

---

---

## EXECUTIVE SUMMARY

---

---

In 1988 the U.S. Congress enacted the Comprehensive Child Development Act (Public Law 100-297) in an effort to decrease the likelihood that children from low-income families will be caught in the cycle of poverty. The specific goals of the Act included the following:

- ! Prevent the academic failure of young children from low-income families by addressing their educational, psychological, social, and medical needs from birth to age 5;
- ! Decrease the likelihood that young children living in poverty will be caught in the cycle of poverty; and
- ! Prevent welfare dependency and promote self-sufficiency and educational achievement of all members of low-income families with young children.

In response to the Act, the U.S. Department of Health and Human Services created the Comprehensive Child Development Program (CCDP), administered by the Administration on Children, Youth and Families (ACYF). Building on the results of earlier research and demonstration programs for low-income populations, ACYF designed an intervention model to address the goals of low-income families with young children. This unique model emphasized responding to families' goals through the provision of case management, early childhood education (ECE), and other core services. While the structural characteristics of the model were similar across sites, local community-based CCDP grantees adapted methods of service delivery to local circumstances as they changed over time. Implementation of the model over a 5- to 6-year period facilitated families' efforts to identify, work toward, and in some cases, attain their goals, and implementation of CCDP resulted in changes in the community service delivery system.

Between 1989 and 1990, 24 community-based CCDP grantees (Cohort I) were funded nationwide.<sup>1</sup> At any single point in time during the demonstration, which lasted from October 1, 1989, to September 30, 1995, grantees in urban areas typically served 120 families, and grantees in rural areas typically served 60 families. During the CCDP demonstration, the 24 Cohort I CCDPs served 3,970 families.

The process study of CCDP, conducted by CSR, Incorporated, was designed to analyze the following aspects of CCDP:

- ! Characteristics of the CCDP projects;

---

<sup>1</sup>An additional 10 CCDPs (Cohort II) were funded between 1992 and 1993. This report involves only the Cohort I CCDPs.

- ! Characteristics of the CCDP families;
- ! The process by which grantees implemented the CCDP model over time;
- ! Responses of CCDP families to the program; and
- ! The estimated cost of operating a fully implemented CCDP project.

The results presented in this report address seven policy questions of interest to members of Congress and others interested in designing effective intervention programs for low-income families with young children. The main findings of the CCDP process study are summarized below, organized by the policy questions employed in the evaluation.

*Policy Question 1: What were the characteristics of CCDP families and how have they changed over time?*

CCDP projects met the legislative goal of serving low-income families with young children in a variety of geographical areas. With a few exceptions, great diversity was found in the characteristics of families served. The characteristics of families who replaced families who left CCDP before the end of the demonstration generally were the same as those of the original families.

As was intended by the CCDP legislation, the program served a significant number of family members other than the primary caregivers and focus children. In addition to the 3,970 primary caregivers and 3,970 focus children younger than age 1 served by CCDP, more than 6,000 siblings and 1,500 fathers of focus children received CCDP services.

*Policy Question 2: What were the participation and attrition patterns?*

A majority of families (64 percent) left CCDP before the end of the demonstration. One-third of the families participated for approximately 5 years, but wide variation existed in length of participation among the remaining families. There was also wide variation across sites in the length of time families participated in CCDP. Approximately three-fourths of the families who terminated from CCDP did so voluntarily; the rest were terminated by the projects, primarily for lack of participation. Terminations for nonparticipation increased over time parallel to increasing stability and standardization of the projects' operations and ACYF's compliance monitoring.

*Policy Question 3: How were services actually provided and utilized?*

All CCDP projects emphasized the provision of high-quality, high-intensity case management and ECE and child care services. CCDP can be characterized as a unitary service delivery model that was adapted over time by grantees to address the unique and changing challenges and needs of the local community and its low-income families. While changes did occur

in the manner in which services were delivered, the CCDP projects fulfilled the legislative mandate to provide comprehensive services to low-income families. One major difference between CCDP and other programs is that CCDP focused on providing comprehensive services to address the goals set by all family members using a strong case management model, rather than simply intervening in the lives of low-income mothers and a single child.

*Policy Question 4: Were family and individual goals met?*

CCDP projects were successful in helping families set and, to a lesser degree, attain a wide variety of goals. The most common goals included obtaining basic necessities (e.g., housing, health care, and transportation); gaining skills and resources to foster family members' self-sufficiency (e.g., employment and education); and fostering child development (e.g., parenting skills and high-quality child care). While not all families who set goals reported attaining their goals, the data suggested that many families made progress toward attaining their goals. Most families set multiple goals and utilized a wide range of services to address them. Furthermore, there was a linear relationship between length of time in the program and percentage of families who attained their goals, indicating that case managers were continuously working with families on finding goal-oriented strategies and resources.

*Policy Question 5: What were the factors that affected service utilization and goal attainment?*

The major factor associated with changes in the intensity of service utilization appeared to be stage of project development. As projects stabilized and became institutionalized, the intensity of service utilization peaked. As CCDP projects matured, they were better able to help families identify, locate, and access services. Furthermore, families' competencies in identifying their goals and accessing services increased over time. Although some variation existed across projects in the proportion of families who set and attained goals, clusters of sites that ranked very high or very low on these dimensions were not identified.

Important factors associated with goal attainment included length of time participating in CCDP, length of time working on the goal while participating in CCDP, and intensity of services received. Longer tenure in the program, less time spent working on the goal (for 21 of 25 goals), and for 11 of 25 goals, receipt of a greater intensity of services (defined as counts of services contacts) were all associated with an increased likelihood of attaining goals.

*Policy Question 6: What was the relationship between CCDP and the community?*

CCDP projects were able to convince community service providers that CCDP is a positive, cost-effective addition to the local social service delivery system. CCDPs also succeeded in effecting change in the service delivery

system at both the system and service levels. Of particular importance were CCDP projects' efforts to increase coordination among the child care and educational system, the public social services system, and the public health system.

*Policy Question 7: How much did it cost to operate a CCDP project?*

The average single-year total cost of replicating CCDP (in 1994 dollars) as a service delivery program was \$1,708,229, with costs ranging from \$911,773 at a rural site to \$2,480,630 at an urban site. This translates into an average total cost per year of \$14,984 per family (with a range of \$9,662 to \$22,241) or \$4,851 per family member (with a range of \$2,955 to \$8,117). These costs are comparable to the cost of another program with a similar service delivery model. Forty-three percent of the CCDP personnel budget was spent on direct intervention services, and the remainder was spent on program support services. Furthermore, 80 percent of the CCDP personnel cost for direct intervention services went to case management activities, and the remainder was spent on leveraging services from the community. Regardless of the total amount spent on CCDP personnel, the greater the relative proportion of expenditures on direct intervention service, the higher the quality of case management and ECE components of CCDP.

The results presented in this report lead to two major conclusions regarding the success of the CCDP Cohort I demonstration. First, CCDP was successfully implemented in accordance with legislation that authorized the demonstration, and ACYF was successful in facilitating local projects' efforts to adapt the national model of CCDP to local circumstances. Second, although CCDP is not a panacea for all the problems low-income families face, CCDP projects helped empower families to become actively engaged in CCDP and to make progress toward attaining their goals.

Like the lives of low-income families, the story of CCDP is complex and continually unfolding. Given the huge changes under way in the social and economic welfare systems in the United States, this study is well timed to add significantly to policy debates on how to support low-income families' efforts to become economically and socially self-sufficient.