

Research and Evidence Webinar Series:

# Youth Interventions that Work

November 17, 2020

# Welcome!

Youth Interventions that Work



OFFICE OF  
RESEARCH AND  
EVALUATION



**AmeriCorps**

**We'll get started in just a couple of minutes.**

**Please be advised that there is no dial-in for this webinar; all audio is provided directly through the Adobe Connect platform.**

# Welcome!

Youth Interventions that Work



**Katy Hussey-Sloniker**

*MBA, MSW, LGSW*

*Office of Research and Evaluation, AmeriCorps*

# Presentations Today

Social Innovation Fund Showcase: Youth Interventions that Work



**FR**1**ENDS** of the  
**CH**1**ILDREN**

**Project: One Child at a Time**



**Project: Shape NC**



**United Way  
for Southeastern Michigan**

**Project: G.O.A.L.S.**



**United Way  
of Central Indiana**

**Project: Great Families 2020**



# Introductory Remarks

Youth Interventions that Work



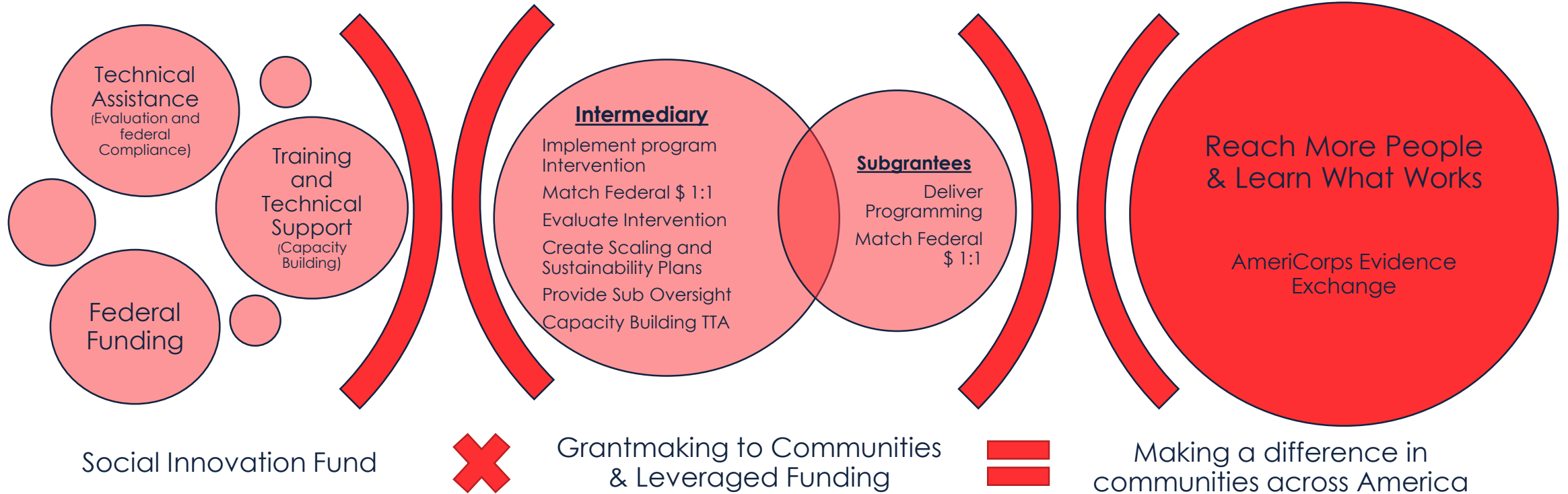
**Dr. Lily Zandniapour**

*Research and Evaluation Manager*

*Office of Research and Evaluation, AmeriCorps*

# Social Innovation Fund

How It Works



# FR1ENDS of the CH1LDREN

## Youth Interventions that Work

Dr. Shelley Osborn, ICF

Dr. Susan Walsh, Friends of the Children

November 17, 2020



# THE POWER OF ONE



FR1ENDS of the  
CH1LDREN



# HOW WE SELECT and INVITE CHILDREN AND FAMILIES



SCHOOLS



FOSTER CARE



COMMUNITY PARTNERS



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FR1ENDS of the  
CH1LDREN

# SIX CORE ELEMENTS

1. Children facing the greatest obstacles
2. Professional mentors (Friends)
3. Commit for the long haul
4. Individualized and intentional
5. Home, school, community
6. Evaluate, measure, improve



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**FR1ENDS** of the  
**CH1LDREN**



# MULTI-SITE RANDOMIZED CONTROL TRIAL

## Child Study (2007-2014)

Participant ages 5-11

Findings:

- More Prosocial Strengths
- Less Externalizing Behavior
- Less Trouble in School
- Positive Parent Perception of Behavior

## Young Adult Study (2020-2025)

Participant ages 19 and 21

Outcome Aims:

- Three Long-term outcomes
- Social Capital
- Self Sufficiency



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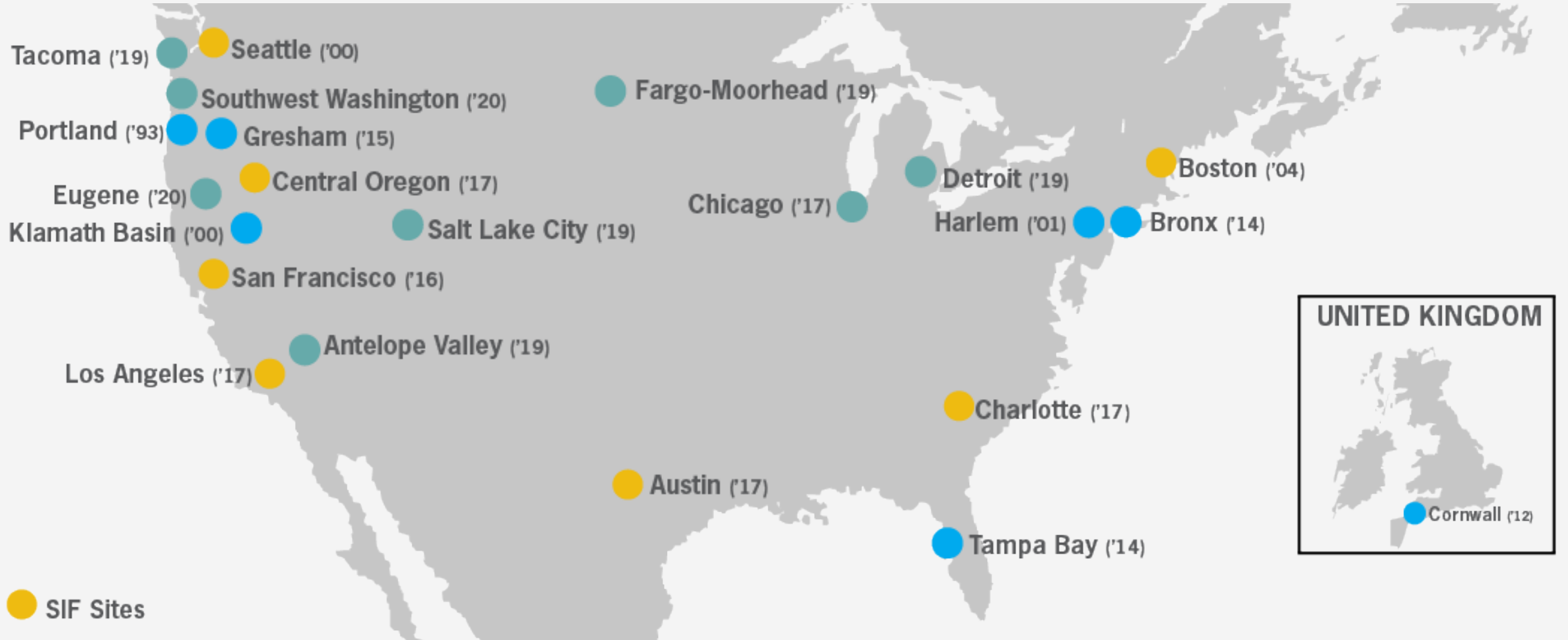
**FR1ENDS** of the  
**CH1LDREN**

# SIF AS CATALYST FOR SCALING





# SIF AS CATALYST FOR SCALING



● SIF Sites



FR1ENDS of the  
CH1LDREN

# SIF EVALUATION DESIGN

- Implementation Study
- Child Welfare Study
- School Study
- Pilot Caregiver Study



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**CH1LDREN**

# KEY EVALUATION LESSONS LEARNED

- Implementation Study – *The process is the most important part of the journey.*
- School and child welfare administrative data analyses – *Make sure the juice is worth the squeeze.*
- Caregiver voice – *Our families' voice is priceless and setting the course for our future.*

# CAREGIVER VOICE – OUR 2GEN JOURNEY

Parents/Caregivers perceive their child:

- Improved their child's Social-Emotional Skill development
- Liked to go to school more
- Was more hopeful and optimistic

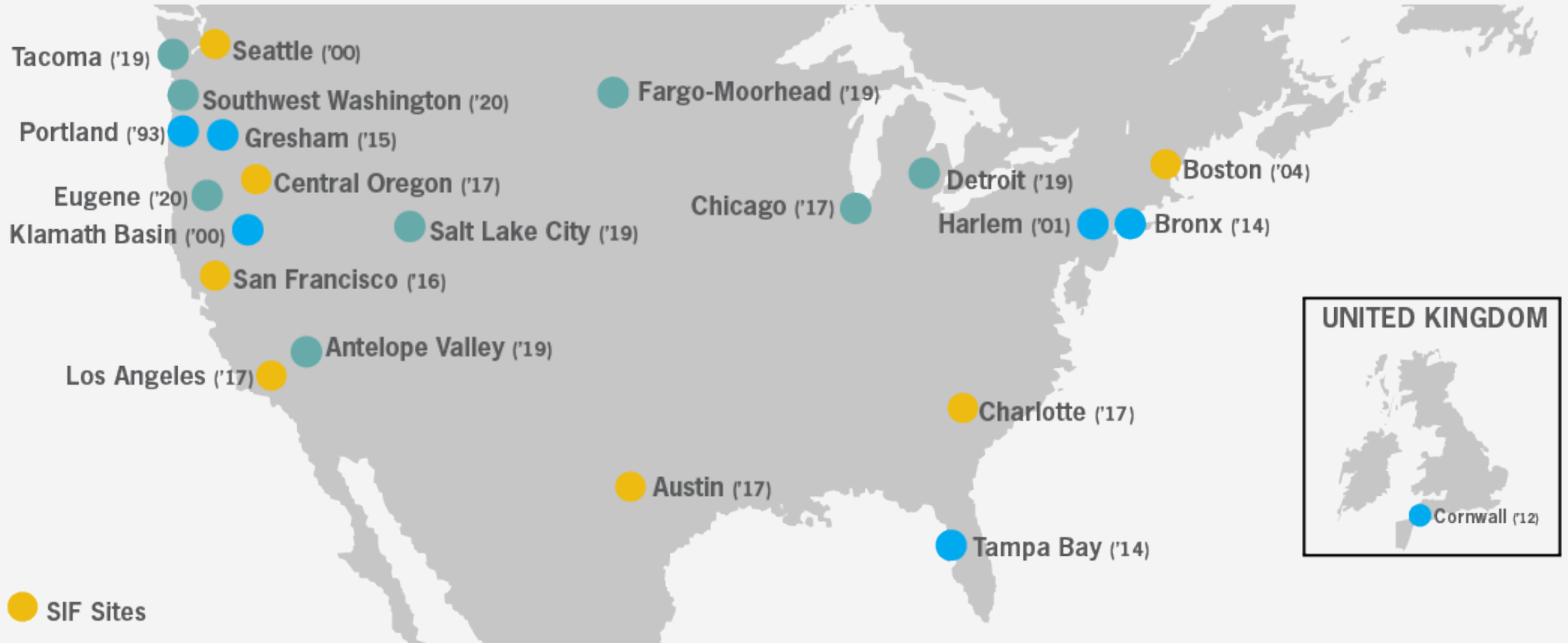
Parents/Caregivers reported:

- Improved problem-solving within the family
- Improved ability to handle the day-to-day parenting demands
- Connections to educational assistance, mental health resources, child-care and cultural/health activities.

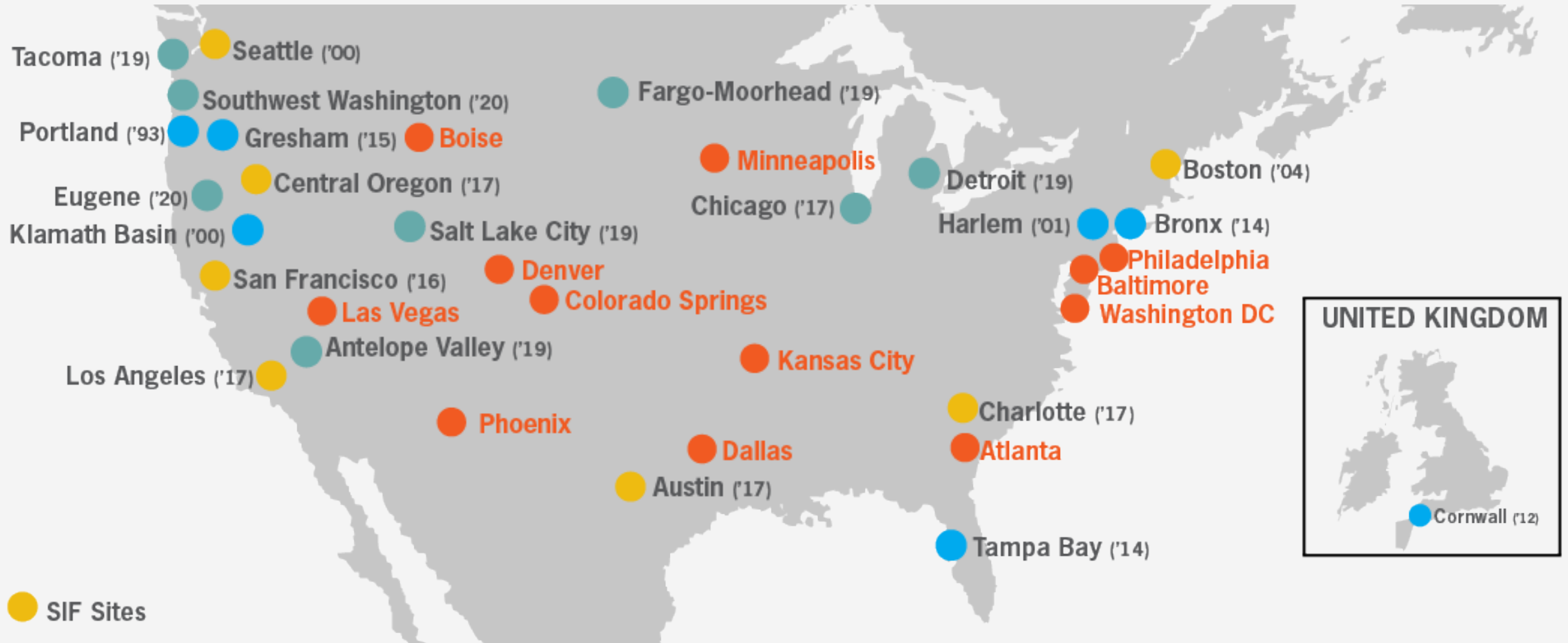


FR1ENDS of the  
CH1LDREN

# SIF EVAL AS A CATALYST FOR CHANGE



# SIF EVAL AS A CATALYST FOR CHANGE



# Lessons Learned in Shaping Healthy Starts for Young Children

Stephania Sidberry, MPH  
North Carolina Partnership for Children  
November 17, 2020



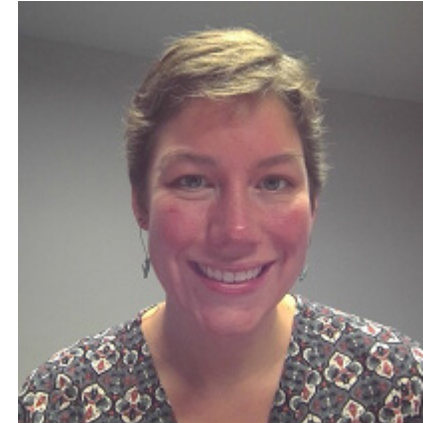


# Shape NC Program Team



**Stephania Sidberry,  
Shape NC Program  
Manager**

**Courtney Latta-  
Sosebee, Shape NC  
Implementation  
Coach**



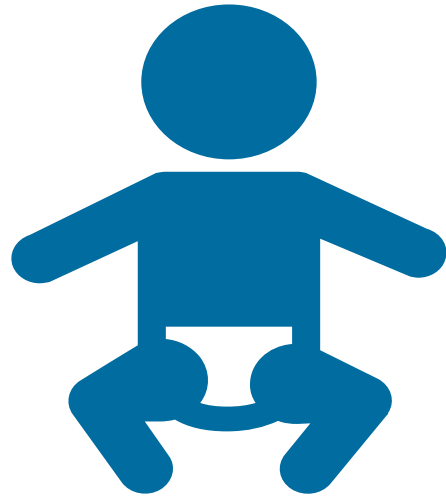
**Angela Lewis,  
Shape NC  
Implementation  
Coach**





# Shape NC History

- Shape NC: Healthy Starts for Young Children is a partnership between The Blue Cross and Blue Shield of North Carolina Foundation (BCBSNCF) and The North Carolina Partnership for Children, Inc. (NCPC).
- Created in 2010 to increase the number of children starting kindergarten at a healthy weight and ready to learn.
- In 2016 received funding from CNCS to conduct a rigorous evaluation of the program



## Expert Partners

- Be active Kids
- Natural Learning Initiative
- Go NAPSACC
- Farm to ECE

## Learning Spaces

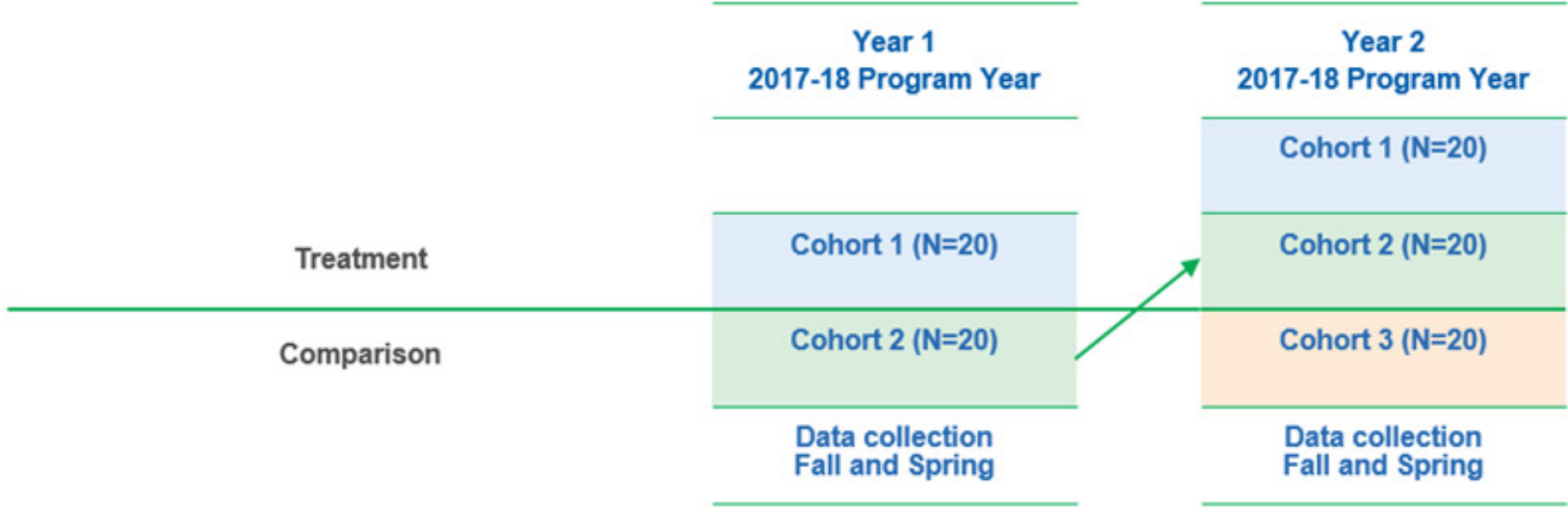
- Peer-to-Peer Learning Collaboratives
- Technical Assistance to Child Care Centers
- Coaching for Technical Assistants
- Online Resources
- Conferences



## Funding

- ...to Local Partnerships
- ...to Child Care Centers

# Methodology



# Research Questions

1. What is the impact of Shape NC on the number of health and nutrition best practices implemented in participating child care sites receiving one or two years of treatment relative to comparison sites?
2. What is the impact of Shape NC on the physical activity of children in participating child care sites receiving one or two years of treatment relative to children in comparison sites?
3. What is the impact of Shape NC on the percentage of participating children at a healthy weight as measured by child body mass index (BMI) status relative to children in comparison sites?

# Outcomes

RS1: There was no significant impact of Shape NC on the number of health and nutrition policies and best practices after one or two years of implementation.

RS2: After two years, children at all 20 treatment sites engaged in indoor free play, an increase from one site at baseline ( $p=.00$ ).

After two years, the number of sites in which children engaged in structured indoor play/organized games increased from eight to 17 sites es ( $p=.01$ ).

# Outcomes

RS2: After two years of treatment, the number of centers in which children participated in outdoor structured play/organized games increased from four to 17 ( $p=.00$ ).

RS3: After two years of treatment, the percentage of children in the healthy weight category decreased significantly from 73.8 percent at baseline to 65.7 percent ( $p=0.02$ ) while the percentage of children in the obese category increased significantly from 9.5 percent at baseline to 15.2 percent ( $p=0.02$ ).



## Expert Partners

- Be active Kids
- Natural Learning Initiative
- Go NAPSACC
- Farm to ECE

## Learning Spaces

- Peer-to-Peer Learning Collaboratives
- Technical Assistance to Child Care Centers
- **Coaching for Technical Assistants\* (targeting scale)**
- Online Resources
- Conferences



## Funding

- ...to Local Partnerships
- ...to Child Care Centers



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Smart Start™



# The G.O.A.L.S. project: A Social Innovation Fund Initiative by United Way for Southeastern Michigan

Ty Partridge, Ph.D., & Chris Trentacosta, Ph.D.,

Wayne State University

Jeff Miles, MSW

United Way for Southeastern Michigan

Randi Burlew, Ph.D.

Philliber Research



# Acknowledgements



Jeff Miles,  
Shauna Aitson,  
Maya Satterwhite,  
Alice Audie-Figueroa, Melanie  
Gill



Agency Managers, Clinicians,  
Staff, and Families



Randi Burlew,  
Heather Hirsch

*“The Social Innovation Fund (SIF) was a program of the Corporation for National and Community Service that received funding from 2010 to 2016. Using public and private resources to find and grow community-based nonprofits with evidence of results, SIF intermediaries received funding to award subgrants that focus on overcoming challenges in economic opportunity, healthy futures, and youth development. Although CNCS made its last SIF intermediary awards in fiscal year 2016, SIF intermediaries will continue to administer their subgrant programs until their federal funding is exhausted.”*

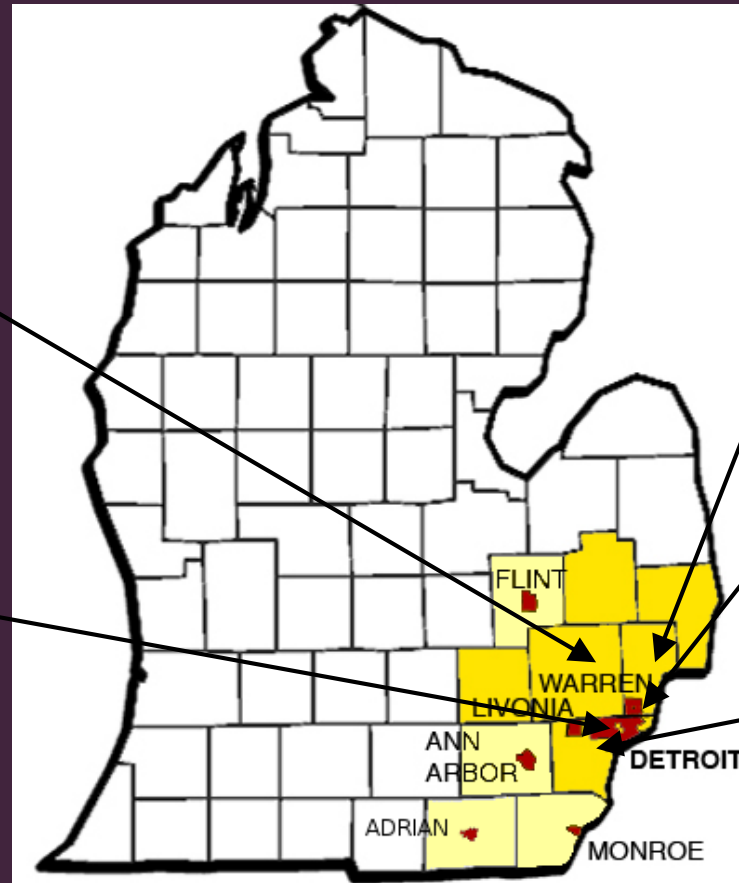
# The G.O.A.L.S program

## Serving Low-Income Families with Young Children in Metro Detroit

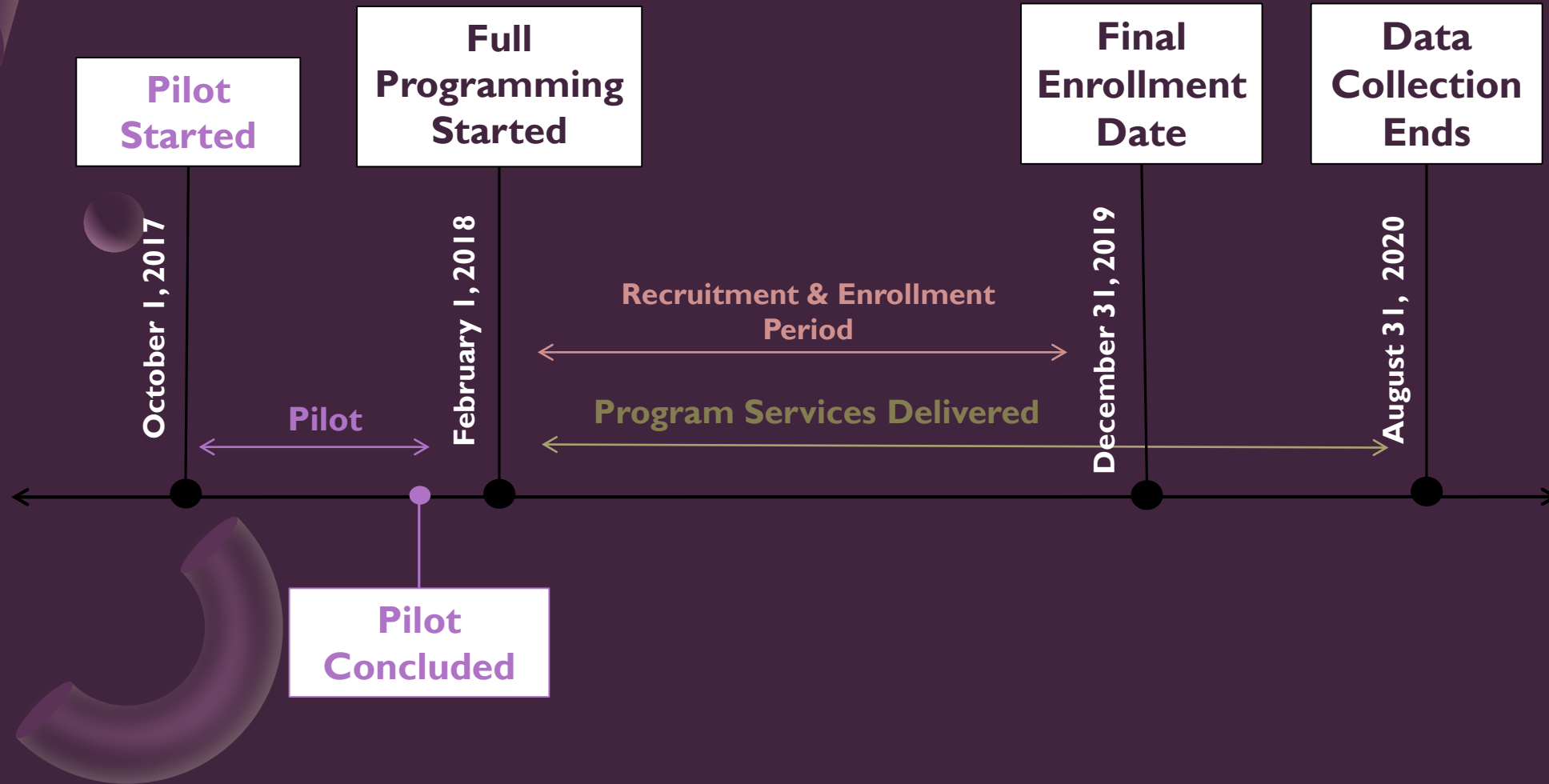
- GOALS = Gain Opportunities to Achieve Lasting Success
- A continuum of evidence-based services for parents and caregivers aged 0 to 5 years
- Designed to be a “light-touch” care coordination approach where families work with a Family Check-Up Model Specialist (FCMS) to identify, prioritize, and achieve goals



# Agencies Implementing GOALS



# Timeline





# Who did we serve?

- N = 992 (treatment group = 518)
- Marital Status:
  - 49% Married, 37% Single, 7% Cohabiting, 3% Divorced, 1% Widowed
- Ethnicity:
  - 47% African American/Black, 24% MENA, 23% White, non-Hispanic, 6%, Latinx, Native American, Pacific Islander, Not Listed
- Home Ownership
  - 54% Rent, 34% Own, 9% Shared housing
- Primary Language
  - 69% English, 24% Arabic, 1.6% Spanish
- Education
  - 24% Less than HS, 26% HS/GED, 24% Some College, 8% AA/AS, 9% BA/BS, 4% Certificate Program, 4% Graduate degree

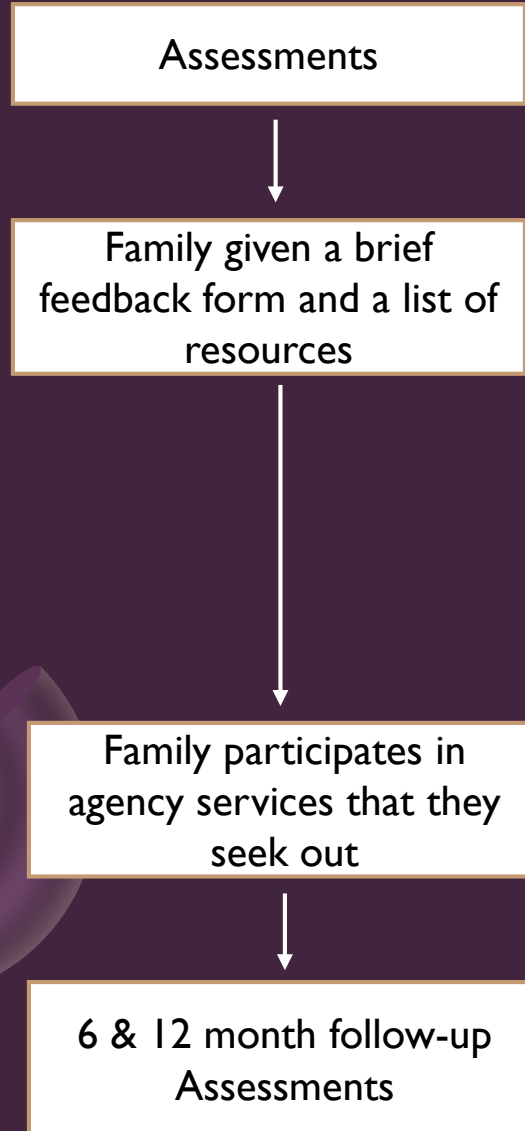


## Participant Health Factors

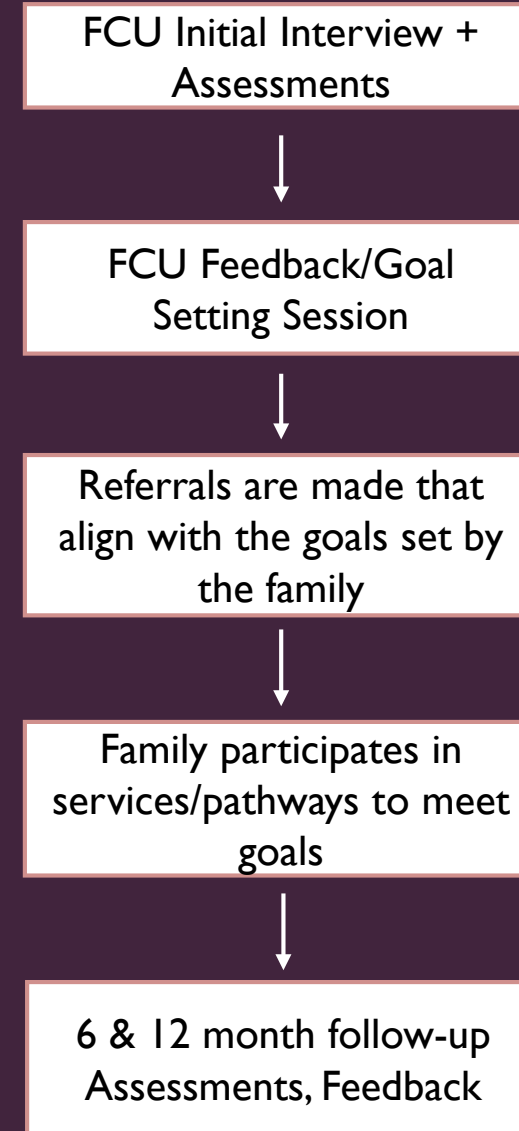
- Parent Insured: 87%
  - Child Insured: 96%
  - Uninsured Medical Needs: 17%
  - Chronic Health Condition: 36%
- 86% Medicaid



## Comparison

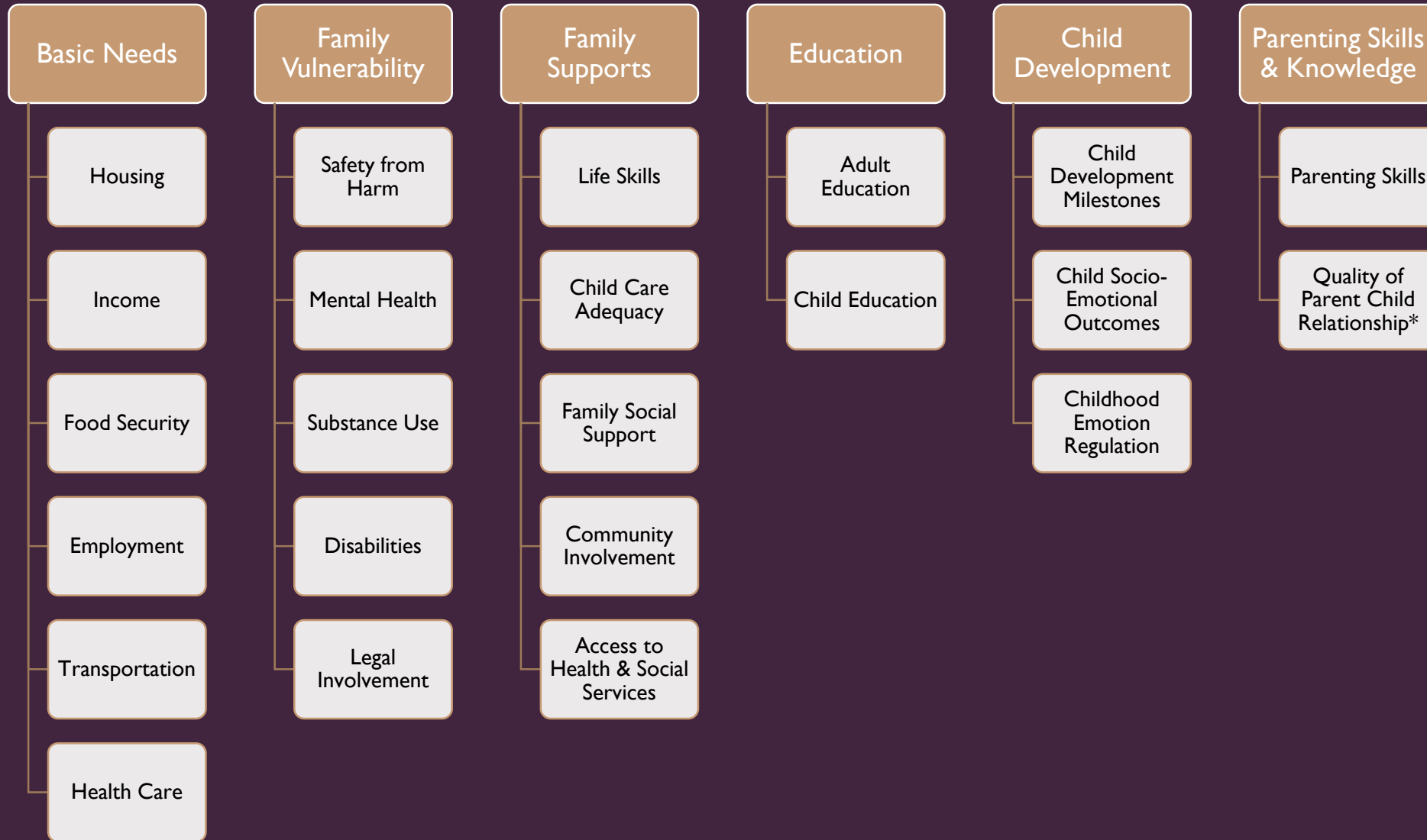


## Intervention





# Domains of Family Life Assessed



# Comprehensive Assessments, Feedback, and Goal Setting

## INTERVENTION GROUP FEEDBACK FORM

**GOALS: Family Feedback Form**

**Child Well-being and Development**

Behavior	*
Social & Emotional Wellbeing	*
Language and communication	*
Physical Development	*
Other:	

Strength Needs Attention

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**Family Well-being and Support**

Basic Needs	*
Family and Community Relations	*
Employment and Education	*
Behavioral Health	*
Health Support	*
Other: <b>Nutrition</b>	*

Strength Needs Attention

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**Parenting**

Parenting Skills	*
Affection	*
Responsiveness	*
Encouragement	*
Teaching	*
Other:	

Strength Needs Attention

## INTERVENTION GROUP FEEDBACK FORM

**Family Goals** Family Name: \_\_\_\_\_

If we need help, we should contact: \_\_\_\_\_

**Goal #1**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Accomplish Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Steps to reach our goal**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Goal #2**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Accomplish Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Resources we need**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Goal #3**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Accomplish Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Steps to reach our goal**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

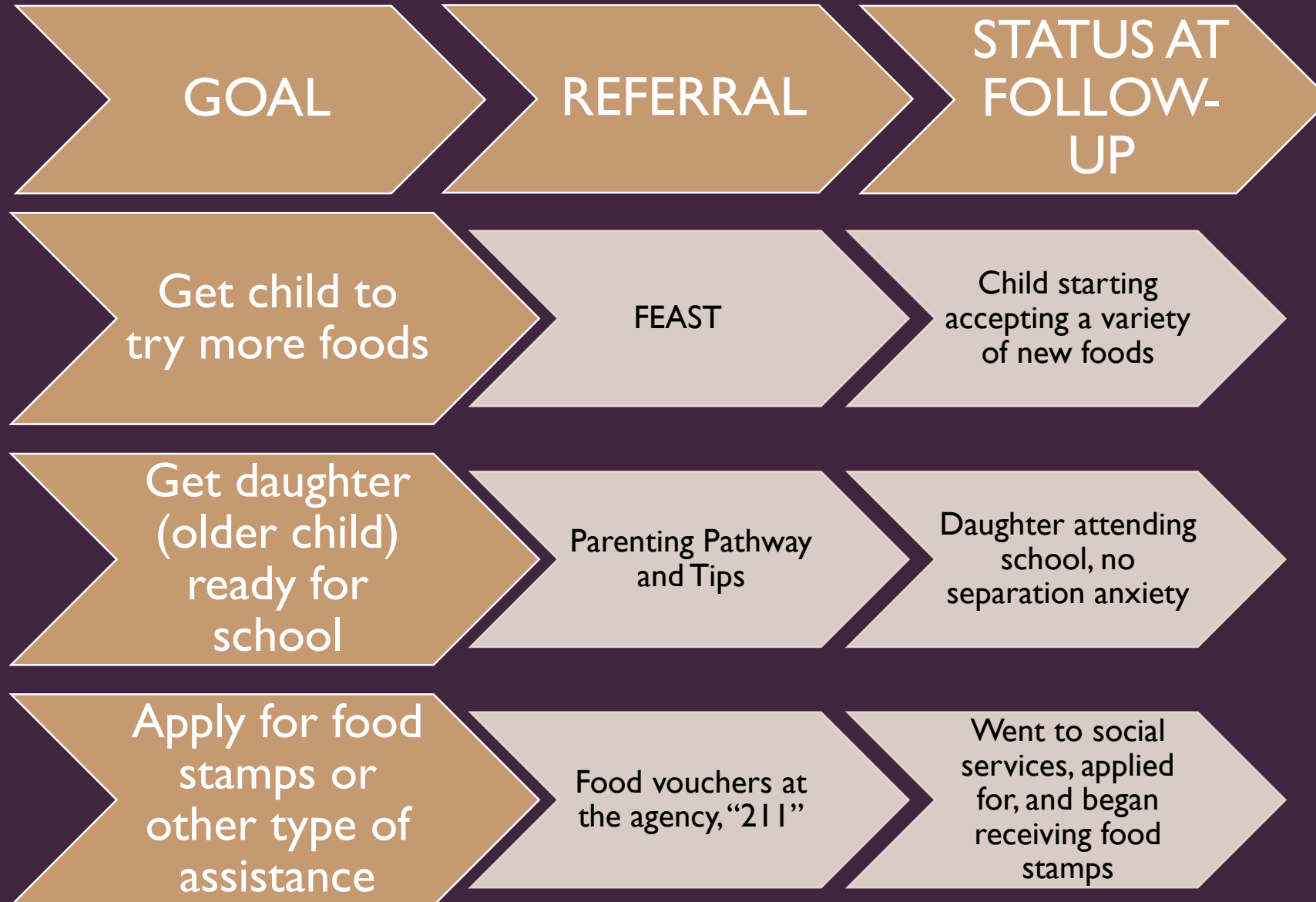
**Resources we need**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Implementation Example



# Intervention Actions and Supports

## TOP 10 GOAL CATEGORIES

GOAL CATEGORY (ARIZONA SELF-SUFFICIENCY MATRIX CATEGORY)	# OF GOALS SET IN THIS CATEGORY
1. Children's Education	242
2. Parenting Skills	225
3. Adult Education	126
4. Housing	71
5. "Other"	70
6. Food	61
7. Employment	54
8. Mobility	46
9. Health Care Coverage	41
10. Life Skills & Mental Health (tied)	35

## • TOP 10 REFERRALS

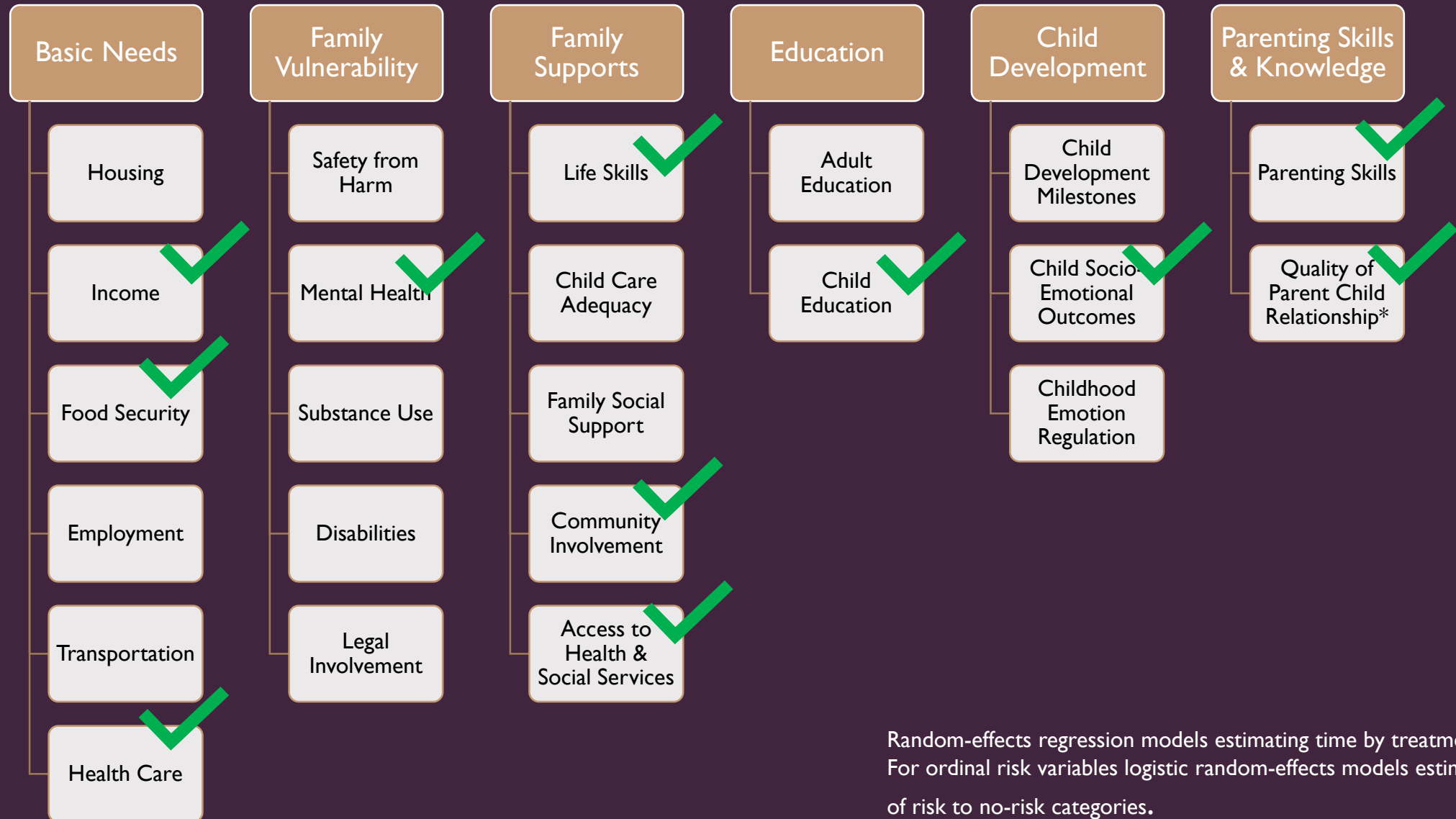
REFERRAL CATEGORY (either a "Pathway" or an ASSM domain)	# of REFERRALS
1. Parenting Pathway	113
2. Community Involvement	95
3. Ready 4K Text Messages	87
4. Food	83
5. Income	79
5. Parenting Skills (ASSM domain)	79
7. Housing	77
8. Children's Education	65
9. Mental Health	54
10. "211" helpline	53

# Primary “Pathways”

- Parenting Education Pathway
  - *Example:* Parents as Teachers at Oakland Family Services:  
<https://www.oaklandfamilyservices.org/early-childhood-services>
  - *Example:* Ready4K: <https://unitedwaysem.org/get-help/community-resources/ready4k/>
- Health Care Access & Support Pathway
  - *Example:* Diabetes Prevention Program at NKFM:  
<https://www.nkfm.org/communities-families/diabetes-prevention-program>
  - *Example:* Virtual Children’s Healthcare Access Program (V-CHAP):  
<http://www.michildrenshealth.org/>
- Nutrition/Family Feeding Practices Pathway: FEAST  
<https://unitedwaysem.org/blog/lets-feast-united-way-program-empowers-parents-to-raise-healthy-eaters/>



# Key Outcomes

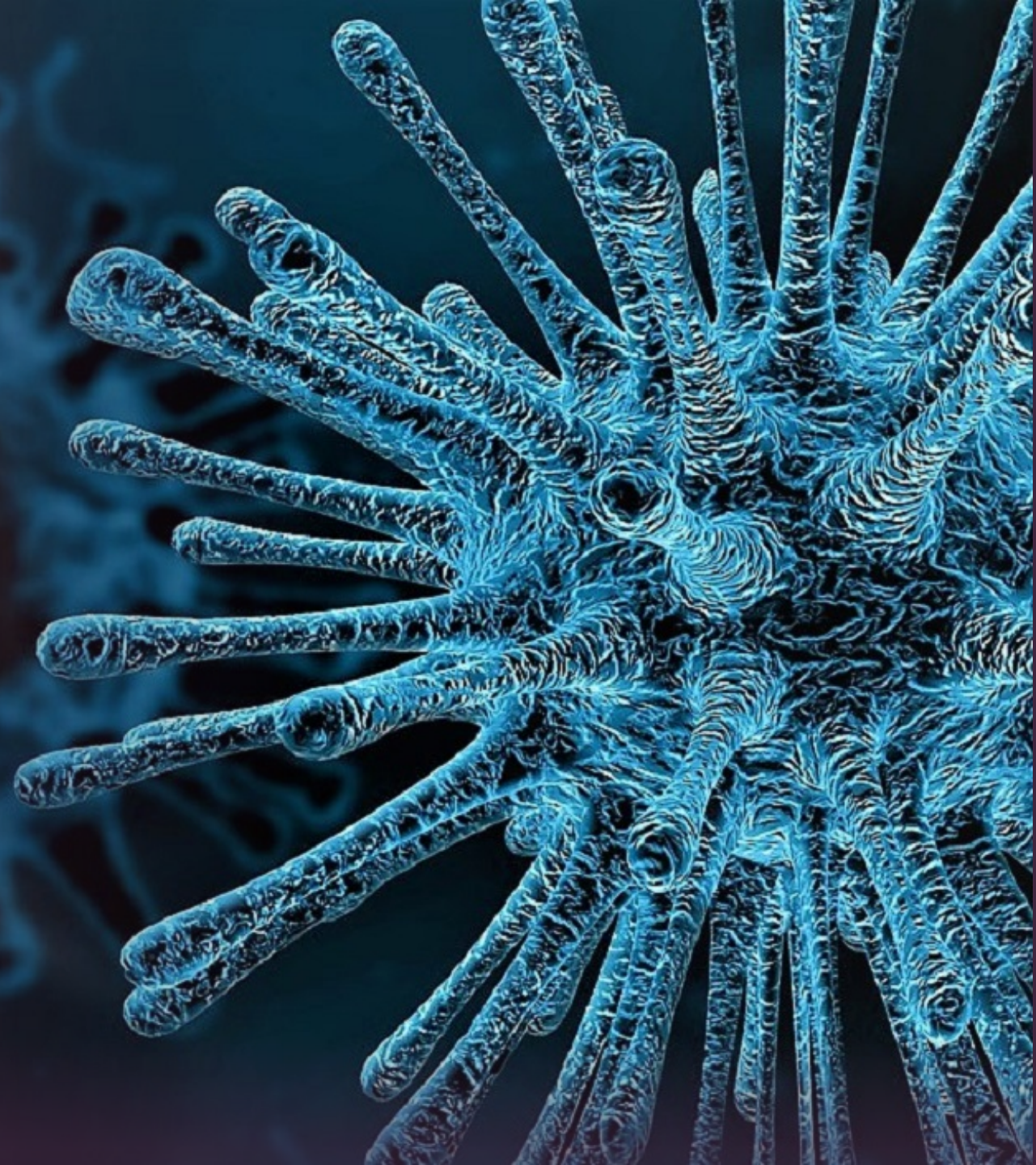


Random-effects regression models estimating time by treatment group effects  
For ordinal risk variables logistic random-effects models estimated likelihood  
of risk to no-risk categories.



# Family Impact of COVID-19

Initial Findings



# COVID-19 Survey Results (380 respondents)

## COVID-19 Exposure

- 4% COVID Positive
- 11% immediate family members COVID Positive
- 40% extended family / close friends COVID Positive
- 18% have had a family member or close friend die from COVID-19

## Risk Mitigation

- 94% wore a mask when outside the home
- On average, Left home 3.5 days per week, had close contact w/ 7-8 people,
- 20% had to leave home for work
- 55% left home for groceries or shopping

## Income

- 72% decrease in income (31% lost their income)
- 23% moderate to severe impact on food access
- 45% moderate to severe increase in stress



# COVID IMPACT: March – August 2020

Families  
were  
more  
at risk  
for

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Inadequate Health Care

---

Inadequate Employment

---

Decreased Family Social Connections

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Being Disconnected from the Community

---

Parenting Challenges

---

Mental Health Challenges

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UNITED WE WIN.**

**LIVE UNITED™**

# Great Families 2020 - A 2Gen Approach

## Lessons from the Field

11/17/20



# Presenters

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- Whitney Fields, Senior Program Officer
- Denise Luster, VP Impact Research & Analytics
- Stephanie Fritz, Director of Strategic Research & Analytics
- Breanca Merritt, Director of the Center for Research on Inclusion and Social Policy

UNITED WE FIGHT.  
UNITED WE WIN.

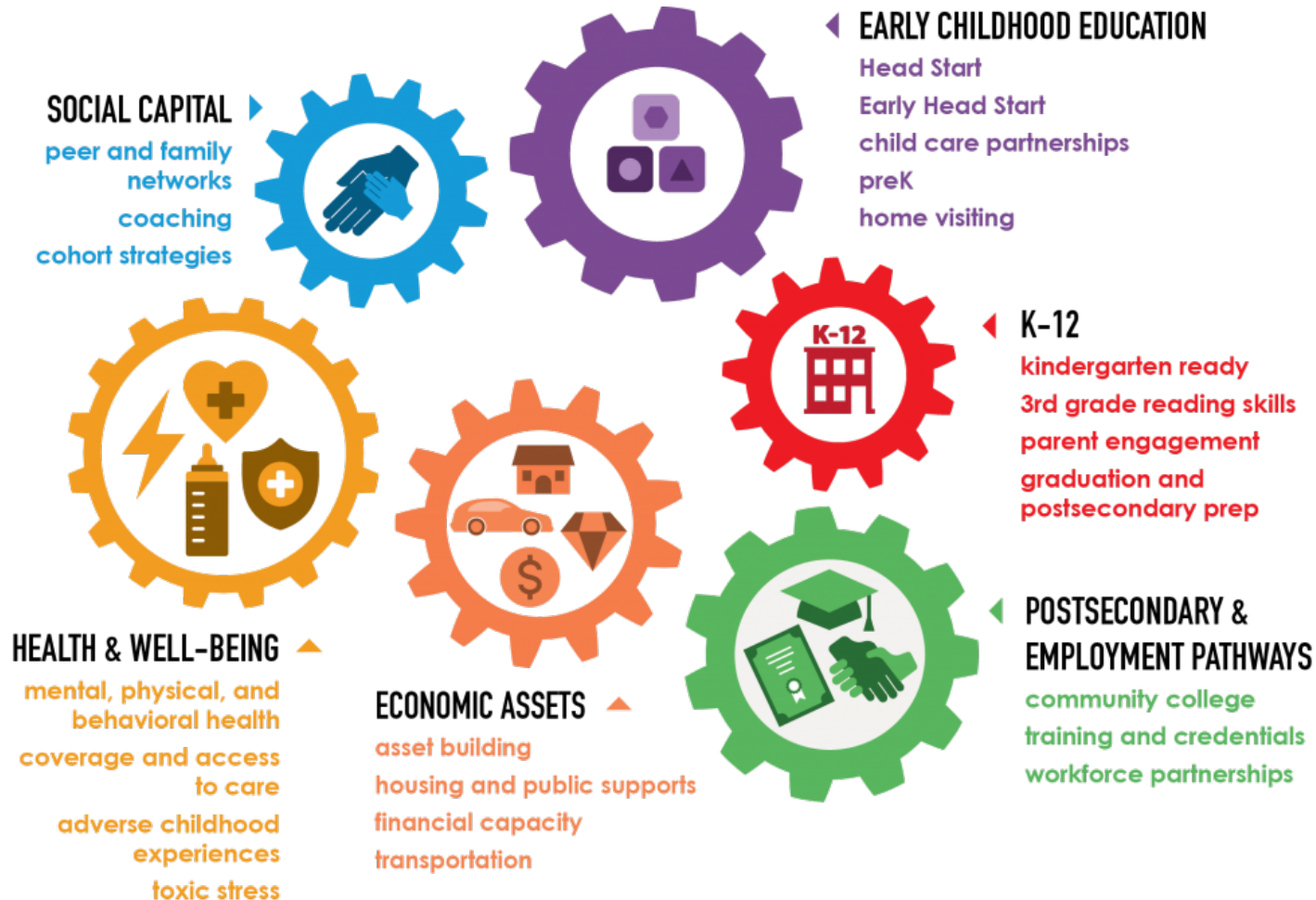
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# The Two-Generation Approach





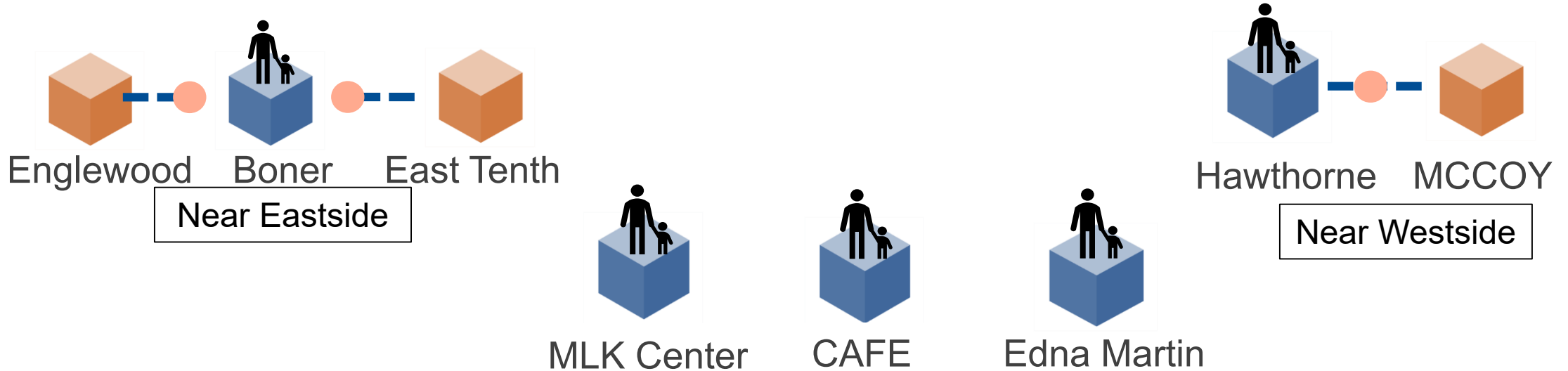
# Key Components of Two-Gen



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# Great Families 2020 Subgrantees



## GF2020 Program Details



3.5 years of subgrants to implement 2Gen Programs and Services for Families



Subgrantee Autonomy  
1:1 Program Officer Support  
Serving Whole Family Unit



5 target areas  
8 Subgrantees

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# Theory of Change

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**Children will enter  
kindergarten ready  
to learn**

**Families will be  
financially stable**

**Children & parents  
will be physically  
and mentally  
healthy**

**Families will have  
formal & informal  
support networks**

**Parents will  
acquire 21<sup>st</sup>  
century skills &  
credentials &  
career-track jobs**



# Youth Evaluation Tool: ISTAR-KR

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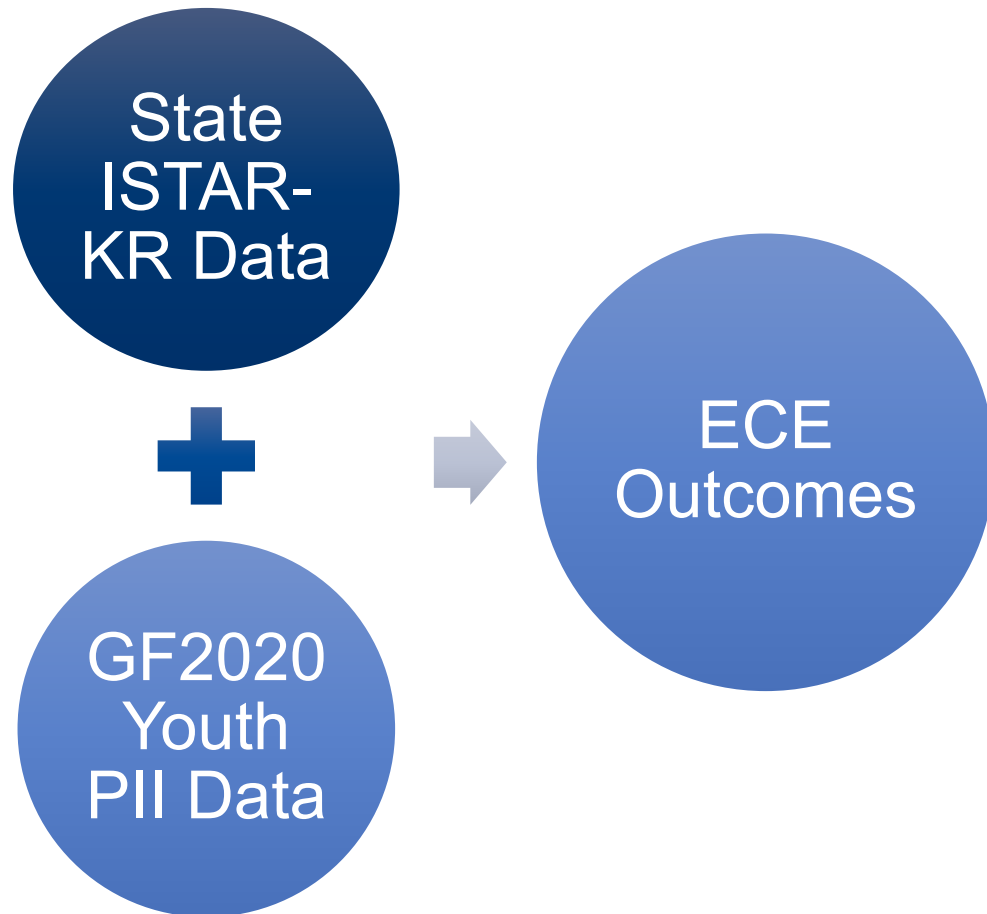
The Indiana Standards Tool for Alternate Reporting of Kindergarten Readiness (ISTAR-KR) tool assessed kindergarten readiness and overall child development.

- Free/Web and paper administration options available
- Used from infancy to first grade to assess a child's developmental skills in five domains: physical, personal care, socio-emotional skills, English-language arts, and math.
- Age-based and benchmarked

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UNITED WE WIN.**

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# Evaluation Barriers: Data Collection and Data Sharing Agreements



**Data Sharing Agreement with Indiana  
Department of Education  
(Spring 2018)**

**335 youth records submitted to IDOE for  
matching, only 22 records matched  
(6.6% match rate)**

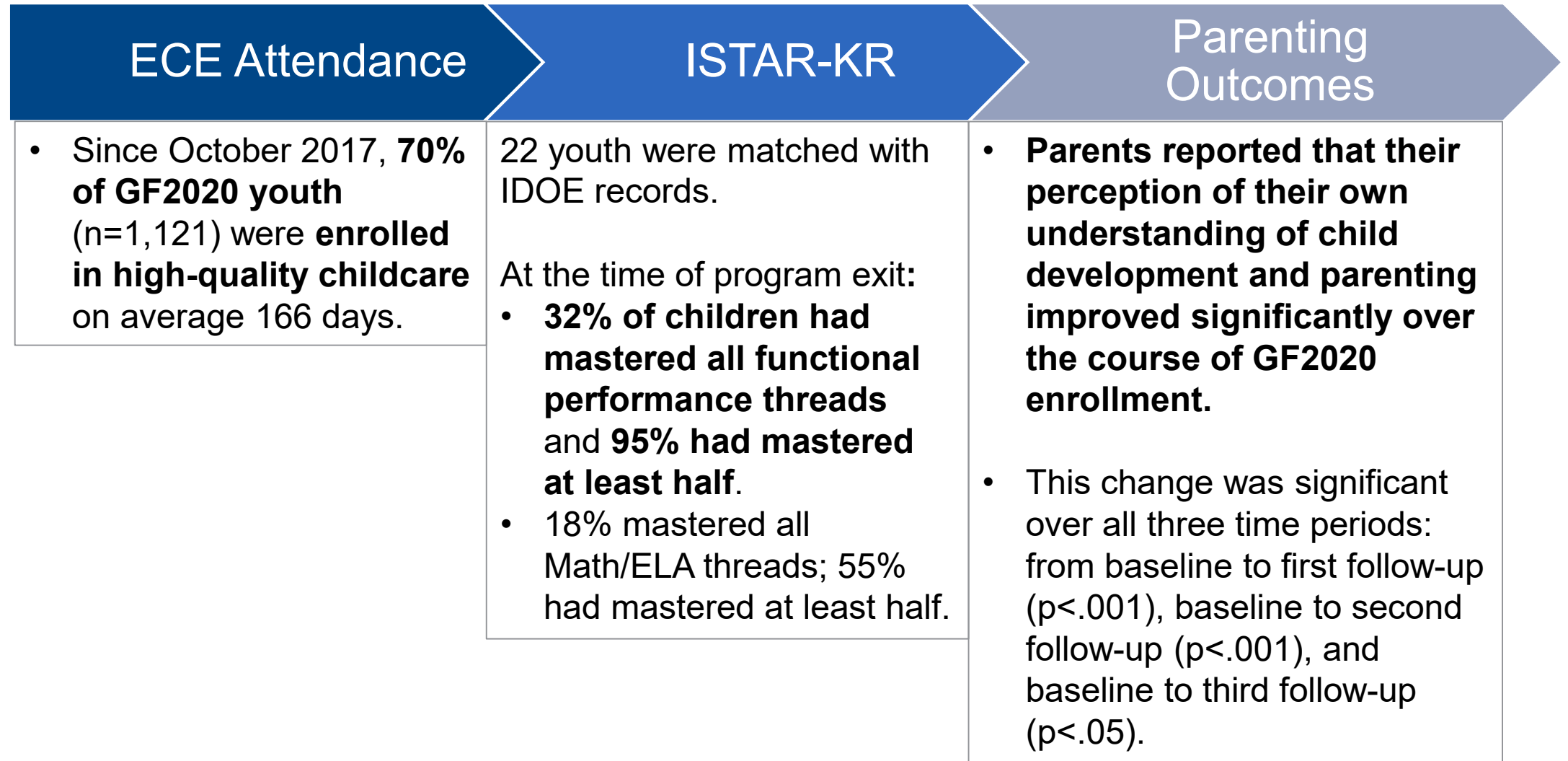
**Student Identification Numbers (STNs)  
not collected by subgrantees due to  
FERPA regulations**

# Evaluation Barriers: Policy Changes

In 2019, Indiana State Board of Education decommissioned ISTAR-KR and replaced it with Kindergarten Readiness Indicators (KRI).

<b>Implementation Challenges</b>	<b>Impact on Evaluation</b>
Only web-based	1-year waiver for providers with no computer or internet
Annual assessment	ISTAR-KR was administered and updated throughout the year, resulting in the ability to track improvements due to high quality childcare.
Population-level assessment – data not reported on individuals, but county populations	Inability to track growth in GF2020 children.

# Youth Evaluation Outcomes



# GF2020 Early Lessons Learned

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## Data Sharing

- PII in data sharing agreements may not be enough for student matching.
- Data sharing agreements should include STNs if possible.

## Partnerships

- Creation of an advisory board to include membership with Indiana Department of Education.
- Formalized partnerships between subgrantees and ECE providers to improve attendance data and youth identification data.

## Policy Implications

- State policy changes can directly impact local programming evaluation.

# Closing Remarks

Youth Interventions that Work



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# Contact Information



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Project Lead: Whitney Fields [Whitney.Fields@uwci.org](mailto:Whitney.Fields@uwci.org)

# Q&A

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## Questions?

**Dr. Andrea Robles**

*Research and Evaluation Manager,  
Office of Research and Evaluation, AmeriCorps*

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