

Houston/Harris County Children's Mental Health Grant Program

Project Early Start

An evaluation report by Star of Hope Mission

**Submitted to Hogg Foundation for Mental Health
December 2013**

Authored by MKP Consulting

Star of Hope Transitional Living Center's
Project Early Start
Final (4th Year) Report
Hogg Foundation Grant

Narrative and Evaluation Report

A. Summary of Service Utilization: Project Early Start, located at Star of Hope's Transitional Living Center (TLC) for homeless families, is aimed at strengthening the state-licensed on-site child care program by being child-focused, family-driven, community-based and culturally-competent. During this second year, TLC continued to make significant strides in the execution of the project. The following is a summary of the enrollees and the services provided them during the four years of the Hogg Foundation grant:

Total Children in Project Early Start During the Hogg Foundation Grant

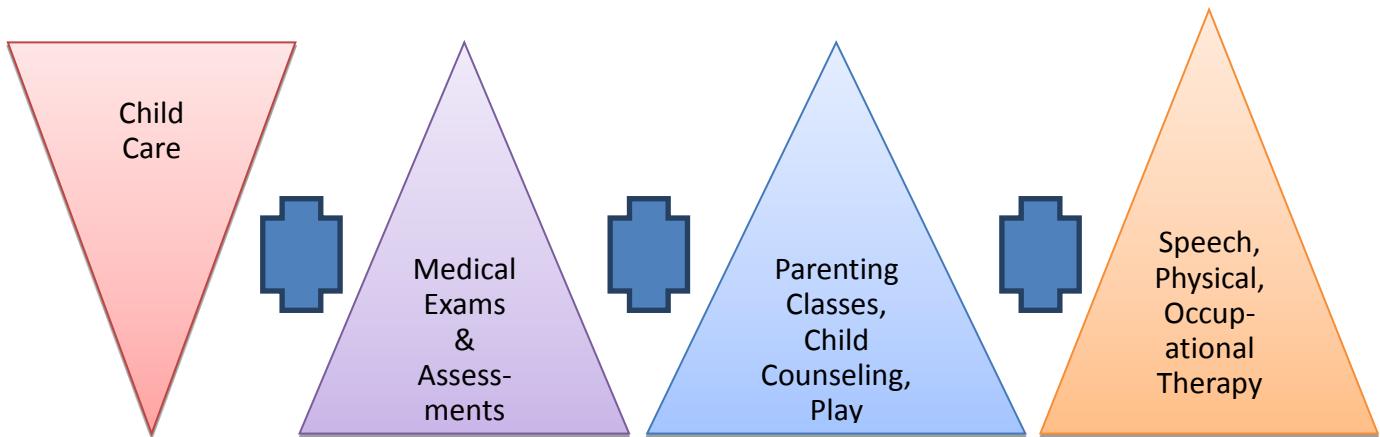
Grant Reporting Period	African American	Hispanic	Non-Hispanic White	Other*	Toddlers	Preschoolers	Total
2010-1	10	4	2	0	9	7	16
2010-2	16	2	4	2	8	16	24
2011-1	15	6	4	4	12	17	29
2011-2	19	3	6	6	11	23	34
2012-1	12	2	2	2	8	10	18
2012-2	19	0	2	0	10	11	21
2013-12 months	35	9	9	0	22	31	53
Total	126	26	29	14	80	115	195

* Other includes 3 Native Americans, 2 bi-racial, and 2 Asian

To address the goals of Project Early Start, Star of Hope's Transitional Living Center added a number of components to result in a comprehensive approach to serving the toddlers and preschoolers living at TLC with their parents. Star of Hope's Transitional Living Center for Women and Families provides a long-term therapeutic safe haven for homeless women and families. During the early years of the program, the emphasis was on healing the parents of their substance abuse, physical abuse, trauma, mental illness and lack of opportunities. The children benefitted from the healing and growth of their parents, however, TLC staff understood that the children were in as much need of therapeutic intervention and support as the adults. As a result, an on-site child care center was established to provide a safe environment for the children while their parents were in classes or working. The Hogg Foundation grant provided the opportunity for TLC to contract with Dr. David Hilmers, MD, EE, MPH who provides physical examinations, social and familial histories and developmental assessments of the children in order to better determine their needs. Also with the

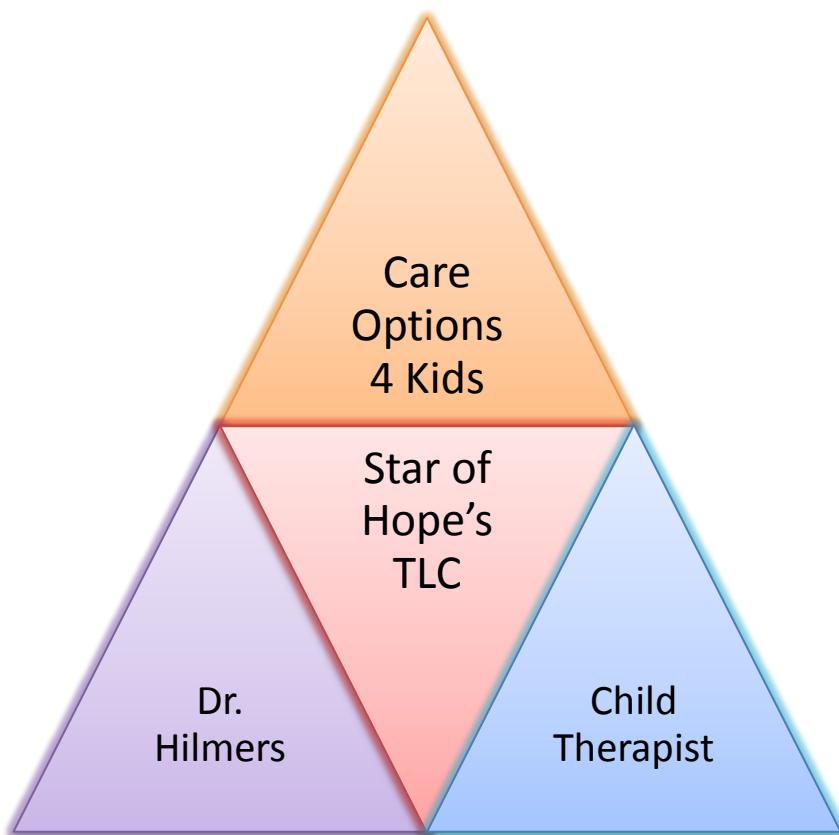
Hogg Foundation grant, TLC was able to add a child therapist to provide counseling and play therapy for the children, parenting classes for the parents and training of and interaction with the child care staff. In 2012, Care Options 4 Kids came on board to provide speech, physical and occupational therapy to the children.

Basic Elements of Project Early Start in Chronological Order of Inclusion



As the four primary elements for the toddlers and preschoolers came together under both the Bright Beginnings United Way program and the Hogg Foundation grant, Project Early Start became a truly integrated program:

Synergy Among the Elements of Project Early Start



B. Geographic Area and Population Served: The Star of Hope Transitional Living Center (TLC) accepts homeless women and families from throughout the Greater Houston region. Once enrolled, they reside at the TLC. In addition to a dormitory-style section for unaccompanied women, the facility has 631, 2- and 3-bedroom apartment units for families.



The population served by the Hogg Foundation grant for Project Early Start includes homeless toddlers and preschoolers and their parents residing at TLC. During the 4 years of the grant, 195 children were enrolled in Project Early Start.

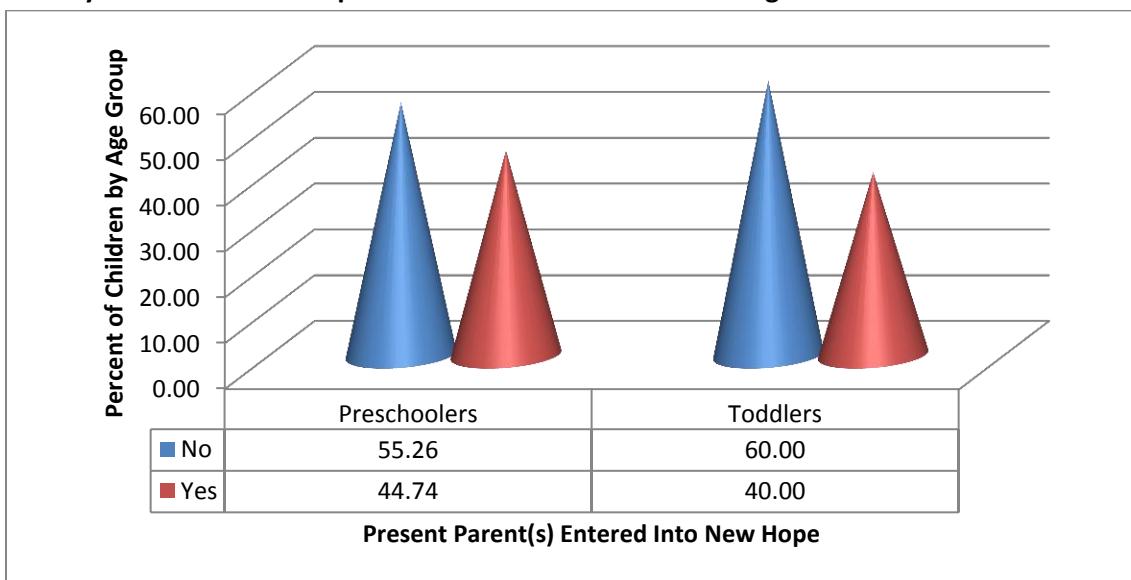
Demographics of the Children in Project Early Start During the Hogg Foundation Grant

Grant Reporting Period	African American	Hispanic	Non-Hispanic White	Other*	Toddlers	Preschoolers	Total
2010-1	10	4	2	0	9	7	16
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Total	126	26	29	14	80	115	195

All who were speaking were proficient in English, as were their parents.

Interestingly, during the 4-year period of this grant, there has been a significant increase in the number of present fathers. Prior to 2010, the program averaged approximately 1 to 2% of households with a male present. That percentage has increased steadily and during the 4 years of the Hogg Foundation grant the families with toddlers and preschoolers have included 8.47% with 2 parents/stepparents and 2.54% with single fathers, resulting in 11.01% with a father or stepfather present. An additional 1.69% have been in the custody of their grandmothers, another new family situation for TLC children. While over the 4-year period nearly half (41.5%) of the parents of toddlers and preschoolers entered the New Hope substance abuse treatment program when they arrived at TLC with their children, the percent in New Hope has been declining. Both the increase in the number of fathers present and the increase in the number of parents without a substance use disorder indicate a change in the primary composition and causes of family homelessness from primarily domestic violence and/or substance abuse to the national economic recession and job loss, coupled with a number of natural and manmade disasters displacing families.

**Percent of Toddlers and Preschoolers with One or Both Parents
Initially Enrolled in New Hope Substance Abuse Treatment Program***



* Percentages based on the 118 receiving complete assessments out of the total 195 enrolled

C. Impact of the Foundation's funds on TLC and Project Early Start: The funds from the Hogg Foundation have provided a means for Star of Hope to strengthen its licensed child care program by providing a more proactive approach to early childhood mental health services for at-risk homeless children who reside with their parents at TLC. These funds have allowed TLC to implement an evidence-based curriculum from the Center on the Social and Emotional Foundations for Early Learning (CSEFEL) in order to better address the needs of these youngest victims of homelessness. To fully utilize the curriculum and strategies of CSEFEL, TLC has been able to use Hogg Foundation funds to contract with a part-time medical doctor and hire a part-time licensed counselor who is an expert in Play Therapy and in evidence-based parenting classes. Children cannot thrive in a vacuum and the program is working closely with the parents to ensure that their interactions with their children are appropriate and beneficial for thriving. In addition, since the inception of the Hogg Foundation grant, TLC has also added Care Options 4 Kids to provide on-site physical, speech and occupational therapy to children of all ages. Though not funded through the Hogg Foundation grant, the grant facilitated in opening TLC to Care Options 4 Kids joining the program for children of all ages. The work of Care Options 4 Kids has greatly improved the functioning of the toddlers and preschoolers in the CSEFEL program, particularly in the area of speech therapy. Parents, teachers and Dr. Hilmers referred children to Care Options 4 Kids for hearing and vision tests as well as additional assessments and treatment for speech, gross motor skills and fine motor skills impairments.

When applying to the Hogg Foundation, one of TLC's goals was to become a nationally accredited by the National Association for the Education of Young Children. In March 2011, TLC's child care center

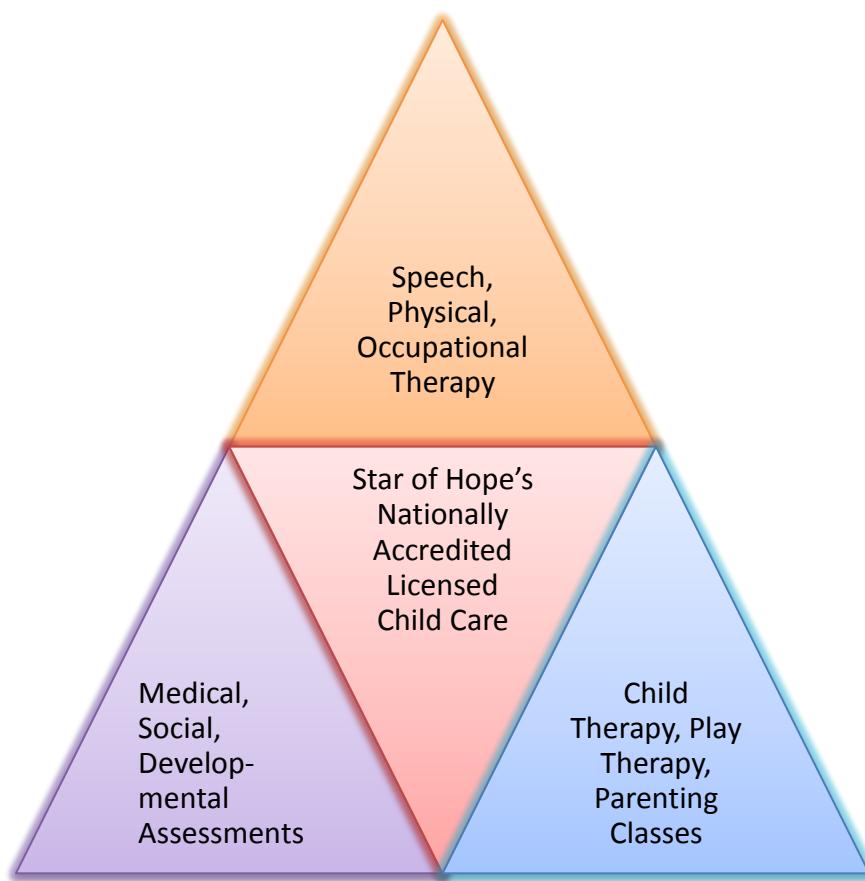
received the national accreditation and became the only child care program located at a shelter or transitional living center and exclusively serving the homeless residents.

The parents and their children come to Star of Hope's TLC with a complex myriad of issues that led to their homelessness or have been exacerbated by their homelessness. Whether traumatic life experiences have caused their homelessness or are a result of their homelessness, all parents and their children come to TLC with some level of Post-Traumatic Stress Disorder (PTSD). Approximately one-third of the homeless in the Houston area are children, and the vast majority of the children are infants, toddlers and preschoolers. All have experienced significant trauma, be it events leading to homelessness or the events and situations of homelessness prior to entering TLC. More than one-third of the women enter with substance abuse issues and approximately half have been victims of domestic violence or other abuse. The children have been witness to and victims of the situations of their parents. Behavioral problems result and there is a higher-than-average rate of pre-school and elementary school expulsions of homeless children due to the unmanageable behavioral problems and serious emotional distress. As a result of the Hogg Foundation grant, Project Early Start has been able to assess the type and magnitude of trauma and damage, providing medical treatment and therapy to the children, providing counseling and parenting classes to the parents, and providing specialized training to the child care staff.

Homelessness, regardless of how short the duration on the streets or in encampments or other locations not meant for human habitation, takes a serious toll on the health of all, especially children. Poverty in general and homelessness specifically leads to parents neglecting medical care, especially preventative care, for their children. Homelessness has been shown to cause hearing problems, speech delays and other developmental delays in toddlers and preschoolers. TLC has been able to use the Hogg Foundation funds to contract with a part-time medical doctor to assess the social/familial, developmental and medical conditions of the children and refer the families to the appropriate treatment programs. Care Options 4 Kids has been extremely valuable in treating the children with speech delays and motor skill delays.

It is estimated by the National Coalition for the Homeless that nearly three-fourths of children who experience homelessness for more than three months will become homeless and/or be engaged in crime or become victims of crime as adults. Therefore, it is crucial that homeless children be afforded every opportunity to develop socially and emotionally to thrive to overcome the ravages of homelessness. Project Early Start is filling the gap in services that currently exists in Houston for the homeless toddlers and preschoolers. Project Early Start has a nationally accredited licensed on-site child care center; a medical doctor providing medical, social, familial and developmental assessments; a child therapist providing individual therapy, play therapy, family therapy, parenting classes and staff training; and a contract non-profit providing speech, physical and occupational therapy all in a coordinated program.

Comprehensive Nature of Services Provided During the Hogg Foundation Grant



Intake assessments conducted by David Hilmers, MD, EE, MPH have shown that all of the children have suffered at least one traumatic experience in their young lives, and some have experienced several traumas including in utero exposure to drugs and alcohol, physical and/or sexual abuse, witnessing domestic violence, living with substance abusing parents, having parents arrested and imprisoned, and being removed from their home and family.

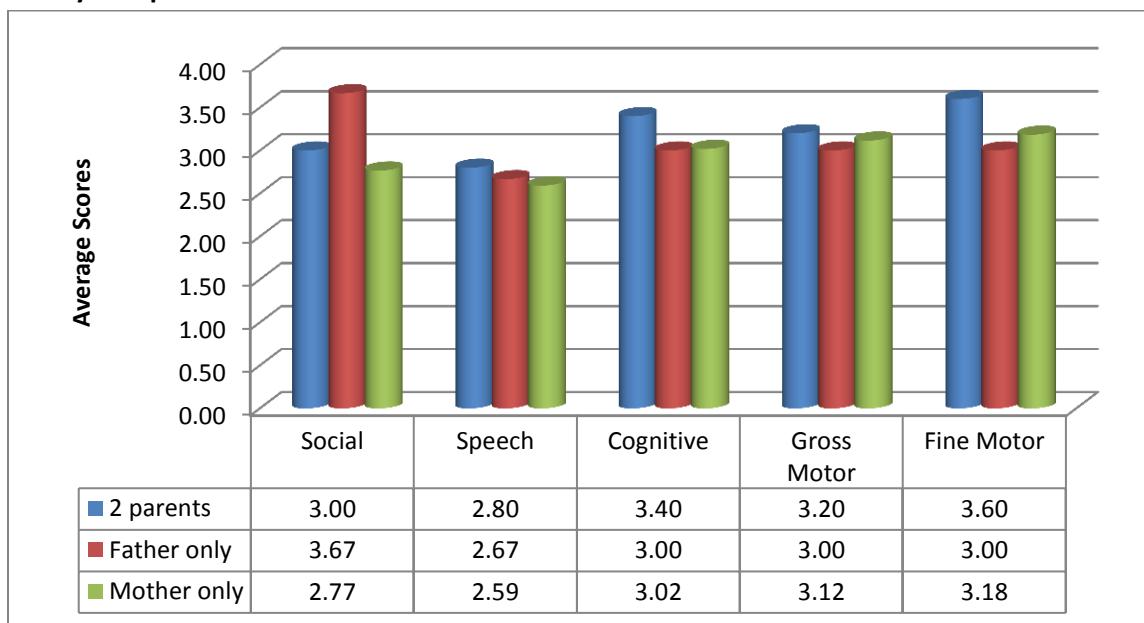
Within a month of coming to TLC, each child receives a physical examination and the Denver Developmental Assessment by Dr. David Hilmers, MD, EE, MPH. Various information about the child's medical, social and familial history as well as that of the parents is gathered. The average scores of the Denver assessments have been stratified by various social and familial characteristics. Score values for the Denver assessments, as shown in the graphs below are:

- 1= problematic/delayed
- 2=slightly problematic/delayed
- 3=on track for age
- 4=slightly advanced
- 5=advanced

Over the 4 years of the Hogg Foundation grant, more fathers have come to TLC. Prior to 2010, the program has averaged approximately 1 to 2% of households with a male present. That percentage has increased recently and the 4 years of the Hogg Foundation grant has had 8.47% with 2 parents/stepparents and 2.54% with single fathers, resulting in 11.01% with a father or stepfather present. An additional 1.69% have been in the custody of their grandmother.

When comparing the results of the Denver Developmental Assessment, the importance of having both parents becomes evident, particularly with the social interaction/adjustment score. In all areas, the children with both parents, even if one is a step-parent, had higher average scores than single-parent children. In social interaction/adjustment and speech, children of single fathers scored better than children of single mothers while in gross and fine motor skills, children of single mothers outscored children of single fathers.

Family Composition of Toddlers and Preschoolers at TLC*

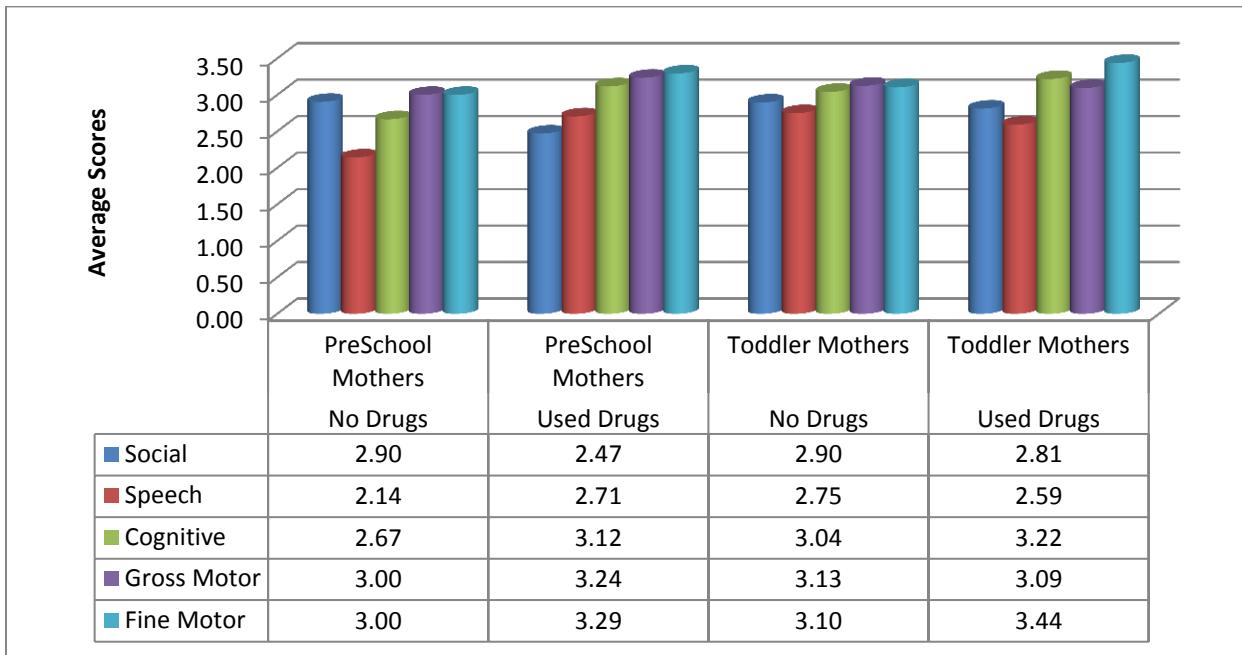


* Scores based on the 118 receiving complete assessments out of the total 195 enrolled

Interestingly, those children of mothers with substance abuse histories, including during pregnancy, in general scored the same or better than those children of mothers with no substance abuse histories. With the exception of the socialization score, the average scores were the same or higher (better) for children of mothers either with a substance abuse history or admitting to using alcohol and/or illicit drugs during pregnancy than for those children of mothers with no alcohol or drug use. The graph below shows the average scores for Preschoolers and Toddlers between those whose mothers had substance abuse histories and those whose mothers did not. No information was collected regarding interventions and removal of children from substance abusing mothers for periods of time. Children placed with CPS or living with a grandparent or other relative during part of their lives may counteract the effects of having a mother with a substance use disorder.

Additionally, for preschoolers, cognitive and motor skill development may have been enhanced as a coping mechanism for living with a dysfunctional parent. As can be seen, regardless of drug use by mothers, the toddlers in general scored higher than the preschoolers. In part this can be attributed to the narrower range of abilities, reactions and time experiencing trauma for toddlers than for older children. Preschoolers have been exposed to substance abuse, poverty, and dysfunction longer than toddlers and are more cognizant of the dysfunctional situations.

Toddlers and Preschoolers Denver Developmental Assessment Scores by Mothers' Drug History*

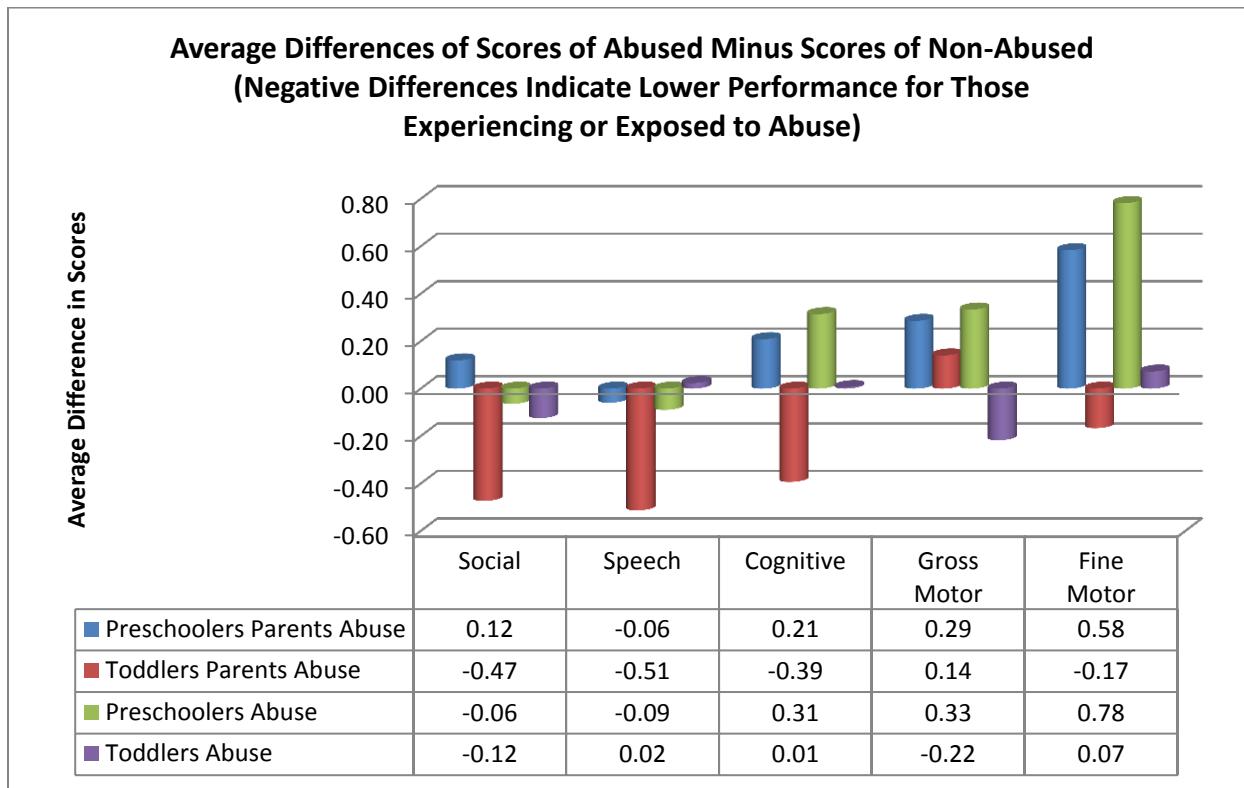


* Scores based on the 118 receiving complete assessments out of the total 195 enrolled

The guardians providing information regarding the children's family and direct history indicated that 29 of the children experienced emotional, verbal, physical or sexual abuse and 44 of the mothers experienced abuse at the hands of their significant others. The victims of abuse scored lower in the socialization and speech assessments but slightly higher in the cognitive assessment and considerably higher in the fine motor skills assessments. There was no significant difference by age group except in cognition where the difference between abused/not abused was much greater for preschoolers than toddlers.

The children of abused parents scored lower on the Denver Developmental Assessment than those children whose parents were not abused. The toddlers appear to be more negatively affected by their parents' abuse than the preschoolers.

**Comparison of Denver Developmental Assessment Scores for Toddlers and Preschoolers
Abused or Witnessing Parents' Abuse and Those Having No Abuse History**

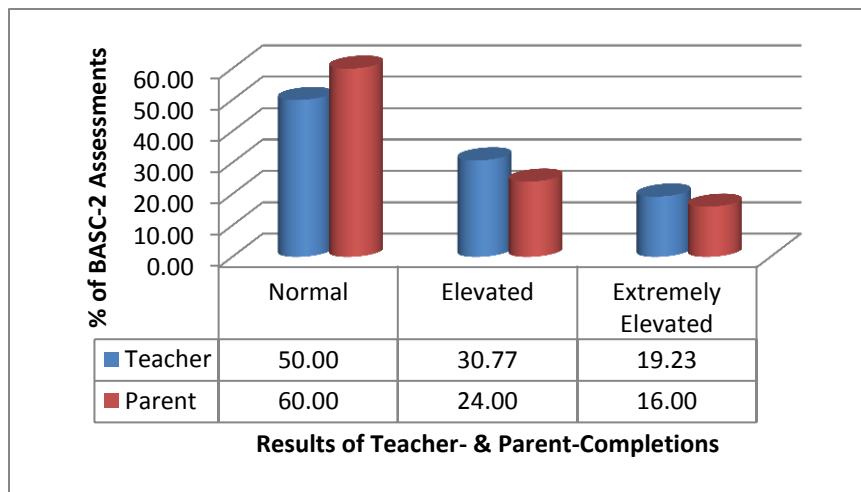


* Scores based on the 118 receiving complete assessments out of the total 195 enrolled

One of the major limitations of the program has been that the funding and length of stay did not allow for the Denver Developmental Assessments to be re-administered to determine improvement. In the future, the Project Early Start will be attempting to have Dr. Hilmers re-administer the Denver assessment at 6- and 12-month intervals for those who remain in the facility for more than 6 months.

In addition to the assessments by Dr. Hilmers, the teachers and parents also assess the children. The Brief Infant Toddler Social Emotional Assessment (BITSEA) was administered to the toddlers by the teachers, though the findings were scattered and inconclusive due to the age of the children. The Behavioral and Emotional Screening System (BASC-2) was administered by the teachers and the parents. These instruments began being used during the second year of the grant. Based on the BASC-2 assessments from the second half of the second year through the first half of the fourth year, the following graph to the right shows the results. Additionally, the table below shows the percent of the assessments cross-tabulated between the teachers and the parents to show discrepancies or disagreements regarding the children's behaviors.

Comparison of Teacher and Parental Scores of the BASC-2



* Scores based on the 45 receiving complete parent and teacher assessments out of the total 115 Preschoolers enrolled

Cross-Tabulation of the Teachers' and Parents' Scores for Each Child (Percent of Assessments)

Teacher	Parent		
	Normal	Elevated	Extremely Elevated
Normal	15.38	15.38	7.69
Elevated	34.62	3.85	3.85
Extremely Elevated	7.69	3.85	7.69

* Scores based on the 45 receiving complete parent and teacher assessments out of the total 115 Preschoolers enrolled

As can be seen, 42.31% of the children whose parents assessed them within the normal range were assessed by teachers as being within the elevated or extremely elevated range. Conversely, 23.07% of the children whose parents assessed them within the elevated or extremely elevated range were assessed by teachers within the normal range. These percentages are based on 2 years of results, however the differences have declined over time as more parents are learning to identify proper behaviors as a result of working with the teachers and being enrolled in parenting classes.

For those who experienced life on the streets, in homeless encampments and/or homeless shelters, the noise has led to speech delays in these young children and the unsanitary conditions and close quarters have led to illnesses, some serious and some creating developmental delays and hearing problems in the children. Living without resources and in a state of fear also leads to developmental delays. These families came to TLC having lived in the tyranny of the moment, literally fighting for their lives and not able to provide stability, peace, comfort, food or developmental advantages to their children. All of the parents and children have experienced trauma and most of the parents come to TLC with significant anger management issues that are passed on to their children. Most of

the parents grew up in generational poverty and instability without adequate parenting skills. For many of the parents, spanking their children means using a leather strap or belt to inflict numerous hard blows in anger. Project Early Start has been very instrumental in assisting parents in moving beyond the fear and anger that leads to neglect or abuse of their children.

Additionally, the Hogg Foundation funds have been used to train TLC staff in the social and emotional foundations for early learning, focusing on homeless and traumatized children, in order to better serve them in all aspects of their residency at TLC, not just in the classroom. New front-line child care staff members were hired more than 18 months ago and all have much higher levels of professionalism, understanding and training than previous staff. The results have been very positive. These new staff members are taking full advantage of all training opportunities and requesting specialized training in areas of developmental delays and autism. The limitation is that as the staff are receiving additional specialized training and experience, they are able to move to much higher-paying jobs in the for-profit or public school environment.

Co-terminate with the Hogg Foundation funding for Project Early Start, TLC was afforded the opportunity to become a site for Care Options 4 Kids. All of the children at TLC, including the toddlers and preschoolers involved in Project Early Start, are eligible for assessments and services by Care Options 4 Kids in the areas of physical, speech and occupational therapy. The staff and parents have given the work of Care Options 4 Kids rave reviews and are seeing significant improvements in the children.

Several TLC staff attended a workshop on “Bridges Out of Poverty”, a national training program to assist service providers in understanding the mindsets of those in generational poverty, and how to best use the various mental models to help bring the homeless residents out of their poverty mindsets to function in middle-income society. The reframing of mental models helps both the parents and their children develop tools to break the cycle of poverty, fear, hypervigilance and the “tyranny of the moment” to move into self-sufficiency and forward thinking. Likewise, understanding the emotional and social impacts of living in the “tyranny of the moment” has helped the staff to better relate to the adults and children. The voluntary faith-based aspects of TLC also help the parents to reframe their thinking and emotions as well as their parenting methods.

D. Account of Progress: During this fourth year of the project, TLC has continued to make substantial progress in implementing the program using a widely-accepted evidence-based program from the Center on Social and Emotional Foundations for Early Learning (CSEFEL) to address the needs of homeless toddlers and preschoolers. The use of the medical doctor and therapist specializing in child therapy, play therapy and parenting classes has enabled TLC to work with the children and their parents to develop the children’s capacity to experience, manage and express emotions in a safe and nurturing environment; to form close, healthy and safe relationships; to actively engage in their environment; and to prepare socially, emotionally and academically for entry into the public school system. The first play therapist left TLC in August 2011 and a new play therapist began the last week of January 2012. Bronwyn Lucas, M. Ed., MA, LPC-S has extensive credentials as a

Licensed Professional Counselor Supervisor, certified school counselor, and certified teacher of special education and young children. She has been an adjunct professor of psychology and has a counseling practice with an emphasis on family, children and youth counseling. Lucas has brought a new level of knowledge and expectation to the Project Early Start program.

The CSEFEL program has a proven success in achieving these goals by providing tools and curricula on:

1. Promotion of early childhood mental health through in-service staff trainings and continuing education, and parent education;
2. Prevention of behavioral programs by assisting the child in enhancing his/her emotional literary and ability to express feelings in an appropriate way;
3. Intervention by assessing and treating the identified social, emotional, developmental challenges through the use of experienced therapists and teachers.

To date, the progress that TLC has made includes actions in order to achieve the three goals of promotion, prevention and intervention. These actions include the developmental assessment of each child by a medical doctor; the psychological evaluation by a therapist; intellectually and emotionally enriching activities for the children; play therapy for the children; parenting classes and one-on-one meetings with the parents; speech, physical and occupational therapy by Care Options 4 Kids; and in-service trainings for the staff.

During the four years of Hogg Foundation funding, Project Early Start had 80 toddlers and 115 preschoolers enrolled in the program. Project Early Start has implemented its comprehensive services for these children centered around the proven successes of CSEFEL and its programs. The on-site licensed child care is making significant strides to improve staffing – both numbers and quality – and to better integrate the services of the play therapist into the program. As a result of the progress, the Star of Hope on-site child care program has become accredited by the National Association for the Education of Young Children, becoming the only homeless shelter/transitional living center with an on-site child care to become accredited.

There was a complete turnover in front-line staff during the second year of the program, resulting in a much more positive and professional set of teachers. Management and parents saw exciting improvement due to the enthusiasm, dedication and training of the new staff. Based on the results of parent and staff focus groups conducted in February 2012 and February 2013, there have been vast improvements in the development of this synergy. The new play therapist began the last week of January 2012, bringing with her a much more extensive resume and set of tools. Also during the last week of January 2012, Care Options 4 Kids began its free on-site program of speech, occupational and physical therapy for any resident child. These two new additions have garnered extensive accolades from staff and parents who have seen them in action. The results of the final teacher and parent focus groups (February 2013) can be found in the evaluation section of this report.

E. Systems of Care and Cultural/Linguistic Competency: The Manager of Children's Services is bilingual and one of the teachers is able to maintain conversations in Spanish with the children and parents. The majority of the staff members are African American, as are the majority of the children. All of the children and parents speak English fluently, however the staff does have Spanish-speakers who can communicate well with children and parents when families with English as a Second Language enroll. All of the furniture and equipment in one of the classrooms is labeled in Spanish and preschoolers are taught words in English and Spanish so that they can begin getting familiar with the Spanish language.

The childcare center at TLC is part of the United Way Bright Beginning Grant, a program created by ExxonMobil and the United Way, in collaboration with Collaborative for Children, to provide and support quality early childhood education services for underprivileged children attending non-profit childcare centers. Through this collaboration, ExxonMobil and the United Way have provided equipment, furniture and supplies to the TLC center, staff development sessions to the staff, scholarships to teachers willing to pursue a higher education in the field of early childhood development, and the services of a consultant to review the progress made at the center.

During this past year, the new children's building was completed. This houses the child care center, after school programs, teen rooms, classrooms for parenting classes and therapy rooms for counseling. Play and sports equipment and space are also included. This new facility has allowed for an expansion in the number of children served as well as of the types of services provided. The new building coupled with Care Options 4 Kids being on-site has greatly enhanced the children's programs.

F. Steps for Addressing Barriers to Accessing Children's Mental Health Services: During the past four years of the Hogg Foundation funding, the barriers to accessing children's mental health services have virtually collapsed for toddlers and preschoolers at TLC. A primary barrier to accessing the children's mental health services at TLC during the first year was the newness of the program both to the staff and the parents, making it difficult to successfully encourage participation. However, during the remaining three years, all families with toddlers or preschoolers have eagerly enrolled in the program. The parenting classes were opened to include parents who are seeking to regain custody of their children but do not have them on-site at the time. All families entering TLC have some level of trauma and one of the elements of trauma-informed treatment for the parents is to build trust in TLC and its staff, resulting in parents being more willing to enroll their children in the program.

The play therapy program has continued to incorporate more therapeutic methods, more family counseling and individual therapy for the children. The assessments by Dr. Hilmers, including the Denver Developmental Assessment, as well as the Behavioral and Emotional Screening System conducted by teachers and parents, have resulted in the identification of mental health and developmental issues which can be addressed. Care Options 4 Kids is providing on-site hearing and vision testing and speech, occupational and physical therapy to children of all ages. Parents have

seen significant changes in those children enrolled in play therapy and are seeing vast expansions in the mental health and developmental services being made available to their children. Project Early Start is voluntary and for the past 18 months to 2 years every toddler and preschooler at TLC has been enrolled in the program. Likewise, all parents who do not have a conflict with work have enrolled in the parenting classes. Parents have indicated vast improvements in their parenting skills as a result of the classes.

The percent of aggressive, combative and angry children has decreased steadily over the past four years as parents are modeling better relationship skills and altering their methods of discipline. However, one of the continuing barriers that TLC has experienced is the inability or unwillingness of the parents to follow through completely with the structure, consistency, attention and involvement that takes place in play therapy and child care. All of the parents give exemplary scores to the parenting classes and state that their parenting skills have improved, which can be testified by the reduction in out-of-class behavioral issues with the children. However, positive change in parenting styles are limited by the parents being overwhelmed by their situation and own recovery curricula, having come from traumatic and often abusive situations, having a history of abusing or neglecting their children, and many having a recent history of substance use disorder or co-occurring disorders (substance use and mental illness). Ms. Lucas and the child care staff consistently work with the parents to encourage alternatives to physical punishment and to encourage consistency, structure and attention with their children. The play therapy and parenting classes include activities to improve the behaviors and emotional responses of the children and the parents and to engage the parents in better activities and discipline with their children. The way parents interact with their children is a direct result of their upbringing and patterns of interacting with adults. Building better behaviors and relationship skills in their adult programs and in parenting classes helps the parents to improve their parenting skills. The initiation of family therapy has also improved behaviors and interactions within the family unit as a whole as well as by the individual family members.

Another barrier in the beginning was the lack of tools to adequately and accurately assess the developmental and behavioral issues of the children. During the first year, Dr. David Hilmers, MD, EE, MPH was contracted to provide medical, social, familial assessments and to administer the Denver Developmental Assessment to the children. During the second year, TLC purchased and began implementing a number of developmental and behavioral assessments including the Behavioral and Emotional Screening System (BASC-2) for older toddlers and preschoolers, the Brief Infant Toddler Social Emotional Assessment (BITSEA) for younger toddlers. The BASC-2 allows teachers and parents to each assess the children's behaviors independently, then once scored provides the Children Services manager and therapist with information with which to identify areas needing attention. The BITSEA is administered by staff and provides information regarding behaviors that may include externalizing, internalizing, dysregulating, atypical or maladaptive. The BITSEA also assesses social-emotional competencies, including some behaviors/deficits found in autism spectrum disorders. The BITSEA coupled with the medical and Denver Development Assessment can identify and assist in early intervention of possible autism spectrum disorders, a growing problem in children, including those within extreme poverty for whom early assessments

and interventions are not normally available. Due to time limitations and staff shortages during the program, the administration of the BITSEA has been sporadic and it is the intention of TLC to ensure that the assessments are administered regularly to assess incoming conditions and changes over time.

During 2012 and 2013, Care Options 4 Kids has ramped up to full engagement and has made extensive progress in providing hearing and vision testing to all of the children, along with physical, speech and occupational therapy to those children referred by Dr. Hilmers or coming directly to their program for assessment and treatment.

G. Steps taken to positively impact success: The leadership of Star of Hope and its TLC facility has worked diligently to ensure the success of this initiative through the following steps:

1. Integrated this initiative with the Bright Beginning program of the United Way, which is based on best practices for providing quality childcare to the underprivileged
2. Researched national evidence-based programs to determine that the Center for Social and Emotional Foundations for Early Learning (CSEFEL) program was the best suited for the population TLC serves
3. Purchased the CSEFEL curricula and trained staff on the program and its various curricula
4. Secured the services of a medical doctor who is experienced in the assessment of developmental issues among homeless toddlers and preschoolers
5. Secured the services of a licensed therapist who is experienced in Play Therapy and child therapy as methods of assessing and improving the social and emotional foundations of the toddlers and preschoolers as well as educating the parents in proper parenting skills for enriching the social and emotional lives of their children and the family system
6. Secured the services of an external evaluator to conduct focus groups with the staff and parents to determine service delivery quality and issues that need to be addressed, including program modifications
7. Secured the on-site services of Care Options 4 Kids to provide screenings and speech, occupational and physical therapy for the children
8. Purchased and implemented additional assessments to more completely assess the children at intake and track the changes in their behaviors and development
9. Upgraded child care staff by bringing in more qualified teachers who have training in the unique issues surrounding homeless children
9. Provided access to on-going trainings and workshops on various aspects of child care, assessment, parenting skills, and client interaction

H. Grantee's evaluation: MKP Consulting has been contracted to provide an external and unbiased evaluation of the Project Early Start program. The evaluation for the fourth year has included the data entry and analysis of the results of the Denver Developmental Assessments, as well as focus groups with the staff and parents. On a semi-annual basis throughout the four years, the evaluator

has provided a written report to TLC regarding its findings and recommendations for program improvements and modifications.

During this final period, the evaluator reviewed the data from throughout the program to determine changes in the clientele and improvements in services.

Summary of Clientele: African American children comprised the vast majority of the toddlers and preschoolers enrolled in Project Early Start. The graph below shows the comparisons over the 4-year period.

Demographics of the Children in Project Early Start During the Hogg Foundation Grant

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2010-2	16	2	4	2	8	16	24
2011-1	15	6	4	4	12	17	29
2011-2	19	3	6	6	11	23	34
2012-1	12	2	2	2	8	10	18
2012-2	19	0	2	0	10	11	21
2013-12 months	35	9	9	0	22	31	53
Total	126	26	29	14	80	115	195

Due to the varying lengths of time that the parents and their children resided at the Transitional Living Center, not all children were able to be assessed by Dr. Hilmer nor were teacher and parent assessments able to be conducted. Dr. Hilmer conducted 118 medical, social/familial and developmental assessments. BASC-2 assessments were completed by both teachers and parents on 45 of the 115 preschoolers.

One of the most dramatic differences in the clientele over the course of the project has been the increase in the number of single fathers and couples entering the program. During the first two years of Project Early Start all of the parents were single mothers. During the third year, one single father and five couples were enrolled in the program. During the fourth year, there have been 2 additional single fathers and five additional couples in the program. (*Note: these counts have been based on the 118 assessed by Dr. Hilmer*). Again, this perhaps indicates a change in the causes of homelessness in the Houston area as the economic recession is making it impossible for even 2-adult households to retain housing. Another new difference is that during the fourth year 2 grandmothers with custody of children enrolled in TLC.

Summary of Project Success: Project Early Start has provided significant enhancements to the TLC program over the past 4 years. There has been nearly a complete turn-over in non-management

child care staff with new staff members being considerably better prepared and willing to address the issues of homelessness and poor parenting. During the past 4 years, the on-site licensed child care program has become the only child care solely for homeless children in the nation that is accredited by the National Association for the Education of Young Children. The project has included a contract Licensed Professional Counselor (LPC) specializing in play therapy and parenting education. The initial counselor made great strides in teaching the parents better ways to relate to their children and in identifying and addressing emotional problems in the children. Ms. Lietzell resigned in August 2011 and was replaced in February 2012 by Bronwyn Lucas, M.Ed, MA, LPC-S who has greatly improved the parenting classes and therapies with the children. As a result of Ms. Lucas's work with staff, parents and children, there has been a significant reduction in behavioral problems and an increase in cooperation among both the parents and their children.

Also in February 2012, Care Options 4 Kids began an on-site program of speech, physical and occupational therapy for children of all ages at TLC. The Project Early Start children have had the opportunity, when recommended, to receive the therapy needed. Staff and parents have given Care Options 4 Kids very high marks for accessibility, relationship with children, relationship with parents, and results of therapies. This ancillary program to Project Early Start has improved the services of TLC dramatically and has become an invaluable asset to the program.

As the project progressed, more children received assessments by Dr. Hilmers, conducting a medical examination and the Denver Developmental Assessment. However, it often takes 3 to 4 weeks for the children and parents to get an appointment with Dr. Hilmers. TLC staff and parents complete the Behavioral and Emotional Screening System-2 (BASC-2) for the preschoolers and older toddlers. The staff conducts the Brief Infant Toddler Social Emotional Assessment (BITSEA) on the younger toddlers. The results of the Denver Developmental Assessment and BASC-2, particularly the teachers' assessments, have shown a significant improvement in behaviors and development over the past 4 years.

The reduction in the percent of Project Early Start parents coming to TLC with substance abuse histories and the increase in the number of in-tact families coming to TLC may be causes of better behaviors entering the program. Additionally, the earlier intervention coupled with time constraints delaying the initial assessments might have resulted in improvements in behaviors and developmental levels prior to the administration of the assessments. There have not been a sufficient number of children or sufficient time of each child in the program to conduct a longitudinal study with cross-tabulations to isolate the possible causes of this significant improvement in the behaviors of the children.

The evaluator conducted parent and staff focus groups during each of the 6 prior semi-annual reporting periods of the main grant period with a final set of focus groups during the fourth year. The recommendations, primarily based on the results of the focus groups, have been taken seriously by the management of TLC and wherever possible have been implemented. Subsequent focus group meetings have indicated that the improvements were carried out and that earlier issues were

resolved wherever possible. There has been a steady and significant improvement in the ratings given by both the parents and staff, particularly in the areas of child care teaching staff and play therapist.

On February 1, 2013 MKP Consulting conducted the final focus group with parents whose children were currently enrolled in the TLC Project Early Start and followed up with a focus group with the teachers of the child care program. The following report was provided to the management staff in February 2013 and is provided in this report.

Overall, both focus groups netted very positive feedback regarding TLC's child care program. The comments received are detailed below along with the impressions of MKP Consulting's Peg Purser regarding changes over time.

Parent Focus Group: Nine parents of toddlers through 4 year olds attended the focus group. The group was asked to discuss their experiences and perceptions of the child care program, the play therapist, Care Options 4 Kids and the medical doctor who provides developmental assessments of the children.

Child Care Program: All of the parents indicated that they find the child care program to be excellent for the following primary reasons:

- Bible-based and relates behaviors and discipline to scripture
- An early childhood learning center where age-appropriate skills are taught
- Teachers truly care about the children and the situations they have endured
- Safe environment both physically and emotionally
- Very clean classrooms

Specific positive comments include:

- It is set up like a school and my child is learning a lot so that she will be ready for public school.
- The computer center is great – you would think they are too young for a computer center, but they aren't and they love working on the computer.
- The teachers are always positive with the kids.
- It is Bible-based and the teachers relate the Bible to the kids' behaviors so the children know what is expected and what they are doing right or wrong.
- I love that my child is learning about the Bible and Christian songs.
- My child was very clingy the first week and didn't want to leave me; now he runs into the classroom to play and loves going every day.
- If a child is sick, the teachers give us things for them to do at home so they don't get behind and so they aren't bored.
- My child cries if he is too sick to go to class and on Saturday when there is no class because he loves it.
- I sometimes go to the window and watch the class and the kids are always happy and the teachers are always right there with them, doing something.

- I have been to other child care places where I paid a lot of money and they weren't nearly as good as this one.
- The discipline comes right out of the Bible and the teachers discipline rather than punish.
- The teachers explain consequences rather than just yell or say "no" all the time.
- I have learned a lot about my own behavior from my child and what she is taught in class.
- The teachers meet all the children where they are.
- They use positive reinforcement, not punishment.
- It is a safe environment – I have been sexually abused and I am always on guard for my child and I feel very good about leaving my child in the TLC child care.
- I wish they could take more kids because I have one who has to be at Cookies N Cream day care and I don't like the place much and I have heard they are under investigation for scratches and bruises – I love TLC's child care and wish all the kids could be here.

Specific suggestions and negative comments include:

- Workfaith lasts until 4:00 so we can't get back to TLC before 5:00 and New Beginnings parents and New Hope graduates have to pick their children up at 4:00. We can get a babysitter, but many aren't allowed to keep our kids, many I don't want keeping my kids, and there is a limit of 5 children including their own so the good ones can't keep everybody's kids.
- I would like them to send us a schedule of activities for the week so we know how to dress our daughters. Like, will they be playing outside or will they be doing tumbling or other things like that where skirts aren't appropriate.
- There is one 3 year old in particular who is violent and bad and the teachers have to take so much time for him that the other kids get upset. Maybe there could be a special teacher for these misbehaving kids.
- On Fridays we get out of class early and it is a time to do laundry, clean the apartment and have time for myself, but one teacher especially wants us to pick up our children as soon as we get out of class rather than at 4:00.

Play Therapist: The play therapist provides therapy for those children exhibiting problems and parenting classes for all the parents of toddlers and preschoolers. The parents gave the play therapist very high marks. Specific comments include:

- She is really helping me with knowing how to parent.
- I have been to parenting classes before and even if I have heard it before it is good to hear it again and I can still learn something.
- It takes 12 classes to get a certificate and New Hope residents must get a certificate, but most of us keep coming to class even after our 12th one.
- She teaches us how to love and discipline and uses Biblical principles.
- She tells us about generational curses and issues that we are passing down to our kids.
- She teaches us how to understand our kids behaviors by age so that we aren't expecting too much or too little from them.
- I am more calm with my daughter but also with other adults at TLC because of the parenting classes.
- She makes us think about what the kids are thinking and why.
- She gives the parents affirmations and I am now giving my children affirmations each day too.

- I have seen her in the child care classes but I didn't know she worked with the kids – other parents responded that if she sees a problem after her observation, she comes to the parents and asks for permission to work with the kid, so if you didn't know she worked with them, then evidently your kid doesn't need help or she would have come to you first.
- I asked her for 1-on-1 parenting classes in addition to the weekly group class and she helps me individually.
- I have custody of my granddaughter and I never thought I needed parenting classes, but hearing all the other parents talk, I am going to sign up this next week.

Care Options 4 Kids: Many of the parents didn't know about Care Options 4 Kids, though they have seen Ms. Chelsea and said she is very outgoing and friendly. Others didn't know that there were services other than speech therapy.

Specific positive comments include:

- My child barely talked and couldn't be understood but has made a lot of progress with speech therapy.
- My son was hard to understand and now he talks all the time and everyone can understand what he says.
- My daughter was very shy and when she did talk I couldn't understand her but now she is outgoing and easy to understand.

Specific suggestions or negative comments:

- They need some posters or flyers to clarify what services they provide.
- Some of us have problems with getting in for treatment because we have the wrong insurance.

Medical Doctor: In general, the parents who have met Dr. Hilmers and have had an assessment for their child(ren) were very pleased with the experience and the information they received. One parent said that he confirmed concerns she had about her child's development and another parent said that he reassured her that her child was on track and not developmentally delayed. They appreciated the professional diagnosis and comments.

The issues that were expressed include:

- Not all the children have had assessments yet.
- Most of us have been physically or sexually abused in our past so we are overly protective of our kids. I would rather have a woman examine the kids, especially conducting the physical exam. (Two other parents agreed, however, two parents state that they don't trust women doctors and prefer a male doctor for themselves and children. Two other women who have boys said that they understand the need for a woman doctor for the girls but they prefer a male doctor for the boys.)

Teacher Focus Group: Four teachers were involved in the focus group – two teachers of toddlers and two for preschoolers. The teachers had very positive comments about the child care program, play therapist, medical doctor and Care Options 4 Kids.

Child Care Program: The teachers all believe that the overall child care program is a well-structured and well-run program, however they had one complaint regarding their involvement in intake and case management staffing.

Specific positive comments include:

- The department staff members all get along well and help each other out.
- I see improvement in virtually every child who is enrolled in the on-site child care program.
- We have a lot of in-service training.
- Bright Beginnings has really helped us improve and the quarterly meetings on Saturday are very helpful.

Specific suggestions or negative comments include:

- We are not involved in the intake staffing nor do we receive paperwork or interactions with parents regarding the children's histories as well as the parents' histories and issues. We would like to know more about the family dynamics and parents' histories in order to be able to better understand the children and know how to deal with dysfunctional behavior. For example, we have a couple of kids who have real behavioral problems and we found out that their mothers were using drugs during pregnancy. That type of information would be helpful.
- So many of the kids come with emotional and developmental problems that it would be good if we could have a special education teacher – maybe a volunteer or graduate school intern – working in the classroom to deal with some of the special needs.
- Parents need more realistic/real world consequences for coming late – they aren't allowed to do that at private child cares without paying a per-minute fine. They get out of class on Fridays at noon and I see them sitting around the courtyard smoking and talking rather than coming to get their kids. Then they complain because they never have time to spend with their kids. If they are going to sit around and talk, they can come get their children and spend time with them.

Play Therapist: The teachers have seen improvements in the children who are treated by the play therapist as well as improvements in the parents who attend parenting classes. Specific comments include:

- Ms. Lucas gives good tips to teachers.
- She works with the parents to resolve issues with the children.
- All three of us work together – teacher, play therapist, parent.
- A couple of the parents will do anything to not miss a parenting class because they love it so much.
- [My child] was bounced from foster care to foster care and has severe separation anxiety but Ms. Lucas is working with her and she is really improving.
- [My child] didn't know shapes and colors and had bad behavior. His behavior has improved and he knows his shapes and colors.

- [My child] wasn't talking or eating but now talks and is eating better.

Care Options 4 Kids: According to the teachers the primary therapy needs are speech therapy and only one or two children need/receive physical or occupational therapy. Their comments include:

- [My child] was in EIC once every 3 months and wasn't talking, but now is really talking up a storm.
- [My child] can be understood now with his speech.
- We see a lot of improvement in the speech of the kids seeing Ms. Chelsea, not only in our ability to understand their words but in the words they use.

Medical Doctor: The teachers were generally complimentary about the use of a medical doctor for assessments and the doctor who is seeing the children. Their only two negatives were that due to limited time, he doesn't see all the children as soon as they come to TLC and the teachers don't always see the results of the assessments so that they can address some of the issues.

Evaluator's Perceptions: In the years that I have been conducting the focus groups, I have seen steady improvement in the perceptions of both the parents and the teachers. However, this last 6-month period I saw an exponential improvement. The parents have steadily become less negative, having a less sense of entitlement, less complaining. This last focus group saw as much energy and passion put into complimenting TLC and the child care program as had in the past been put into complaining about their situation, TLC, the child care program and other residents. I sense that not only are there less things to complain about, but the attitudes of the parents have changed dramatically due to the parenting classes and New Beginnings. New Hope has always had grateful graduates, and I am now seeing the same gratitude and joy in the New Beginnings residents.

The teachers of the past were problematic to both the child care program and TLC as a whole. The teachers in the focus groups for the past three years have been much more positive, cooperative, friendly, and compassionate. I saw those traits this time also. They were much more likely to recommend solutions than complain about problems and they were much more compassionate about the parents and the children. In years past, before the dramatic staff changes, the teachers were blaming parents, other staff, and management for every issue or problem. Now the attitude is "how can we all work together" and "we are a team". They see themselves, Ms. Lucas and the parents as a 3-prong team to heal and educate the children. Most of their comments were about how this child or that child has improved. Their eyes lit up as they talked and the others joined in enthusiastically. I saw a much greater sense of responsibility and pride for their work and their impact on the children's lives as well as a true joy for their work. They are making a difference and that is their goal. The teachers stated that they were very grateful for the additional training and the quarterly meetings. The downside that I see is that it prepares the teachers to secure other employment at much higher pay in the for-profit arena or public school system.

There was a pride not only in the teachers, but in the parents as well for the work they are doing with the children and the progress the children are making. There was a genuine excitement and

joy for the child who used to kick and spit on someone 42 times in 90 minutes and now only spits about 5 times; or the child who wouldn't eat food and within 2 days was eating; or the child who screamed at the thought of mom leaving her but now runs into the classroom excited to see the teachers and other children. The teachers understand the trauma that the children have faced and are still facing and they are very observant of every little improvement and share their excitement with the parents.

Parents and teachers alike could not praise Ms. Lucas enough. Both groups see her as a major asset and a strong team member in bringing the children from brokenness and trauma to emotional and developmental health. Every parent in the group who is in parenting classes indicated that they are either beyond their 12th week or intend to stay when they reach their 12th week. The one grandmother who has not signed up for parenting classes, believing she doesn't need them, left asking how to sign up before the next Tuesday's class. There was a great enthusiasm for these classes from both the parents attending and the teachers who are seeing positive changes in the parents and children.

The negative comments/issues presented by parents and teachers were not presented in a hostile or accusatory manner. Rather, they were presented more as "we would like to see..." or as suggestions. In the earlier years, the negative comments were presented with anger, vitriol and passion while the positive comments were presented in a manner that indicated they thought that was the least TLC could do, and they were almost apologetic for commenting positively. That has reversed – there is a passion with the positive comments and a calm apologetic attitude in expressing the negative comments. Neither parents nor teachers seem to have the arrogant entitlement attitude that I saw up to three years ago and have seen waning in the last three years.