Groups work in collaboration with an Interagency Advisory Group comprised of agency and municipal leaders to build linkages to the community power structure in order to support their primary prevention agenda. This partnership between residents and community stakeholders provides an environment that supports resident engagement in the community decision-making process. It also provides an opportunity for residents to utilize the relationships built within this collaboration to broker support for systemic change at the local level.

Community Action Versus Community Activities

Free to Grow's community action approach moves Head Start parents and other community residents beyond an "activity focused" involvement in their communities. "It's the difference between organizing a health fair and advocating for improved access to health care services within your neighborhood," said one Free to Grow staff member. "While residents may benefit from the information distributed at the health fair, when it's over, everyone goes home. If residents successfully negotiate for a school-based health clinic, the impact on their community is more enduring."

STRATEGY 6: TAKING ACTION

As priority issues are defined, Community Action Groups develop strategic plans to bring about the desired changes at the community level. These efforts often start small, identifying workable projects that can be accomplished in a relatively short time frame. These projects might include cleaning up local vacant lots, launching a drug and alcohol awareness campaign in collaboration with a local school, or organizing an alcohol free high school event.

As residents build skills and strengthen relationships with key stakeholders, they begin to take on

more challenging prevention activities—targeting environmental priorities such as reducing youth access to alcohol, improving enforcement of drug-free school zones or seeking stronger sentences for repeat drug-offenders. Each community action campaign is designed not only to improve the overall environment of the neighborhood, but to enhance residents' advocacy skills and capacity to understand how policies and practices within their local communities can be better structured to support a primary prevention agenda.

STRATEGY 7: GAUGING RESULTS

To help track progress towards meeting the outcomes described by the program's logic model, the Audubon team developed several methods for collecting data and assessing program performance and outcomes. (Evaluation and assessment are discussed further on page 25.) The program's collection, reporting, and assessment tools became increasingly sophisticated over time, moving from initially collecting information that simply documented program activities—such as the number of people who participated in events, the number of activities during a time period, or the number of home visits completed—to focusing on means of quantifying the outcomes of program components.

All of the self-assessment and evaluation efforts are now focused on measuring program outcomes to determine which efforts have been effective. The Family Partnership Plan and Community Engagement Process described later are core tools for this assessment process. The lessons and conclusions drawn are used as guides in managing the Free to Grow program, identifying strengths upon which to build, correcting areas of weakness, and steering the direction of efforts in the future.

D. Collaboration

FORMING PARTNERSHIPS

The program's partnerships serve to bolster Free to Grow's family- and community-strengthening activities. By maximizing coordination among agencies and minimizing duplication of services, organizations are more effective in addressing the needs of high risk families. The families, too, experience less frustration in navigating the social service system.

Area leaders and community service organizations are vital partners in working toward goals identified by residents. While the agenda for community strengthening grows out of the grassroots efforts of the Community Action Group leaders, the representatives of area organizations and institutions play a critical role in advancing this agenda by marshalling resources and exerting influence to strengthen the community. They may accomplish this through their participation in the interagency forum and Community Action Group as well as through independent efforts. The access to and influence on local policymakers and business people enjoyed by particular collaborators has emerged as an important "top down" strategy to complement the "bottom up" work of neighborhood residents.

PROGRAM PARTNERS

The key program partners in the Kentucky Head Start Free to Grow program include:

- ▲ school systems;
- ▲ police departments;
- ▲ select community service providers, especially local substance abuse prevention and treatment agencies; and
- ▲ a local foundation.

School-based Family Resource Centers

The Kentucky Model links the program with Family Resource Centers (FRC)—counseling and support services located in and supported by the school system. In Kentucky, Family Resource Centers now function in most public schools as a part of the Kentucky Education Reform Act. These centers provide support, education, and outreach to families. Their staff members work with school officials to increase parent engagement in schools, provide counseling to high-risk families, and engage other community stake-

holders in statewide educational reform efforts.

In Kentucky, the director and other Family Resource Center staff work as members of the Free to Grow team to coordinate and support activities of the Community Action Groups. In addition, the Family Resource Center coordinates the interagency Advisory Council at each Free to Grow program site. The FRC assists Audubon FTG staff in identifying families who are appropriate candidates for leadership training and participation in the Community Action Group. It also helps to coordinate school-based activities that support the program's prevention objectives. At the same time, it helps Head Start families make the transition into the elementary school by acting as liaison between the Family Advocates and the school staff.

Police Department

In Kentucky's first target community, the police department joined forces with the Free to Grow program to develop and implement a pilot community policing program. This program proved so successful that it was institutionalized within the police department. Because many of the concerns of program participants centered on the availability of alcohol and other illegal substances and the criminal activity associated with it, the partnership with the police proved critical. Partnership with the police department created an open channel for respectful mutual communication between the police and community residents, and led to increased enforcement of drug, alcohol, and public safety laws.

The Free to Grow Partnership: The Perspective of the Principal of the West End Elementary School

"When the Free to Grow program started, they worked with the Resource Center to launch a school incentive program, hosting assemblies every month and giving awards for good attendance and school performance. They also started an after-school Homework Helper Club, which Free to Grow used to help staff three afternoons a week. We've integrated these programs into the school as a whole now, and run them ourselves. And the Boy's and Girl's Club has continued to expand recreational services after school—all based on the collaboration that emerged from this project."

Substance Abuse Prevention and Treatment Organizations

Local mental health and substance abuse prevention and treatment agencies are another key partner in the model. Their major role has been to provide training and consultation to the Family Advocates and Free to Grow staff in such substance abuse issues as understanding the causes of substance abuse, identifying psychosocial stressors that contribute to substance abuse, progression of addiction, and ways that abuse and addiction affect the family system. They have also cosponsored a number of activities targeted to specific risk and protective factors within the community.

Local Foundation

A local foundation has been actively engaged in the planning and implementation of the Kentucky Model. Headed by a local businessman, the Foundation has been particularly important in the “top down” aspects of Free to Grow’s community development efforts, gaining the ear of top government officials and brokering meetings with other influential individuals and resources, including the media.

PROGRAM COLLABORATORS

Complementing the program’s four key partnerships are linkages with a large number of other community-based organizations—as many as 14 in Owensboro where an extensive network of services and community organizations exists. Many collaborators are organizations with which AACCS has coordinated activities in the past and, therefore, had an existing relationship. Some of these have played a very active and continuous advisory role in the program, while

The Power of Working Together

Perspective of a member of the management team at Kimberly Clark, a local business that partnered with the West End community to design and build a playground

“The playground took a lot of work, but there were lots of people in the community involved: the principal of the school, the folks at the Head Start program, the residents that Free to Grow brought to the planning and design meetings. When it was time to finally begin building, we reached out all over town, and brought volunteers in from our plant and other industries in the city—lots of people who would never usually go down to the West End. And they worked side by side with the residents. And we hope that one of the results of this is that they’ll get more involved and that folks will understand each other better. We’re already working with the school to link some of our employees into volunteering there.”

others have collaborated only on specific program activities, including accepting referrals for services, helping to produce community events, providing volunteers when needed, or sharing specific expertise.

Program collaborators include:

- ▲ recreation, child care, social service, and advocacy organizations, including the United Way;
- ▲ municipal and regional parks, health, housing, economic development, and social services departments;
- ▲ business and civic associations; and
- ▲ church-related groups.

Partners Versus Collaborators: What’s the Difference

As Free to Grow Head Start agencies reached out to build linkages to support their program efforts, they were encouraged to identify agencies who would serve as core partners, as well as others that might act in the role of collaborators. Partners were expected to be involved in the planning and governance of the local project and, when appropriate, to share resources. While collabora-

tors were often actively involved in helping to achieve program outcomes, they were not part of the planning and governance team. In practice, the distinctions between partners and collaborators sometimes begin to diminish, as relationships change over time to reflect changing program needs.

E. Program Management

CENTRALIZED AND LOCAL PROGRAM MANAGEMENT

The Kentucky Model was designed to be carried out in a Head Start program that serves a large number of children and a substantial geographic catchment area. Both centralized and local staffing structures were needed to carry out ongoing daily operations, supervision, and training and technical support of the program.

The organizational structure within the Head Start program that supports Free to Grow activities parallels the larger organizational structure of the program (see organizational chart on the following pages)—providing centralized leadership for implementation and technical assistance, as well as local supervision for staff members working in each county. These activities all take place under the larger direction of the Head Start program’s grantee agency, Audubon Area Community Services. The specific roles and responsibilities of key staff members are outlined in the following sections.

ADMINISTRATION AND OVERSIGHT

Executive Director

The grantee agency Executive Director, while holding no daily program management responsibility, is ultimately responsible for the sound administrative, programmatic, and fiscal management of the program as well as its coordination with other agency activities. Both the Executive Director and the Head Start Director play the crucial role of liaison to other high-level community leaders. Because the program has relied on “top down” influence to complement and reinforce its “bottom up” planning and development strategies, grantee and Head Start agency leaderships’ links to the community’s governmental, legal, media, and business power structure have been pivotal elements in the program’s success.

Head Start Director

The Head Start Director is responsible for the development, implementation, and integration of Free to Grow activities within the Head Start program. His day-to-day Free to Grow responsibility is largely limited to providing individual consultation and guidance to the Family and Community Services Team Manager, and ensuring

that the overall Head Start structure and staffing support the implementation of Free to Grow activities. He also keeps the agency Executive Director informed about Free to Grow activities and developments.

Family and Community Services Team Manager

As reflected on the program’s organizational chart, the day-to-day activities of the Free to Grow program are largely administered and overseen by the Family and Community Services Team Manager, one of three team managers who comprise the core Head Start management team and report directly to the Head Start director. The Family and Community Services Team Manager heads a team of specialists, comprised of a Family Development, Community Development, and Family and Community Specialist, who provide guidance and technical assistance to Free to Grow program sites.

Administrative Services Team Manager

The Administrative Services Team Manager is responsible for managing the delivery of services to local communities and supervising Local Area Managers. In the Kentucky Model, this link is particularly important since the Administrative Services Team Manager has been involved with Free to Grow since its inception and is therefore able to provide meaningful guidance on the community development activities.

Local Area Manager

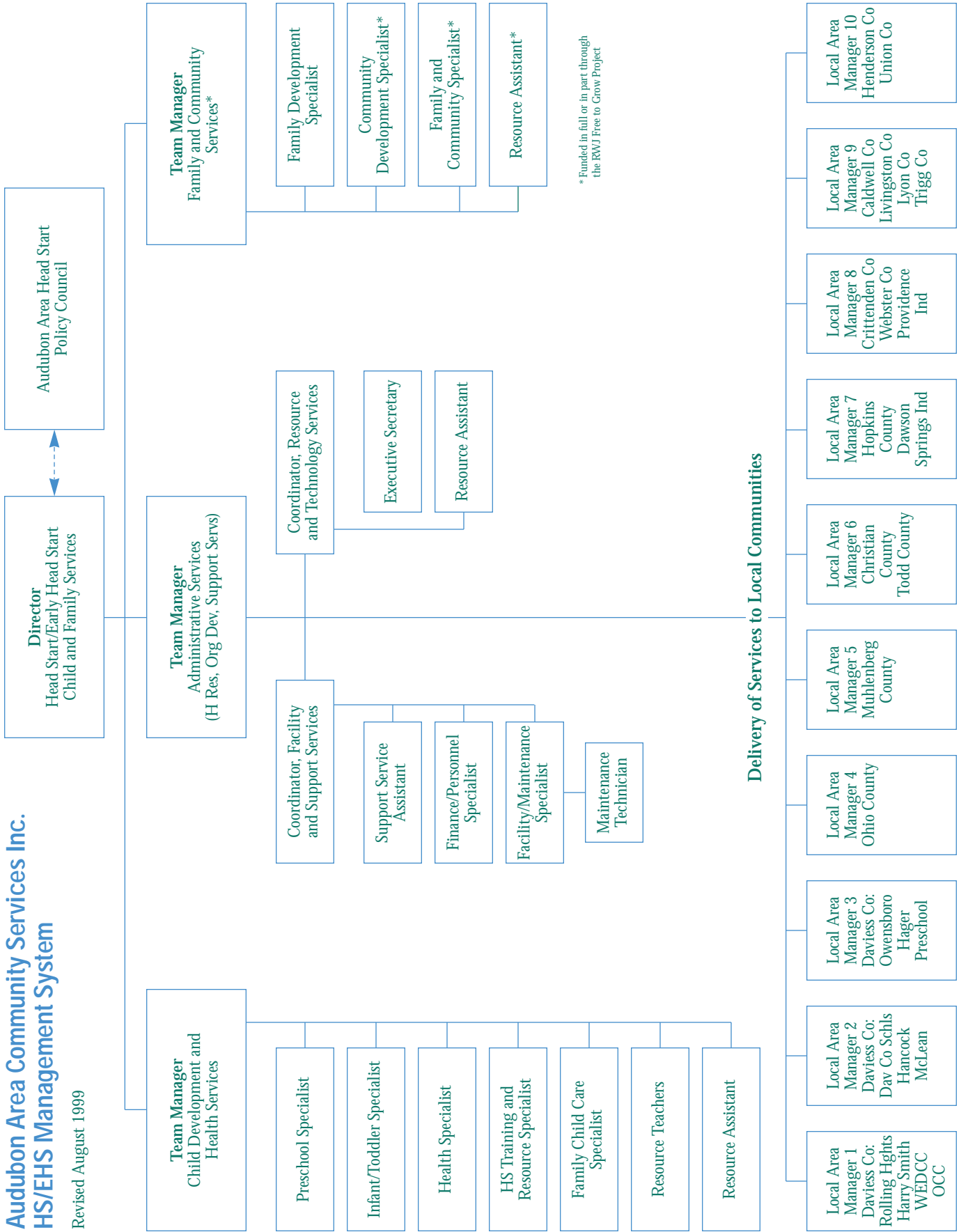
Every Head Start program has a Local Area Manager who is responsible for the program’s day-to-day operations in their geographic catchment area. Catchment areas usually comprise a one- to three-county area, depending on the population and number of children served. The Local Area Manager also administers and monitors the daily work activities of Family Advocates and Community Support Assistants.

Community Development Specialist

Day-to-day community-strengthening program activities are carried out by a program-wide Community Development Specialist. She is responsible for working with local area staff to conduct outreach and recruitment for leadership development, and for facilitating and assisting with training and Community Action Group activities.

Audubon Area Community Services Inc. HS/EHS Management System

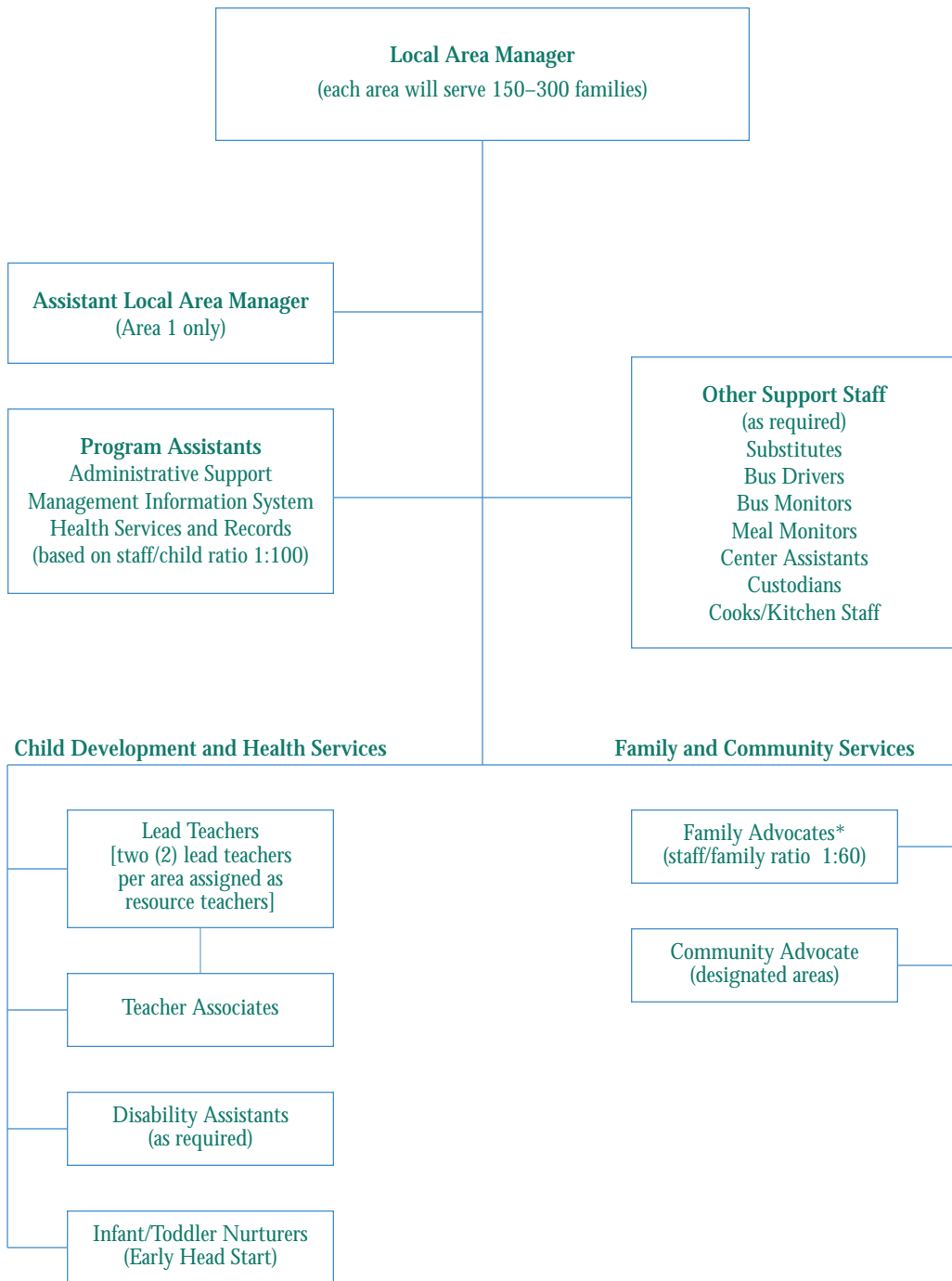
Revised August 1999



* Funded in full or in part through the RWJ Free to Grow Project

Audubon Area Community Services Inc.
HS/EHS Management System
Local Area Manager

Revised August 1999



Family Advocates

The intensive case management of the family-strengthening component is conducted by Head Start Family Advocates (formerly called Family Service Workers), who are trained to assess families' capacities and needs and to develop individualized approaches to working with these families.

Community-building concepts and activities are also incorporated into the Family Advocates' training and scope of responsibilities. These include conducting individual interviews with community residents to identify and recruit potential participants for the leadership development training and the Community Action Group.

Program Assistants

As part of the restructuring, Family Advocates have been relieved of their administrative responsibilities related to health screening, and have had their caseloads reduced to give them more time to work directly with families, especially those identified as being high-risk. Individuals hired to fill the newly created Head Start Program Assistant position carry out those administrative responsibilities—including health and dental screening data entry and appointment compliance—formerly conducted by the Family Advocates.

Community Support Assistant

A Community Support Assistant in each target community provides administrative and facilitative support to the local Community Action Group. The Community Support Assistant's work is supervised by the Local Area Manager, with oversight and assistance on the substantive aspects from the Community Development Specialist.

F. Gauging Results

To help track progress towards meeting the outcomes described by the program's logic model, AACCS developed several methods for collecting data and assessing program performance and outcomes. As noted in the strategy section above, the program's collection, reporting, and assessment tools became increasingly sophisticated over time. All of the self-assessment and evaluation efforts are now focused on measuring outcomes of the program to determine which efforts have been effective. The lessons and conclusions drawn are used as guides in managing the Free to Grow program, identifying strengths upon which to build, correcting areas of weakness, and steering the direction of future efforts.

FAMILY STRENGTHENING

In consultation with program evaluation consultants, AACCS Head Start developed a Family Partnership Plan (see Appendix G). The form is used to assess each family's strengths, capabilities, and needs, and serves as the basis for determining the level of intervention required as well as for establishing family goals. The Family Partnership Plan is formally completed at the beginning of the year and at the end of the year. By comparing the "before" and "after" versions of the Plan, families and staff can gauge progress in specific areas of family functioning and determine whether the level of services provided was sufficient, effective, and helpful.

When data gathered through the Family Partnership Plan are summarized and analyzed for the program as a whole, they provide information about the population of all families served. By analyzing the data gathered at entry into services and then again at defined intervals, the program can examine which areas it is effectively helping families address (for example, education or employment, family management practices, etc.).

Additionally, the Family Partnership Plan is used as a basis for evaluating and supervising the performance of Family Advocates by monitoring individuals' patterns of assessment and intervention with their caseloads. Program supervisors, can, by reviewing an individual Family Advocate's plans, determine if he/she has been successful in helping families reach identified goals, as well as assess the percentage of an

Advocate's families that have made progress over the program year. In this way, Advocates whose job performance appears deficient can be targeted for additional support and technical assistance.

COMMUNITY STRENGTHENING

The model relies on a few methods to evaluate the community-strengthening component. First, the program uses the goals established by the Community Action Groups as benchmarks against which to measure progress. The groups use Strategy Charts (see Appendix H) on which they define their objectives, planned strategies, activities, individuals responsible, and timeframes for completion. Program staff use the charts as a tool for examining the groups' progress toward articulated goals.

In addition, the model incorporates a Community Engagement Process (CEP),* a formalized and customized community mobilization and assessment tool, to survey a random sample of target area residents. The analysis of the CEP yields data on perceived community concerns, issues, and priorities for community action. With the first year serving as a baseline measurement, subsequent surveys reveal changes in perceptions of community need as the Free to Grow program addresses priority issues. The CEP provides an ongoing measurement of short-term and intermediate outcomes.

The agency has also engaged the assistance of a community focused research group at Rutgers University to assist them in devising strategies to assess the impact of their community interventions. The group is conducting comparative community surveys, as well as analyzing local police data to assess the program's impact in its original target community in Owensboro, Kentucky.

* The Community Engagement Process is an action research approach designed by Philliber Research Associates and Cornerstone Consulting. Additional information on the process is included in later sections of this document. Philliber and Cornerstone can also be contacted directly for technical assistance with this process. See Resource Listing at end of document for more information.