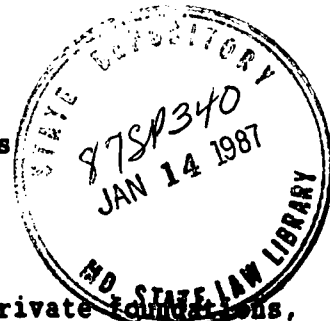


MARYLAND'S FAMILY SUPPORT CENTERS

A Partnership on Behalf of Young Families



I. BACKGROUND

The Department of Human Resources (DHR) and two private foundations, the Aaron and Lillie Straus Foundation and the Morris Goldseker Foundation, have established a partnership of the public sector, the private sector, and local communities to develop and implement an innovative program of Family Support Centers in Maryland. Its goals are to develop community-based support services that (1) prevent unwanted pregnancies among adolescents, (2) assist adolescent parents to become better parents, (3) assure the healthy growth and development of children of adolescent parents, and (4) help adolescent parents remain in the mainstream by completing school and preparing for employment.

The DHR and its private sector partners have made a long-term commitment to developing community systems that strengthen young families. In the first phase of this effort, in FY 86, four pilot Family Support Centers were financed with State funds (\$297,000) and foundation contributions (\$100,000). Three of these Centers were targeted at teen parents and their children; the fourth served parents of all ages. In FY 87, State, Federal, and local foundation support have increased to over \$700,000 to expand the program to new jurisdictions. Additional funding has been sought from National Foundations, which, if received, will provide another \$400,000.

Family Support Centers represent a new direction in Maryland's human service system, an unusually strong commitment on the part of the public sector to strengthen families and prevent problems. The uniqueness of the program is further enhanced as a result of the public-private-community collaboration which underlies its planning, financing and implementation. This collaboration is formalized in a new organization, called Friends of the Family, Inc., which is taking a leading role in the development of the program.

Maryland, like other states, has focussed its public services on the after-the-fact consequences of family breakdown. Intervening at this late point means that the problems to be addressed grow and become more severe. In 1984, 8,347 babies were born to Maryland teenagers. Baltimore City accounted for 38% (3,165) of the Maryland total.\* The reported incidence of child abuse in the State is rising by more than 25% per year; the number of severely emotionally disturbed children entering foster care is increasing rapidly; and substance abuse is widespread among young parents.

While acknowledging the difficulty of "preventing" these problems, the DHR believes that they can be attacked by strengthening parenting skills, particularly among teenage parents with young children who, research indicates, are at high risk in many aspects of their parent-child relationships. The DHR also believes that action must be taken toward the primary goal of delaying pregnancy until an individual can reasonably be expected to be a responsible parent.

\*Data provided by the National Center for Health Statistics.

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In its March 1986 report, The Governor's Task Force on Adolescent Pregnancy issued a challenge to social service, health, and education agencies to reverse the incentives and conditions that contribute to Maryland's high rate of adolescent pregnancy. Family Support Centers are one of the first parts to be implemented of a planned comprehensive array of services to combat the problems presented by teen pregnancy and parenting.

## II. FAMILY SUPPORT CENTER PROGRAMS

Family Support Centers are community-based drop-in centers that help young parents develop skills and self-esteem, and thereby become better parents. The Centers combine structured program activities with an informal, welcoming setting. Four pilot Family Support Centers, selected competitively from over thirty applicants to test the program model in different community settings and with different administering agencies, began operation in early FY 86.<sup>2</sup>

These programs share the following common goals:

- To influence the quality of parent-child and family interactions so as to improve the competence of parents as parents, and families as functioning units;
- To promote the full development and general competence of children, and reduce the occurrence of emotional, physical, or social handicaps through appropriate preventive services;
- To provide, or be a link to, services necessary for greater parental self-support and self-sufficiency;
- To serve as a community center where parents with young children can experience support; and
- To reduce the incidence of additional pregnancies among young parents and first pregnancies among other adolescents in the community.

Each Center offers directly or secures through linkage with another community agency a core set of services, including:

- Services to enhance parenting skills, including both formal parent education classes and informal parenting enhancement through role modeling and as part of the range of interactions at the Center;
- Health care, family planning, counseling and other services to avoid unwanted pregnancies;
- Diagnostic and assessment services to identify developmental problems of the parent or child;

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<sup>2</sup> The administering agencies and locations of the four existing Family Support Centers are: Bethel AME Church, in West Baltimore City; the Anne Arundel Community Action Agency, in public housing in Annapolis; Catholic Charities in a low-income suburban area of Prince George's County; and Greenmount Community Development Corporation, in Northeast Baltimore City.

- Temporary child care;
- Peer support activities, including recreational and social opportunities;
- Educational services, such as GED and post-high school classes; and
- Job preparation and skill development to prepare for, secure and maintain employment.

Based on the experience thus far, each Center is expected annually to serve from fifty to one hundred teenage parents or prospective parents who participate regularly in Center programs. In addition, the Centers will have contact with a much larger number of youths on a drop-in basis.

### III. CENTERS CURRENTLY OPERATING

The centers operate in diverse communities throughout the State. Each is sponsored by its own community-based, non-profit agency and Advisory Board. As a result of this structure, the centers are able to be highly responsive to the needs of the communities in which they are located.

A detailed description of each of the four State-financed Family Support Centers follows, highlighting their differences, similarities, and program utilization.

The Bethel Teen Parenting Enrichment Place (T-PEP) is located in Baltimore City and serves an area covering roughly six census tracts. The population served by the center is largely a low-income, low-education group of teen parents. The adolescent birth rate in the T-PEP area consists of 37.9% of total live births, with 80% of these being to black mothers. Furthermore, 64.5% of the births in this area are to mothers on Medical Assistance and 14.9% are to mothers with less than a tenth grade education. Finally, the center staff indicates that the T-PEP center is in a high child abuse and neglect area. Thus there exist many indicators of the high need in this area for family support and parenting skills services.

Sponsoring Agency: Bethel AME Church  
 Center: Teen Parenting Enrichment Place  
 1234 Druid Hill Ave.  
 Baltimore, MD 21217  
 Telephone: (301) 728-7878  
 Hours: M, T, Th: 10:00 a.m. - 6:00 p.m.  
 W, F : 10:00 a.m. - 8:00 p.m.  
 Population Served: Teen mothers & fathers, 13 to 19 years.  
 Children up to age 3 & their siblings.  
 Maternal & paternal grandparents.  
 Teens at risk of pregnancy.  
 Director: Reverend Joan Wharton

#### Services Provided:

##### On-Site:

- Child care while parents are participating in center programs

- Typing class
- Counseling
- Summer camp
- Family night every Friday for teens and their parents
- Basic skills classes
- Support groups for teen parents, young men, preteens (9-12 years)
- Co-parenting fellowship with senior citizens
- Job readiness skills training
- Parenting education
- Sewing class
- Baby exercise
- Diaper Dip (6 mandatory classes on site before beginning program at YMCA)

Other Bethel sites utilized:

- Employment training - Bethel Job Bank
- GED classes - Bethel School or Bethel Outreach Center

Referrals to other agencies for health care, school and other services not provided in center in adjacent Bethel sites.

Home Visiting

Utilization: Opened March 6, 1986. In the first 5-1/2 months of operation, the center was utilized by 416 participants:

- Parents of children under 5:	146
(62 teen mothers, 4 teen fathers, 80 non-teen parents)	
- Pregnancy Prevention (elementary age thru teen):	175
- Babies and preschoolers:	35
- Grandparents:	15
- Parents of older children and teens:	21
- "Home-based only" participants (1 parent):	1
- Expectant parents:	23

The ages of parents utilizing the center are broken down as follows:

<u>Mothers</u> -	Below 16 years	20.0%
	16-19	70.0%
	20-25	10.0%
<u>Fathers</u> -	Below 16 years	6.7%
	16-19	26.7%
	20-25	13.3%
	26-30	53.3%

Projected Annual Utilization: The center will reach approximately 400 individuals. Ninety (90) families will receive comprehensive services. One time only or short-term services, such as crisis intervention or information and referral will be provided to an additional 130 individuals.

The Waverly Parents' Place serves mainly the population of three census tracts, 903, 904, and 905. Although this area is racially and ethnically mixed, the majority of the population (51.8%) is black. Children under the age of five comprise 7.2% of the total population. This

number ranges from 4.7% of the white population to 9.3% of the black population. There are several indicators that the Parents' Place serves an "at risk" group: 36.3% of the births in this area are to mothers on Medical Assistance, 29.2% of the births are to teenage mothers, 55% are to single mothers, and 14.6% of the births are to mothers with less than a tenth grade education. Census tract 904, where the center is located, shows higher percentages in each of these high-risk areas. Overall, 31% of the adult population in this area completed only 1 to 3 years of high school. This substantially hinders their ability to find and keep a job, and subsequently lowers their chances at economic independence. A survey of community leaders and service providers indicated a high level of concern over parenting skills and abilities of teen parents. Most parents apparently have little or no knowledge of appropriate expectations of their children, have many misconceptions about how to raise a child and have no appropriate role models from which to learn good parenting behaviors. The teen parents themselves indicated high levels of isolation and frustration at being left alone to take care of their children. In addition, most parents found it difficult to control their finances due to an inability to find adequate employment and child care.

Sponsoring Agency: Greenmount Development, Inc.  
Center: Waverly Parents' Place

901 Montpelier St.  
Baltimore, MD 21218

Telephone: (301) 235-0555

Hours: Drop-In Hours: M - Th: 10:00 a.m. - 2:00 p.m.  
W : 5:00 p.m. - 8:00 p.m.

Special scheduled activities at other times.  
(Hours will be expanded as community utilization and input increase. Expanded hours will include Saturday morning.)

Population Served: Parents of any age with children to age 5.  
Pregnant women and their partners.  
Children aged 6-14 in summer & after school program.  
Parents of older children.  
Teens.

Co-Directors: Betsy Krieger, Helen Atkinson

#### Services Provided:

##### On-Site:

- Child care for parents using center
- Job readiness skills training
- Workshops and classes for families
- Support groups for parents
- Counseling
- Summer camp for 5-11 year olds
- Parent/toddler exercise classes
- Pot luck suppers
- Washer, dryer, & sewing machine (and lessons) for participants' use
- Parenting education
- Information and advocacy
- Trips and other activities for parents and children
- Tutoring for school aged children
- Baby clothes for sale and exchange

- Site for KISS program
- Well baby time with community nurse
- Community space for meetings

Available community resources:

- Computer co-op
- Wood shop
- People's Community Health Center

Referrals for health care, family planning, GED, jobs, child care, budget counseling, and other services not provided in center.

Home Visiting

Outreach to expectant and new parents.

Utilization: Opened May 20, 1986. In the first 3 months of operation, the center was utilized by 152 parents and children:

- Parents of children under 5: 50  
(2 teen mothers, 48 non-teen parents)
- Pregnancy Prevention (elementary age thru teen): 46
- Babies and preschoolers: 36
- Grandparents: 1
- Parents of older children and teens: 15
- Expectant parents: 4
- Home-based only participants: 0

The ages of parents utilizing the center are broken down as follows:

<u>Mothers</u> -	Below 16 years	9.1%
	16-19	0
	20-25	9.1%
	26-30	81.8%
<u>Fathers</u> -	26-30	100.0%

Projected Annual Utilization:

- 40 families for home visiting
- 120 families served in center
- 100 children and teens in prevention component

Center will place special emphasis on reaching out to teen parents and pregnant women.

The Parenting Place of Annapolis, is located in Anne Arundel County, and like the other Family Support Centers targets a largely low income, low education teen parent population. There were 948 births to teen mothers in this area in 1984. 69% of these mothers were below 125% of the poverty level. The teen unemployment rate in Anne Arundel County is currently 11.8% with 7.9% of this consisting of teen parents. In addition, 5.1% of low income teens in Anne Arundel County drop out of high school. Half of these teens are teen mothers. Finally, 58% of the AFDC caseload in Anne Arundel

is comprised of mothers under the age of 24. "The Parenting Place" is targeted towards an urban, public housing community with severe social support problems. The center staff indicate that in most cases they have seen a breakdown of the family unit. Vandalism, and alcohol and drug abuse are very prevalent in this area. There is a great need for better parenting role models, for more structured activities for the teen parents and for classes to teach child development and proper parenting skills.

**Sponsoring Agency:** Anne Arundel Economic Opportunity Committee  
**Center:** The Parenting Place of Annapolis  
Eastport Terrace Recreation Center  
President & Monroe Streets  
Annapolis, MD 21401  
**Telephone:** (301) 841-6750 x1793  
**Hours:** M, W : 10:00 a.m. - 6:00 p.m.  
T, Th: 10:00 a.m. - 7:00 p.m.  
F : 8:30 a.m. - 4:30 p.m.  
**Population Served:** Teenage mothers and fathers, 13 to 22 years.  
Children to age 3.  
Pregnant teens.  
**Director:** Carlesa Finney

Services Provided:

On-Site:

- Child care for participants while in center
- GED classes (to begin 10/86)
- Basic skills tutoring (to begin 10/86)
- Job readiness skills training (to begin 10/86)
- Counseling
- Parenting groups
- Support groups
- Exercise classes
- Arts and crafts
- Human sexuality education groups
- Summer camp for teen parents and babies

Referrals for health care, family planning, job training and employment, and other services not provided in center.

Home Visiting

Outreach to pregnant teens, teens at risk of pregnancy.

Utilization: Opened May 23, 1986 In the first 3 months of operation, 170 parents and children have been served:

- Parents of children under 5: (25 teen mothers, 7 teen fathers, 8 non-teen parents)	40
- Pregnancy Prevention (elementary age thru teen):	56
- Babies and preschoolers:	32
- Grandparents:	1
- Parents of older children and teens: (23 fathers, 9 mothers)	23
- Expectant parents:	5

- Home-based only participants: 13  
(3 parents, 10 children)

The ages of parents utilizing the center are broken down as follows:

<u>Mothers</u> -	Below 16 years	0
	16-19	47.1%
	20-25	29.4%
	26-30	23.5%
<u>Fathers</u> -	Below 16 years	0
	16-19	14.3%
	20-25	50.0%
	26-30	35.7%

Projected Annual Utilization:

- 100 teen parents and their babies
- 100 preteens and teens in prevention component
- 30 "older" parents of babies and preschoolers

In addition to serving the target population, the center will provide prevention activities for elementary school aged children, support for grandparents and outreach to home-based participants.

The Family Connection center is located in a commercial area of Prince George's County. It serves a population composed of diverse racial and ethnic groups. Prince George's County has an adolescent birth rate which ranks second in the State of Maryland (following Baltimore City), and fourth in the nation. In 1983, there were 1299 births to mothers under the age of 20 years (13% of all births). Of these births, 37% were children born to white mothers and 61.5% were children born to black mothers. In spite of this very high teen birth rate, there are no services in the county designed to meet the needs of teen parents. Thus, the Family Connection is helping fill a significant void in teen parenting services.

Sponsoring Agency: Associated Catholic Charities  
Center: The Family Connection  
3201 Rhode Island Avenue  
Mt. Ranier, MD 20712  
Telephone: (301) 927-2277  
Hours: M - F: 10:30 a.m. - 6:00 p.m.  
Population Served: Teen mothers and fathers, 13 to 22 years.  
Children to age 3.  
Director: Diana Stovall

Services Provided:

On-Site:

- Child care for participants on site
- GED classes (to begin 10/86)
- Counseling
- Peer support groups
- Job readiness skills training

- Data processing and computer training

Referrals to other agencies for health care and other services not provided on-site.

Outreach to pregnant teens.

Utilization: Opened May 14, 1986. In the first 3-1/2 months of operation, 110 parents and children have utilized the center:

- Parents of children under 5: (26 teen mothers, 7 teen fathers, 3 non-teen parents)	36
- Pregnancy Prevention (elementary age thru teen):	20
- Babies and preschoolers:	34
- Grandparents:	6
- Parents of preteens and teens:	0
- Expectant parents:	6
- Home-based only participants: (4 parents, 4 babies)	8

The ages of the parents utilizing the center are broken down as follows:

<u>Mothers</u> -	Below 16 years	9.1%
	16-19	81.8%
	20-25	9.1%
<u>Fathers</u> -	20-25 years	50.0%
	26-30	50.0%

Projected Annual Utilization:

- 150 teen parents and their families

A fifth center, The Freedom Center, located at 219 N. Chester Street, in East Baltimore is sponsored by H.E.A.L., Inc. and is not being supported by State funds. However, since the program was starting at about the same time as the other four centers, had similar program objectives, and was working with teen parents and their babies, the staff has been included in all pre and in-service training made available to the State centers.

The program provides GED on site, all day child care for the participants' babies, formal and informal parenting education, and referrals for core services not available on site. None of the enrollees have completed high schools and of those mothers registered, 71.4% are 16-19 years old, and 28.6% are between 20-25 years. Of the registered fathers, 100% are between the ages of 20-25.

#### IV. PARTICIPANTS

All parents who utilize the centers (including the Freedom Center, the non-State funded program) receive a structured intake interview. This interview provides descriptive and demographic data about the parent, child, and family and is used in program planning as well as in working with the participant on her goals. Since Family Support Centers build on the

strengths of families, the positive elements are examined and highlighted. Of course, problem areas are also addressed in order that the parent and staff may work together toward realistic solutions.

The attached tables illustrate selected data collected on the first 80 mothers and their children who were enrolled in the Family Support Centers. For the most part, available data on the 47 fathers was reported by the mothers. Thus there are some gaps in the information on the men. Tables 1 and 2 present demographic characteristics all of the centers' participants. Table 3 contain information only from the four centers that primarily serve teen parents, as the information presented is best utilized in that context. Table 4 presents risk factors of the first 103 preschoolers enrolled in the programs.

#### Participant Profiles:

The following four participant profiles illustrate the range of problems accompanying the teen parents who use Family Support Centers.

#### Participant 1:

V is a 17 year old black mother of an eleven month old daughter. V, along with her baby and 12 year old sister, recently moved to Maryland from South Carolina where she lived with her mother. Mother and V were not getting along so V decided to move back to Maryland to live with her father. She did so despite the fact that her alcoholic father had sexually abused her from age 5 until 12 (at which time the mother moved the family out-of-state).

At the time the Family Support Center staff found V, she and her baby were not permitted to enter the father's home during the day as he claimed that they disturbed his sleep. (He works a night shift.) V appeared depressed, isolated, and somewhat overwhelmed by the needs of her infant. She was beginning to show signs of rejecting her daughter, wondering whether or not to give her up for adoption or foster care, and frequently losing her temper at the baby. The baby was developmentally on target - walking, babbling, and exhibiting curiosity.

The Family Support Center offered V the haven that she needed at the time. She came to the center daily for parent education groups, to use the child care facility, for counseling, and peer support. Her 12 year old sister was also encouraged to attend the center; abuse prevention for both girls was openly discussed; there was much counseling and education around parenting, and the baby was provided a stimulating, nurturing environment. Most important, however, was the work done around moving out of the father's home and examining patterns of abuse in the family.

After five weeks of intensive, skilled and loving support, both girls and the baby returned to South Carolina with renewed emotional health. No one had been abused or placed in foster care.

#### Participant 2:

S is a 16 year old, black female with a one month old infant. Presently, she is living with her mother and 18 year old sister. S's mother works

as a secretary for the government, and her sister is in the eleventh grade.

S, a high school dropout, was referred to the Family Support Center by the Associated Catholic Charities' Pathways Program. She has been isolated since the birth of her child. She said she is the main caretaker for her infant, although her mother and sister will assist her on the weekend.

The alleged father lives in South Carolina where S met him while living with her grandparents. S has described him as mentally abusive. According to her, he forced her to have sex with his friend and brother. S does not want the putative father involved in rearing her child.

She regularly attends the Family Support Center, and wants to become involved in social/peer activities, GED and parenting classes. She participates in all of the programs offered and is eagerly awaiting the GED class which will begin in October. S meets privately with the counselor in addition to being a member of the group. Both S and her baby seem to be deriving great benefits from the program. S has become friendly with some of the other teens, is pursuing a goal, interacts more positively with the baby, and is growing and gaining insight and self-esteem. The baby's health care and development are being monitored, his behavior explained to S, and he appears to be less of a burden to his mother.

There has been outreach to the grandmother in an effort to assist her in her difficult role.

#### Participant 3:

A is a 22 year old, married, Hispanic female with two young daughters, aged three months and three years. A recently moved to this country from Argentina, and speaks very little English. Her three year old speaks only Spanish.

A appears to be a shy, soft-spoken, and nurturing young woman. Her close proximity to the Center has allowed her to drop-in regularly. Her lack of proficiency in English and lack of family support made her feel isolated. Now she has made other Spanish speaking friends at the center.

A comes to the Family Support Center to socialize, and feel a part of a larger family. She wants to become involved in the English as a second language classes and computer courses. The Family Support Center staff have helped her to access needed services and act as a resource for her.

Her daughter is learning English through playing with the other children and because of special attention from the child care provider. Efforts will be made to include A's husband in center activities.

#### Participant 4:

J is a pregnant white 20-year-old who called the Family Support Center for help after hearing about the program from staff at the Annapolis Birthright Center. She had contacted Birthright when she found herself homeless and hungry.

J has no known relatives other than her mother who is institutionalized in a mental hospital. Her father is dead. Since J was an abused child who spent the majority of her childhood in foster homes, she has no family supports to call upon.

J, now 5 months pregnant, was previously living in Ocean City with her boyfriend. When he physically abused her, J came to Annapolis to stay with a friend and her husband who assured her that she was welcome. However, upon her arrival she found that the husband's mother had become ill and was living in the room that J would have occupied.

That day, J contacted Birthright who gave her the Family Support Center telephone number. The center staff welcomed J and secured a bed for her at the YWCA Battered Spouse Shelter where she stayed for 3 weeks.

During that time, J came to the Family Support Center one to two times per week. Family Support Center counselors worked with the Department of Social Services to move the process along to get her an AFDC check and medicaid card.

J was also counseled around her upcoming court case, and encouraged to continue her therapy in the Outpatient Mental Health Clinic. She is being given prenatal education. She is also being encouraged to keep her prenatal appointments and transportation money is being provided.

The Family Support Center staff networked with the YWCA and DSS to secure funds for J to get to Ocean City for the court case and for her return to Annapolis. When the trial was over and the boyfriend convicted, J returned to the shelter. Family Support Center staff made many efforts to place J in a maternity home, but J decided instead to take a job as a live-in babysitter.

The staff of the Family Support Center remains extremely concerned and has made arrangements with J and the family for whom she is working to allow J and the two-year-old child in her care to utilize the services of the center on a regular basis. This plan was eagerly agreed to by all parties. J has, in fact, volunteered to assist with Arts and Crafts groups in the center. She states that she needs to pay back some of the extraordinary kindness that was extended to her.

Hopefully, this is the beginning of a long relationship.

#### V. CHALLENGES OF STARTING-UP

Since Family Support Centers represent a new way of providing services to Maryland's families, starting-up has been a particular challenge. The usual social service model of the client seeking concrete services from an established agency is not completely applicable to Family Support Centers. Because they are community-based, comprehensive, dependent upon excellent linkages, and target adolescent parents, the programs have many obstacles to overcome in order to become successful, well-utilized model centers. Additionally, because there is no precedent in the State which they can emulate, the challenge is even greater.

All of the centers are making great strides forward in recruiting participants, refining program elements, tailoring services to the community in which they are located, and encouraging compatible agencies to join the effort. However, there is still much work to do.

Some of the major start-up issues programs have been addressing include:

- Neighborhoods which strongly supported the program concept expect services to be delivered immediately. Building a new program, particularly one which requires the trust of adolescents, takes time.
- Many more community residents wanted to be employed in the Family Support Center than the budgets would allow.
- Residents wanted the Family Support Center to deliver services according to their individual priorities; i.e. jobs, housing, day care, recreation center. The center must be responsive to community wishes, while also maintaining their core focus on parenting support, child development, assisting adolescent parents to return to school, etc.
- "Competing" services are frequently a problem and were for some of the Family Support Centers. Summer programs by other agencies coincided with Family Support Center start-ups.
- Referrals to Family Support Centers are not yet a routine for all community agencies since the centers are so new. Each Family Support Center must make frequent contacts with other agencies and organizations to remind them about the new program.
- Hiring well trained staff who are knowledgeable in adolescent parenting, parent-child intervention, child development, and outreach has been a lengthy and challenging task.

This skill vacuum was manifest by delays in hiring and staff changes in each of the programs.

- Staff salaries are set by the sponsoring agencies. In some cases, the salaries offered and the skills required for this complex service were incompatible.
- It has been necessary to train staff to learn how services are delivered to this high-risk, resistant population. Family Support Centers require persistent and extensive outreach to the hard-to-reach parent and constant changing of program elements until the "right combination" is found.

#### Participant utilization:

The target population of adolescent parents is accustomed to seeking services only when there is a crisis, having the crisis resolved, and then not using the agency again until another crisis occurs.

However, Family Support Centers have prevention at their core although they respond promptly and efficiently to crises as well. It will take skilled public relations work in the neighborhoods before the families in the community fully understand the philosophy of the new program, trust the staff, and decide how to use the centers appropriately. Additionally, because adolescent parents are frequently depressed, not very trusting, uneasy about their own skills as parents and feeling pressured by their families, it takes time for them to "attach" to a center. Many are still testing the centers.

The staffs of all of the centers recognize that they are in a start-up phase, and continue to talk to people on the street, knock on doors, visit outpatient clinics, make presentations in churches and schools, and link with other agencies.

Obviously, since 848 adults, teens, and children have utilized the services already, the Family Support Centers are beginning to establish themselves in their communities. Nonetheless, sustained community education and contact will be required in the months to come.

## VI. EVALUATION

From its inception, the Maryland Family Support initiative has included an evaluation component. The Social Service Administration has contracted with The Regional Center for Infants and Young Children (RCIC) to conduct this evaluation because RCIC is a nationally known and respected organization which:

- Has successfully operated parent/infant programs with this population.
- Enjoys a well-deserved reputation for having state-of-the-art expertise in infant development and parent/child relationships.
- Understands the complexity of evaluating this type of project and has developed the necessary tools and methods to do so.

RCIC staff, as part of the evaluation process, visit the centers at least once a month to provide the necessary training and technical assistance and to collect the forms used. An important aspect of the evaluation, which should prove helpful for future program replication, has been RCIC's willingness to study the challenging process of start-up. By so doing, all program and administrative staff are able to evaluate successes and setbacks on an ongoing basis and make changes as needed.

As the centers mature and expand their services, the evaluation of the programs will yield exciting data about

- utilization patterns
- how to engage and involve the hard-to-reach parent
- how to work with infants and parents
- cost-effectiveness of prevention programs
- the role of the teen father and how to work effectively with him

- the overarching issue of what supports families of the 80's in order to avoid child abuse, school failure, teen pregnancy, and a host of other social ills.

## VII. ADMINISTRATION AND FUNDING

### A. FY 1986 Awards

#### Partnership:

The problems addressed by Family Support Centers are major concerns of the entire community, and private funding sources have indicated serious interest in providing solutions. DHR proceeded to propose the Family Support Center Program as an innovative public-private venture to assist young families. As part of the budget request to the 1985 General Assembly, DHR sought and obtained \$297,000 of FY 1986 state funds. At the same time, private foundations were invited to collaborate in a funding partnership for the purpose of:

- expanding the funding base
- providing flexibility to the program to adapt to specific community interests, and
- stimulating a broad based support of an agenda oriented to promoting and preserving healthy families.

The Morris Goldseker Foundation and the Aaron and Lillie Straus Foundation agreed to join in partnership with DHR in the administration and funding of the Family Support Center Program. Each foundation contributed \$50,000.

#### Memorandum of Agreement:

In order to administer Family Support Centers jointly, DHR and the private foundations agreed to formalize the collaboration under an organization called Friends of the Family, by which the funding partners will:

- fund, monitor, provide technical assistance and evaluation to preventive programs that strengthen and support young families;
- serve as a community resource to heighten awareness and provide public education around early parenting issues;
- plan an advocacy role, supporting efforts that strengthen families; and
- build a strong coalition with other individuals, organizations, and funding sources with compatible goals.

Advisory Board:

An Advisory Board (list of members attached) consisting of community leaders, experts in the field of parenting, advocates, and public officials has been established. The Board's purpose is to assist in planning the program, review program progress, advise on granting funds, and recommend program policies. The Board functions through key subcommittees. At present there are two major subcommittees:

- Future Planning
- Evaluation

Management of Funds:

In funding the first four Family Support Centers, DHR and the private foundations agreed to:

- follow State procurement regulations for the solicitation and selection of grantees.
- provide a mix of public and private funds to each grantee when possible.
- transfer funds to the grantees in accord with the contract/grants procedure of each funding source.
- monitor contract expenditures both as a Partnership and as required by the procedures of each funding source.

FY 1986 Contracts:

Four contracts were awarded in FY 1986, with funding distributed as follows:

<u>GRANTEES</u>	<u>FUNDING</u>			
	<u>Total</u>	<u>State</u>	<u>Straus</u>	<u>Goldseker</u>
A.A. Co. Economic Opportunity Committee	\$ 82,000	\$ 57,000	\$25,000	
Bethel AME Church	82,028	62,028		\$20,000
P.G. Co. Cath. Charities	90,000	90,000		
Greenmount Development	82,000	27,000	25,000	30,000
Start-up and Consultation	60,972	60,972		
TOTAL	\$397,000	\$297,000	\$50,000	\$50,000

B. FY 1987 Awards:

In FY 1987, the Department of Human Resources and the private foundations are following the procurement process in much the same way as in FY 1986. The FY 1987 schedule is:

- June 20, 1986 - publication of the RFP in the Maryland Register

- July 8, 1986 - pre-proposal conference
- July 25, 1986 - deadline for submitting proposals
- August 11, 1986 - end of preliminary review
- September 25, 1986 - announcement of final selection
- October 1 to December 1, 1986 - initiation of new contracts

The FY 1987 funds will allow six centers to operate for a full year. Monitoring and evaluation will continue as in FY 1986.

#### VIII. CONCLUSION/A LOOK INTO THE FUTURE

Maryland's innovative Family Support initiative is being followed by policy makers in many other states. It has also been identified by The Harvard Family Research Project as a unique model to study because of its public/private organization and its focus on prevention.

The Department of Human Resources and the private foundations are in the process of establishing a public-private corporation, Friends of the Family, Inc., to assist in the future development of the Family Support Center initiative with responsibility for fund-raising, future planning, technical assistance, and evaluation, and to explore and promote additional community-based approaches to strengthening families. Grant proposals have already been submitted to:

The Ford Foundation	\$200,000
The Public Welfare Foundation	\$110,000
The Knott Foundation	\$ 54,000

Prospects are good for receiving most of the funds requested. Additional child abuse prevention grants of \$7,500 each have been awarded to the Waverly Parents' Place and the Family Connection.

Further foundation funding is being pursued by the partnership.

Although the centers have been operating for less than a year, their impact is beginning to be felt on the individuals they are serving, on the other agencies with whom they link, and on the communities in which they are housed. The mere fact of their existence makes a statement about the community's and the State's commitment to supporting families and to the importance of the earliest years of life. Hopefully, Family Support Centers will become focal points in their neighborhoods for organizing parents around issues that affect their babies and older children; i.e. the availability of quality infant and child day care, adolescent pregnancy prevention, and preventive health care.

The elements are here to forge a long-term Statewide strategy for supporting families but will yield experience useful to other states as well. For Maryland, this partnership and its efforts represent a new approach to the problem of adolescent pregnancy, to the broader goal of preparing parents for their role, to building on the strengths of families, and to the challenge of organizing and advocating for human services in a way which moves beyond traditional State government programming to marshal public and private sector energy and resources.

TABLE 1

Distribution of Selected Demographic Characteristics of Parents Participating in 5 Family Support Centers (as reported by mother)

	<u>MOTHER</u>		<u>FATHER</u>	
	<u>No.</u>	<u>(%)</u>	<u>No.</u>	<u>(%)</u>
<b>Race:</b>				
Black	63	78.8	35	76.1
White	15	18.8	7	15.2
Hispanic	2	2.5	2	4.3
Other			1	2.2
Don't know			1	2.2
<b>Marital Status:</b>				
Married	18	22.5	11	25.0
Divorced	1	1.3	1	2.3
Separated	2	2.5	1	2.3
Never Married	55	68.8	20	45.5
Partner	4	5.0	4	9.1
Don't know			7	15.9
<b>Employment Status:</b>				
Full-time	3	3.9	23	51.1
Part-time	9	11.8	4	8.9
Unemployed (seeking)	15	19.7	4	8.9
Unemployed (not seeking)	49	64.5	4	8.9
Don't know			10	22.2
<b>Number in Household:</b>				
1-5			18	69.2
2-5	37	56.9		
6-9	25	38.5	7	26.9
10+	3	4.6	1	3.8
<b>Regular Health Care:</b>				
Yes	6	9.7		
No	56	90.3		

TABLE 2

Distribution of Selected Demographic Characteristics of  
Parents Participating in 5 Family Support Centers (as  
reported by Mother)

	<u>No.</u>	<u>(%)</u>
<b>Family Income:</b>		
\$5,000 or less	29	36.2
\$5,000 - \$10,000	11	13.8
\$10,000 - \$15,000	3	3.8
\$15,000 - \$30,000	7	8.8
\$30,000+	1	1.3
Don't know	29	36.3
<b>Primary Interest in Presenting to Program:</b>		
School, GED	35	43.8
Job training	1	1.3
Social	5	6.3
Parenting Group	11	13.8
Day Care	5	6.3
Housing Help	3	3.8
Drop-In	17	21.3
Counseling	1	1.3
Don't know	2	2.5
<b>Crisis at Entry:</b>		
Yes	60	76.0
No	17	21.5
Don't know	2	2.5
<b>Needed Outreach:</b>		
No	51	63.8
Some	28	35.0
A lot	1	1.3

TABLE 3

Distribution of Selected Demographic Characteristics of Parents Participating in Centers Targeting Mainly Teens (excludes Waverly Parents' Place)

	<u>MOTHER</u>		<u>FATHER</u>	
	<u>No.</u>	<u>(%)</u>	<u>No.</u>	<u>(%)</u>
<b>Age at 1st Pregnancy:</b>				
13-14	12	17.4	1	2.8
15-17	44	63.8	5	13.9
18-19	6	8.7	4	11.1
20+	3	4.3	6	16.7
Don't know	4	5.8	20	55.6
<b><u>Educational Level (grade last attended):</u></b>				
9th or less	33	50.8	4	10.5
10th	10	15.4	1	2.6
11th	8	12.3	3	7.9
12th	7	10.8	6	15.8
GED	3	4.6	3	7.9
Some College	2	3.1	3	7.9
Vocation completed	2	3.1	1	2.6
Don't know			17	44.7
<b>Attends School:</b>				
Yes - full-time	19	29.7	5	13.2
No	45	70.3	20	52.6
Don't know			13	34.2

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 Parents Participating in Centers Targeting Mainly Teens  
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Vocation completed	2	3.1	1	2.6
Don't know			17	44.7
 <b>Attends School:</b>				
Yes - full-time	19	29.7	5	13.2
No	45	70.3	20	52.6
Don't know			13	34.2

TABLE 4

*1.7 years as age*

Risk Factors of 1st 103 Preschoolers Enrolled in Programs

FSC PROGRAM EVALUATION: INITIAL RESULTS  
Results by Child (rather than by family)

	Annapolis	P.G.	TPEP	Waverly	Freedom	TOTAL	Percent of Total
Boys	10	4	9	11	15	49	47.6
Girls	6	6	17	7	18	53	51.5
Immunizations not Current	3	1	1	1	4	10	9.7
Developmental Problem	6	1	1	1	6	15	14.7
Lack Regular Health Care	1	2			1	4	3.9
Chronic Ear Infections	3				1	4	3.9
Inadequate Nutrition	4	2	2	1		9	8.7
Children on AFDC	13	5	18	4	18	58	56.3
Children on WIC	5	4	5	4	11	29	28.2
Separated from Mother	5	1	2	6	2	16	15.5
Ever Open Case Prot Serv	2	2	3	4	3	14	13.6
Major Medical Problems	6	1	1		2	10	9.7
<b>TOTAL CHILDREN IN PROGRAM</b>	<b>16</b>	<b>10</b>	<b>26</b>	<b>18</b>	<b>33</b>	<b>103</b>	<b>100.0</b>
Percent Each Program of Total	15.5	9.7	25.2	17.5	32.0	100.0	