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Acknowledgements

The process of moving toward better defined evidence based work has included input from several evaluators who helped with a definition of “Evidence Based” and discussion of relevant research. An October 2009 workshop was the first step in sharing what we were learning with Smart Beginnings coalitions. During that day, Virginia Early Childhood Foundation (VECF) unveiled a definition of Evidence Based and Evidence Informed work. This definition was developed with input from an Evaluation Think Tank assembled at VECF in spring 2009. Through workshop presentations in five key areas (Parent Education, Home Visiting, Screening and Assessment for Developmental Delay, Early Care and Education, and Kindergarten Transition), state experts provided introductions to each area and the research linking each to school readiness. Inviting them to share their understanding of evidence based work contributed significantly to the initial research. The first edition of VECF’s Evidence Based Directory was released in April 2010. Additional research has been completed, prompting the release of the second edition in 2012.

VECF is grateful to the following individuals who contributed to the development of the Evidence Based Directory.

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Lee Huntington, Ph.D.  Mylinda Moore  Tammy Whitlock
Kathy Glazer  John Morgan, Ph.D.

VECF acknowledges that this directory is neither exhaustive nor complete. While the research has included books, papers, and websites identified as references, discussion with many experienced colleagues and experts in each field, this directory is an evolving rather than finished product. As the experience of VECF and the Smart Beginnings coalitions continues, the research in this field continually expands, and new studies emerge, the directory will continue to evolve.
Introduction

Purpose

All Smart Beginnings communities seek to be effective in improving outcomes for children so that every Virginia child is prepared for school, laying the foundation for workforce and life success. VECF’s 
Evidence Based Directory provides a resource to guide this work and help with local considerations and decision making. Having a directory of recommended models and practices will also aid VECF in ensuring strategic investment, tracking progress of similar approaches in different communities, and documenting standardized outcomes.

Like our Smart Beginnings partners, VECF is committed to ensuring sound investments; together we are building systems designed to impact children’s health, school readiness, and third grade reading proficiency. By compiling this directory and defining evidence based programs and practices for Virginia, VECF aims to:

1. Promote efficient and effective use of funding by investing in programs and practices with sufficient evidence to create expectations for positive outcomes for children, families, and the programs that serve them.
2. Equip Smart Beginnings coalitions with tools, resources and information grounded in a deep body of research so that they can be informed community partners and address local needs effectively.
3. Instill a culture of excellence, continuous quality improvement, and accountability by promoting use of evidence based practice and emphasizing ongoing evaluation of funded programs.
4. Promote high standards in Virginia for policies and programs, preserving Virginia’s role as a national education leader.

Many funders, both public and private, require or request evidence of the effectiveness and accountability of programs. This demand for program quality – and evidence of that quality – has led to a focus on evidence based programs and practices as safe, worthy investments with documented effectiveness based on research and evaluation.

VECF intends for the directory to guide investment and decision-making in Smart Beginnings communities and to support the quality and capacity of local services. Programs and practices meeting the definition of “Evidence Based” are proven to offer the best possible gain on community investment. Whenever possible, integration of this level of quality and credibility into community service systems offers the best results for children. When a community is already investing in an “Evidence Informed” program or practice that is producing positive results for children, support to maintain or improve the quality of these services may be the most efficient approach to assuring positive outcomes for families and children. It is the role of each local Smart Beginnings to support the capacity of these services to measure, track, analyze, and report results for children, and to continuously improve these results.
Definitions

Evidence Based Programs and Practices
Evidence based programs and practices integrate the best available research within the context of the child, family, and community.

Evidence based programs are typically understood as being built upon a defined set of philosophies, theory, assumptions, structures, activities, services or treatment components, and service delivery protocols that form a specific program. They are usually a formally designed, published, and accessible program that can be replicated and has been evaluated multiple times with a high degree of rigor (comparison or control group designs), and demonstrated success in most target areas.

Evidence based practices are informed by research, in which the characteristics and consequences of environmental variables are empirically established and the relationship directly informs what a practitioner can do to produce a desired outcome. Specific practitioner skills, techniques, or strategies, standards of practice or areas of programmatic focus have shown evidence of effectiveness. Additionally, family and professional wisdom and values contribute to the application of the research. Evidence based practice applies to both functioning of coalitions and to services and system enhancements, and generally implies multiple replications with comparison or control group designs.

Evidence Informed Programs and Practices
Evidence informed programs and practices are the use of the best available research and practice knowledge to guide functioning of coalitions and to design and implement programs within the context of the child, family and community. This is typically understood as approaches based on sound theory with some evaluations producing some positive results.

In order for implementation of an evidence based or evidence informed program or practice to be successful and sustainable, it needs to be (1) implemented with fidelity, and (2) implemented as part of a collaborative early childhood system. Implementing to fidelity refers to how closely a program or practice is executed as the developers intended. In order to replicate outcomes obtained through evidence based or evidence informed programs, it is important for a community to implement activities to fidelity. Further, the rationale behind selection of evidence based programs as worthy investments hinges on these programs being implemented with the level of rigor and intensity intended by the authors. The importance of fidelity cannot be overstated. Documenting whether or not a program is being implemented as intended should be part of the evaluation process.

Early Childhood Systems
VECF’s overriding principle in funding Smart Beginnings initiatives is to create sustainable, collaborative systems change that strengthens the web of activities that prepare children for school, laying the foundation for workforce and life success. The goal is to maximize resources and gain efficiencies through the integration of quality strategies into a collaborative community system, as opposed to
implementing a stand-alone program outside of the pre-existing early childhood system. *Building an Effective Comprehensive Early Childhood System*, a toolkit developed by the Altarum Institute and VECF to guide coalition efforts, provides in-depth information on building early childhood systems, and is available for review at smartbeginnings.org.

A comprehensive early childhood system is complex and incorporates early learning, health, and family support service systems. Just as children’s development is multi-faceted, so must be the systems that are responsive to their needs.

What Results Should a Comprehensive Early Childhood System Deliver?

- Comprehensive services that promote children’s physical, developmental, and mental health
- Early Learning and Development
  - Nurturing relationships, safe environments, and enriching experiences that foster learning and development
- Health
- Thriving Children and Families
- Family Leadership and Support
  - Resources, experiences, and relationships that strengthen families, engage them as leaders, and enhance their capacity to support children’s well being

Values and Principles
Optimally, a comprehensive early childhood system will:
- Reach all children and families, as early as possible, with needed services and supports
- Genuinely include and effectively accommodate children with special needs
- Reflect and respect the strengths, needs, values, languages, cultures, and communities of children and families
- Ensure stability and continuity of services along a continuum from prenatal into school entry and beyond
- Ease access for families and transitions for children
- Value parents as decision makers and leaders
- Catalyze and maximize investment and foster innovation
There are many components and functions that must be incorporated in building and sustaining a strong early childhood system, either at the community or the state level.

One important building block of a system is the core set of services available to children and their families. In every community, there are existing resources and programs provided by the public sector for families needing assistance, often mandated and funded through federal block grants. Publicly provided programs are available to individuals because they meet a particular requirement, and they vary in availability across the state. These programs may receive a combination of funds that originate from local communities, the state or the federal government. Some programs also look for private money to support efforts. While Smart Beginnings does not typically fund public programs, coalitions can implement systems building strategies to strengthen them. It is important to understand how they work, how they are funded and how they are held accountable. A list of evidence based and evidence informed publicly provided programs is included in Appendix A.

In addition, communities have the opportunity to add programs and services to meet gaps in services, provide supplements, or increase the scope or quality of services provided. This directory provides guidance about communities’ strategic use of existing services and the wise selection of additional activities that form a cohesive continuum to meet the needs of young children over time as they grow.
Smart Beginnings communities determine how to build from the foundation of these existing programs, bringing partners together to ensure participation and effective results, successfully weaving in additional programs and services to round out offerings, gain efficiencies, and ensure the provision of the continuum of quality services needed to bring optimal results in school readiness for young children in communities.

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1 Dunst, Carl, Trivette, C., and Cutspec, P. Centerscope. *Evidence-Based Approaches to Early Childhood Development*. September 2002 Vol 1 No. 1
4 These definitions were adapted from current definitions developed by the Institute of Medicine and the American Psychological Association.
Evidence Based and Evidence Informed Programs and Practices

Evidence Based and Evidence Informed programs and practices are effective methods for filling in the gaps or supplementing the existing resources and programs provided by the public sector. The programs and practices listed in this directory are organized into five key focus areas central to children’s school readiness and the Smart Beginnings Theory of Change included in Appendix B. The five areas are:

1. Parent Education
2. Home Visiting
3. Health and Developmental Screening
4. Early Care and Education
5. Literacy

When possible, Smart Beginnings coalitions or community organizations implementing the program or practice have been identified in an effort to provide a state resource for more information. If your community is incorrectly listed or is not listed, please notify VECF.

Communities implementing activities not included in this directory are asked to share the research and evidence of effectiveness with VECF so that all successful practices can be captured. Appendix C includes a list of organizations/websites that are resources for early childhood research.

Every effort has been made to ensure the accuracy of the information included; however, all information included in the program or practice overview should be confirmed with the source prior to implementation.
Parent Education

Evidence Based Programs and Practices

- The Incredible Years
- Nurturing Parenting Program
- Systematic Training for Effective Parenting (STEP)
- Triple P – Positive Parenting Program

Rationale for Parent Education

A stable, secure, nurturing relationship with at least one competent, caring adult is the most important factor in helping young children to be ready for Kindergarten, succeed in school, and overcome later obstacles.\(^5\) Parent education is designed to develop and strengthen healthy and positive relationships between children and their parents. Additionally, parent education encourages an optimal environment for the health, growth, and development of both parents and children.

In addition to helping assure that children are ready for school, parent education can help prevent child abuse and neglect. The Child Abuse Prevention and Treatment Act, as reauthorized by the Keeping Children and Families Safe Act of 2003, identifies parent education as a core prevention service. Parent education is delivered through a variety of means and a range of dosages from physicians in well-child visits to multi-year home visitation programs. However, for the purposes of this document, parent education is being defined as a mechanism of training that is discrete, generally short term, and may be independent of other services received by parents and their children.

Successful parent education programs help parents acquire and internalize parenting and problem-solving skills necessary to build a healthy family. Research has shown that effective parent training and family interventions promote protective factors and lead to positive outcomes for both parents and children.\(^6\) Protective factors include nurturing and attachment, knowledge of parenting and of child and youth development, parental resilience, social connections, and concrete supports for parents.\(^7\)

Program characteristics and specific training strategies are both key considerations when selecting a parent education program. Program characteristics refer to broader aspects of a program, such as theoretical grounding or how the program is structured, staffed, and evaluated. Training strategies refer to specific teaching methods that have been found to be effective in working directly with parents.

Some key characteristics that define successful parent education programs include:

- **Strength-based focus.** A large body of research supports the emphasis on family interventions and education programs that focus on family strengths and resilience instead of family weaknesses. This approach reinforces existing protective factors to prevent the occurrence or reoccurrence of child abuse and neglect.\(^8\)

- **Family-Centered Practice.** Family-centered parent training programs include family skills training and family activities to help children and parents communicate effectively and take advantage of concrete social supports. Family-centered programs also seek to develop training
strategies that are culturally appropriate and consistent with the beliefs and principles of families and their communities.9

- **Individual and Group Approaches.** Evidence suggests that a combination of individual and group parent training is the most effective approach when building skills that emphasize social connections and parents’ ability to access social supports. However, the individual approach was found to be more effective when serving families in need of specific or tailored services.10

- **Qualified Staff.** Program success is in part dependent on qualified staff. Program staff should have a sound theoretical grounding as well as hands-on experience in the classroom or working with families and groups in different settings. Staff should also be able to provide culturally competent services consistent with the values of the family and the community.

- **Targeted population.** Learning is enhanced when the participants of each program include a clearly defined group of people with common needs or identifying characteristics.11 Group characteristics, such as high risk families or working versus nonworking parents, can also help determine the appropriate program duration and intensity.12

- **Clear Program Goals and Continuous Evaluation.** Successful programs maintain individualized and group plans developed in partnership with participants. Progress toward program goals is routinely and effectively evaluated by aggregate analyses using both quantitative and qualitative research methods consistent with the services offered. In addition, these programs have an effective process for gathering consumer feedback and use this information, along with outcome-based evaluation efforts, for continuous quality improvement.13

These characteristics are important to all parent educations programs. It is also important for professionals working with parents to have an understanding of the impact of fathers on children’s well-being. Valuable resources on this topic include the U.S. Department of Health and Human Services (http://fatherhood.hhs.gov/index.shtml), the National Fatherhood Initiative (www.fatherhood.org), and the National Center for Fathering (www.fathers.com).

There has been a great deal of research in the area of parent education and there are many established, easily accessible evidence based models that can be implemented to help support a variety of families in a community. Selection criteria should include:

- Match program to target population
- Assure model fidelity in delivery of programs’ essential components
- Consider facilitator’s interpersonal skills and educational background for fit with audience
- Availability of evaluation instruments and ability to collect usable data14

Parent education can be a relatively low cost strategy delivered by multiple partners and can reach a high number of parents. Additionally, a variety of trained professionals in different fields ranging from social work and health to faith based deliver parent education. Numerous organizations prioritize parent support, which broadens the potential for a variety of partners in the community and evolution of a local, coordinated system for delivering parent education.


The Incredible Years
Parent Education • Mental Health Promotion

Target Audience: Parents, Teachers, Children (2 to 12 years)

Description: Incredible Years is a set of comprehensive, multifaceted, and developmentally based curricula targeting 2 to 12-year-old children and their parents and teachers. The parent, child, and teacher training interventions that comprise Incredible Years are guided by developmental theory on the role of multiple interacting risk and protective factors in the development of conduct problems. The three program components are designed to work jointly to promote emotional and social competence and to prevent, reduce, and treat behavioral and emotional problems in young children.

The parent training intervention focuses on strengthening parenting competencies and fostering parents' involvement in children's school experiences to promote children's academic and social skills and reduce delinquent behaviors. The child training curriculum aims to strengthen children's social and emotional competencies, such as understanding and communicating feelings, using effective problem-solving strategies, managing anger, practicing friendship and conversational skills, and behaving appropriately in the classroom. The teacher training intervention focuses on strengthening teachers' classroom management strategies, promoting children's positive behavior and school readiness, and reducing children's classroom aggression and noncooperation with peers and teachers. The intervention also helps teachers work with parents to support their school involvement and promote consistency between home and school. In all three training interventions, trained facilitators use videotaped scenes to structure the content and stimulate group discussions and problem solving.

Group leaders should have a degree and experience in teaching, nursing, social work, psychology or psychiatry and have attended courses in child development. Training is not required, but is highly recommended. Program materials typically include DVDs and a group leader manual. Supplemental materials like CDs, posters, and puppets are available, but not required. The recommended group size is 12 - 16 for parent groups and 6 for child groups.

Outcomes:
Parent Training (with or without other training)
- Increase in positive and nurturing parenting
- Reduction in harsh, coercive, and negative parenting

Parent Training, Child Training, &/or Teacher Training
- Reduction in child behavior problems at home or at school
- Increase in positive child behaviors at home or at school

Parent & Teacher Training together
- Higher levels of parent-child bonding and parent involvement with the teacher and school

Child Training alone, Parent & Teacher Training together, Child & Teacher Training together, Parent & Child & Teacher Training together
- Better teacher management in the classroom
**Time Involved:**
- Prevention Parent Program is 14 weeks of 2 hour group classes
- Treatment Parent Program (for diagnosed children) is 18-20 weeks of 2 hour group classes
- Child Treatment Program is 18 weeks of 2 hour group classes
- Child Classroom Dina Program is 32-40 lessons twice a week for 45 minutes
- Teacher Classroom Management Program is 6 full-day workshops once a month or broken into smaller weekly 2-to 3-hour meetings

**Research:**
Reviews of the research are available through the following organizations.

<table>
<thead>
<tr>
<th>CEBC Review</th>
<th>Promising Practices Network Review</th>
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<td>OJJDP Review</td>
<td>SAMHSA Review</td>
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**Contact:**
Lisa St. George, The Incredible Years
incredibleyears@incredibleyears.com
888-506-3562
Incredible Years Website

**Implementers in Virginia:**
Smart Beginnings Danville/Pittsylvania
**Nurturing Parenting Program (NPP)**

Parent Education

**Target Audience:** Parents, Children (5 to 11 years), Teens (12 to 18 years)

**Description:** This program targets at-risk families and includes both parents and their children with the goal of the prevention and treatment of child abuse and neglect. Programs are designed for parents with young children from birth to 5 years old, school-aged children 5 to 11 years old, and teens 12 to 18 years old. Parents and their children meet in separate groups that meet concurrently. Developed to address the known behaviors that contribute to the maltreatment of children, the goals of the curriculum are: 1) to teach age-appropriate expectations and neurological development of children, 2) to develop empathy and self-worth in parents and children, 3) to utilize nurturing, non-violent strategies and techniques in establishing family discipline, 4) to empower parents and children to utilize their personal power to make healthy choices, and 5) to increase awareness of self and others in developing positive patterns of communication while establishing healthy, caring relationships.

Curricula include lesson guides, DVDs, parent handbooks, and assessment inventories. The Nurturing Father’s Program ([http://nurturingfathers.com](http://nurturingfathers.com)) is an adaptation of The Nurturing Parenting Programs. Two facilitators are recommended for every seven adults participating in group sessions. Two additional group facilitators are recommended for every 10 children participating. The NPP can be implemented by professionals or paraprofessionals in fields such as social work, education, recreation, and psychology who have undergone NPP facilitator training and have related experience.

**Outcomes:**
- Positive changes in parenting attitudes, knowledge, beliefs, and behavior
- Reduced child abuse and neglect (state reports on investigations of alleged child abuse or neglect)
- Increase in children’s self-awareness, assertiveness, and enthusiasm
- Positive changes in family interactions

**Time Involved:** Program sessions are offered in group-based and home-based formats ranging from 5 to 55 sessions.

**Research:**
Reviews of the research are available through the following organizations.

[CEBC Review](#)  [SAMHSA Review](#)

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<tr>
<th>Contact:</th>
<th>Implementers in Virginia:</th>
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<tbody>
<tr>
<td>Stephen J. Bavolek, PhD, Family Development Resources</td>
<td>Smart Beginnings Greater Richmond through partnership with City of Richmond</td>
</tr>
<tr>
<td><a href="mailto:sbavolek@yahoo.com">sbavolek@yahoo.com</a></td>
<td>Smart Beginnings Hopewell/Prince George</td>
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<tr>
<td>435-649-9599</td>
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<td>Nurturing Parenting Website</td>
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435-649-9599 September 2012
Systematic Training for Effective Parenting (STEP)

Parent Education

Target Audience: Parents

Description: STEP is a multi-component parenting education curriculum. The program is offered in three separate programs covering early childhood, children ages seven through twelve, and teenagers. The three STEP programs help parents learn effective ways to relate to their children from birth through adolescence by using parent education study groups, by identifying the purposes of children’s behavior, and by helping parents learn how to encourage cooperative behavior in their children and how not to reinforce unacceptable behaviors. In addition, STEP helps parents change dysfunctional and destructive relationships with their children by offering concrete alternatives to abusive and ineffective methods of discipline and control. Each program contains a leader's resource guide, promotional tools, videos, and parent handbooks.

Group leaders should have training in counseling, psychology, social work, the ministry, pediatrics, education, nursing, psychiatry, or similar areas, and a proven ability to lead groups. Training is not required, but is available. There is no set minimum/maximum group size, but it is recommended to break large groups into smaller discussion groups of 6 to 14 parents for better interaction.

Outcomes:
- Positive changes in parenting attitudes
- Reduced potential for child abuse and neglect
- Positive changes in family functioning
- Reduced parenting stress
- Improved parent-child interactions

Time Involved: 7 weeks for 1.5 hours each week

Research:
Reviews of the research are available through the following organizations.

<table>
<thead>
<tr>
<th>CEBC Review</th>
<th>SAMHSA Review</th>
</tr>
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Contact:
STEP Publishers, LLC.
steppublishers@gmail.com
800-720-1286
STEP Website

Implementers in Virginia:
The Up Center
Triple P – Positive Parenting Program

Parent Education

Target Audience: Parents

Description: The Triple P-Positive Parenting Program is a multi-level system of parenting and family support. The goal of the program is to prevent severe behavioral, emotional, and developmental problems in children by enhancing the knowledge, skills, and confidence of parents. It can be provided individually, in a group, or a self-directed format. It incorporates five levels of intervention on a tiered continuum of increasing strength for parents of children and adolescents from birth to age 16. There are separate models for each developmental level. The multi-disciplinary nature of the program allows use of the existing professional workforce in the task of promoting competent parenting. Variations of some Triple P levels are available for parents of young children with developmental disabilities (Stepping Stones Triple P) and for parents who have abused their children (Pathways Triple P).

Practitioners should have knowledge of child development and experience working with families, and typically have a bachelor’s degree in health, education, or social services. Training is required. Program materials typically include parent workbooks, brochures, tips sheets, and videos.

Outcomes:
• Decrease in negative or disruptive child behaviors
• Decrease in use of negative parenting strategies
• Increase in positive parenting practices

Time Involved: Sessions last up to one hour. The number of sessions varies according to the level of intervention required by the family: Level 2 is approximately 1 to 2 weekly sessions delivered via individual brief consultations (or in large-group parenting seminars). Level 3 is up to 4 brief 20-minute weekly consultation sessions. Level 4 is 8 to 10 weekly sessions. Level 5 is on average an additional 3 weekly sessions per family. The duration also varies by the level of intervention required by the family. For example Level 2 is 1-2 weeks in duration, while Level 5 can be up to 12 weeks.

Research:
Reviews of the research are available through the following organizations.
CEBC Review
Promising Practices Network Review
SAMHSA Review

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Triple P Website

Implementers in Virginia:
Smart Beginnings Central Virginia
Smart Beginnings Martinsville/Henry County
Home Visiting

Evidence Based Programs and Practices

- Healthy Families Virginia
- Nurse-Family Partnership
- Parents as Teachers

Evidence Informed Programs and Practices

- CHIP of Virginia

Additional home visiting models that are part of the Home Visiting Consortium can be found under the Publicly-Provided Programs section of this directory.

Rationale for Home Visiting

Home visiting is one approach to parent education and support. This method of parent support provides the family with services in the family’s home environment for a time frame ranging from weeks to years. Voluntary home visiting has a 25 year history of success in meeting the needs of individual families and producing positive outcomes for young children. While home visiting programs such as Early Head Start, Healthy Families America, and Parents as Teachers share similar overall goals of enhancing child well-being and family health, they vary in their program structure, specific intended outcomes, content of services, and target populations. Program models also vary as to when they begin, the intensity of services delivered, and the duration and frequency of services based on the child’s and family’s needs and risks.15

In Virginia, home visiting programs may begin in the prenatal period and continue through the interconceptual period (time between births) and up to age 6. Most focus on persons with significant challenges during the prenatal or early infancy period. Home visiting providers have diverse educational backgrounds and areas of expertise and training, including, but not limited to nurses, social workers, dieticians, physical therapists, occupational therapist, and community health workers. Multiple state reports and studies from Governor Kaine’s Health Reform Commission, Virginia’s Early Childhood Comprehensive Systems Plan, Smart Beginnings for Virginia Plan, Department of Medical Assistance Services Medicaid Coverage for Substance Abuse Case Management, and the Governor’s Urban Policy Report have recommended home visiting as a key strategy for improving outcomes for families and young children.16

Because of promising outcomes, home visiting has emerged as a strategy through which many states and communities reach out to new parents. It is estimated that nationally between 400,000 and 500,000 young children and their parents receive home visitation services each year.17

A growing body of research demonstrates that home visiting programs with certain contextual characteristics can be an effective method of delivering services. Home visitation is a key component of a local system of care, and contributes in many ways to school readiness.18 It is most effective as part of a comprehensive and coordinated system of quality, affordable early care and education, health and...
mental health, and family support for families prenatally through pre-Kindergarten. Numerous studies have shown that for the most vulnerable children, home visiting combined with a high quality early care setting produces a healthy child ready for Kindergarten.

While home visiting models in Virginia each have their own characteristics, most address many of the goals identified in the Pathways Mapping Initiative that are linked to school readiness. These include:

- healthy, well timed births
- access to high quality child health care
- early detection of developmental obstacles and access to early intervention services
- prevention from abuse and neglect
- supported services to families (strengthened parenting skills, referral for parents to needed services)
- reduction in poverty and government assistance due to increased parental educational attainment and better employment

The benefits of home visiting fall into three domains: positive improvements for the child, positive improvements for the family, and decreased short and long-term costs to state and local government. Research has shown that high quality home visiting programs can increase children’s school readiness, improve child health and development, reduce child abuse and neglect, and enhance parents’ skill in supporting overall development of their child.

In Virginia, outcomes of successful programs have included: improved birth outcomes, improved access to health care and on-time immunizations, increased parental understanding of infant and child development, children regularly screened for development and referred as needed, delayed repeat pregnancies, improved Kindergarten readiness, and reduced rates of child abuse and neglect. Programs accomplish these goals by a combination of information, social support, developmental education, developmental screening, linkage to early care and education, referrals, and connections to other ancillary services. Most are guided by curriculum, and many include group activities for parents in addition to home visits tailored to the parent’s needs.

Much has been learned in the past two decades regarding the structure of effective home visiting programs. Certain attributes characterize the best evaluated and most successful programs:

- A well articulated theory of change linking specific aspects of a program’s content, duration, dosage, or service delivery method to specific outcomes
- A program model showing positive outcomes as a consequence of program participation, along with evidence that these improvements are greater than the change observed among similar individuals not receiving assistance
- Evidence of internal consistency and that the program has impacts on specific domains
- Evidence that identifies which participants benefit most and least from the intervention
- Well trained and competent staff
- High quality supervision
- Organizational capacity
- Low caseloads
- Consistent implementation of program components
- Empirical evidence examining the impact of the model on various implementation challenges including staff retention, participant retention, collaborations with other service providers, and stable funding
- An established methodology to track characteristics of the target population

In Virginia, several programs using home visiting as a strategy came together in 2007 and formed the Virginia Home Visiting Consortium. Together, they serve most Virginia communities. While they have differences in duration, target population, governance, and some goals, they all focus on some part of the birth to 5 population. Together they create a web of resources for many Virginia parents and young children, and are contributing to the healthy development and Kindergarten readiness of children in all Virginia communities each year. They all offer some degree of state infrastructure and technical assistance.

Establishing standards for evidence based models and evidence based criteria is far from straightforward. The gold standard of randomized trials has been extensively applied to the Nurse Family Partnership model, with positive outcomes usually found. However, generalizing is challenging and some evidence may become outdated as medical interventions, health and social service systems, and social structures change. Within the home visiting models constituting the Home Visiting Consortium, Healthy Families and Head Start (see page 7) have the richest body of research, with largely positive results.

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Healthy Families Virginia
Home Visiting

Target Audience: Pregnant Women, Families

Description: Healthy Families is a nationally established program designed to promote positive parenting, improve child health, promote responsive parent-child interaction, and prevent child abuse and neglect. The Healthy Families model is both an “initiative” and a service model. As an initiative, Healthy Families links with other community entities addressing the needs of pregnant women and families of children under age 5. The intent is to develop a spectrum of prevention supports to parents regardless of their level of need.

Outcomes:
• Reducing child maltreatment
• Ensuring healthy child development
• Encouraging school readiness
• Promoting family self-sufficiency
• Demonstrating positive parenting

Time Involved: As a practice model, Healthy Families offers two services. The first involves a universal screening and assessment process for families prenatally or shortly after birth. Through this process, parents identify their strengths and needs in preparing for their child, and staff makes appropriate referrals. The second service is voluntary intensive home visiting for the most vulnerable families. Caseloads are small, and all families begin with weekly visits tapering to a less frequent schedule as the family achieves their goals.

Research:
Reviews of the research are available through the following organizations.
CEBC Review
OJJDP Review

Contact:
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804-359-6166
Healthy Families America Website

Implementers in Virginia:
Healthy Families Virginia Sites
Nurse-Family Partnership
Home Visiting • Health

Target Audience: First-time Mothers

Description: The Nurse-Family Partnership program provides home visits by registered nurses to first-time mothers, beginning during pregnancy and continuing through the child’s second birthday. The program has three primary goals: (1) to improve pregnancy outcomes by promoting health-related behaviors; (2) to improve child health, development, and safety by promoting competent caregiving; and (3) to enhance parent life-course development by promoting pregnancy planning, educational achievement, and employment. The program also has two secondary goals: to enhance families’ material support by providing links with needed health and social services, and to promote supportive relationships among family and friends.

Outcomes:
• Improved prenatal health
• Fewer childhood injuries
• Fewer subsequent pregnancies
• Increased intervals between births
• Increased maternal employment
• Improved school readiness

Time Involved: Ideally, nurses begin 60-90 minute visits with pregnant mothers early in their pregnancy (about 16 weeks gestation). Registered nurses visit weekly for the first month after enrollment and then every other week until the baby is born. Visits are weekly for the first six weeks after the baby is born, and then every other week through the child’s first birthday. Visits continue on an every-other-week basis until the baby is 20 months. The last four visits are monthly until the child is two years old. Nurses use their professional nursing judgment and increase or decrease the frequency and length of visits based on the client’s needs.

Research:
Reviews of the research are available through the following organizations.

<table>
<thead>
<tr>
<th>CEBC Review</th>
<th>OJJDP Review</th>
<th>Promising Practices Network</th>
<th>SAMHSA Review</th>
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Contact:
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Nurse-Family Partnership Website

Implementers in Virginia:
Western Tidewater Health District
Parents as Teachers

Home Visiting

Target Audience: Pregnant Women, Families

Description: Parents as Teachers (PAT) is an internationally recognized model designed to equip early childhood organizations and professionals with information and tools that are relevant—and widely applicable—to today’s parents, families, and children. At its core, Parents as Teachers National Center (PATNC) expounds that all children will learn, grow, and develop to realize their full potential. Through their mission to provide the information, support, and encouragement parents need to help their children develop optimally during the crucial early years of life, PATNC imparts their values that:

- The early years of a child’s life are critical for optimal development and provide the foundation for success in school and in life
- Parents are their children’s first and most influential teachers
- Established and emerging research should be the foundation of parent education and family support curricula, training, materials, and services
- All young children and their families deserve the same opportunities to succeed, regardless of any demographic, geographic, or economic considerations
- An understanding and appreciation of the history and traditions of diverse cultures is essential in serving families

The newly revised PAT model is a three-part foundational intervention approach with three main areas of emphasis:

- Parent-Child Interaction – enhancing child development and supporting the development of positive parenting behaviors
- Development-Centered Parenting – understanding parents’ perspectives and facilitating parenting decisions around developmental topics
- Family Well-Being – recognizing the impact of the family system on child development and partnering with parents to strengthen protective factors

Programs interested in implementing PAT must complete an Affiliate Plan, be prepared to meet all PAT Essential Requirements, and parent educators and supervisors must successfully complete the PAT Foundational and Model Implementation trainings. Affiliates incur an annual program support fee of $3,500 and renewal of parent educator certification, to include specified professional development hours, is required. Twenty hours of continuing education is required the first year, 15 hours in the second year, and 10 hours thereafter. Parent educators typically have a bachelor’s degree in early childhood and early childhood experience. The minimum education level required for a parent educator is a high school diploma or GED and two years’ previous supervised work experience with young children and/or parents.

Outcomes:

- Increase healthy pregnancies and improve birth outcomes
- Improve child health and development
- Prevention of child abuse and neglect
- Increase school readiness
- Increase parent involvement in children’s care and education
- Improve family health and functioning
**Time Involved:** Home visits of approximately 60 minutes weekly, every 2 weeks, or monthly, depending on family needs.

**Research:**
Reviews of the research are available through the following organizations.

<table>
<thead>
<tr>
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**Contact:**
Lisa Specter-Dunaway, CHIP of Virginia
lspecter@chipofvirginia.org
804-783-2667
Parents as Teachers Website

**Implementers in Virginia:**
Parents as Teachers Virginia Sites
CHIP of Virginia

Home Visiting • Health

Target Audience: Pregnant Women, Families

Description: CHIP (Comprehensive Health Investment Project) of Virginia is a nonprofit network of home visiting programs working in many Virginia communities to support the health, parenting and self-sufficiency of two generations in the state’s most vulnerable families. CHIP enrolls families with children from birth to age 6, and maintains a focus on children in this age group while also providing services to their older siblings (ages 7-18) and their parents. Using a team-based approach, CHIP sends registered nurses and outreach workers to visit low-income families at home. The team approach reflects the need to attack the wide range of problems undermining the health and well-being of women and children in poverty. Home visits allow CHIP staff to develop a rapport with the families they serve and, by meeting families “where they are.” CHIP, however, lets parents take the lead in addressing their families’ challenges.

CHIP nurses screen children’s health and development, teach families about nutrition, and link families with physicians, who provide a medical home. Outreach workers use the Parents As Teachers curriculum to enhance parenting skills and work with families to build self-sufficiency. All enrolled families are low-income (below 200% of the federal poverty level). In addition, almost a fourth of the children and more than a fourth of the mothers in CHIP suffer from chronic medical conditions.

Outcomes:
- Cost savings for managed care and Return on Investment for Partners in Pregnancy case management of high-risk pregnant women as well low birth weight and preterm birth reduction
- Increased birth spacing (24 months or more)
- Increased family stability as measured by frequency of moves, and parental employment
- Increased preschool enrollment
- Increased medical home access, health insurance, and immunization rates
- Decreased emergency room use for asthma

Time Involved: Frequency of home visits vary depending on the needs of the family.

Research:

| Contact: Lisa Specter-Dunaway, CHIP of Virginia lspeceter@chipofvirginia.org 804-783-2667 CHIP of Virginia Website | Implementers in Virginia: CHIP Sites |
Health and Developmental Screening

Evidence Based Programs and Practices

- Ages & Stages Questionnaires (ASQ)

Evidence Informed Programs and Practices

- Assuring Better Child Health and Development (ABCD)
- Center on the Social and Emotional Foundations for Early Learning (CSEFEL)

Rationale for Health and Developmental Screening

Child health plays a significant role in ensuring that children start school ready to succeed.25 Children absent from school for chronic health conditions risk falling behind. Yet in Virginia, 7% of all children and 17% of low-income children are uninsured.26

Strategies that fall into five major areas have been a focus for other states working to address children’s health as part of an overall school readiness initiative:
- Enhancing maternal health through perinatal care
- Improving access to health care for young children
- Broadening well-child care beyond physical health
- Promoting children’s social and emotional health in all settings
- Addressing children’s oral health27

Programs and practices focused on children’s health are included throughout this directory. Many of the Publicly-Provided Programs listed address children’s health. The programs listed under Home Visiting address several, if not all, of the five major areas. Several programs in the Early Care and Education section address children’s physical, social, and emotional health within early learning settings.

The American Academy of Pediatrics’ Bright Futures: Guidelines for Health Supervision of Infants, Children, and Families28 provides comprehensive guidelines for pediatric practices in providing well-child care, based upon evidence of effective practice. The guidelines include regular, age-appropriate developmental screening of children, guidance to families to provide an environment that promotes healthy child development, and attention to children’s cognitive, social and physical development.29

Nationally, approximately 16% of all children have some form of disability, including speech and language delays, mental retardation, learning disabilities, and emotional/behavioral problems. The numbers are even higher for low-income children. Taking into account psychosocial problems, between 20% and 25% of all U.S. children may have a developmental or behavioral disorder. In pediatrics, this has been called the "new morbidity." 30 Only 30% of these cases are detected prior to school entrance, meaning that there are many missed opportunities to intervene early to address problems.31 According to the Centers for Disease Control and Prevention this figure may reach 50%.
Research has demonstrated that early detection of developmental disabilities and appropriate intervention can significantly improve functioning and reduce the need for lifelong intervention. Without early identification and intervention, significant delays may have already occurred and opportunities for treatment have been missed.\textsuperscript{32} The consequence is that the child begins school with a greater challenge, and school systems must provide extra resources.

The federal government requires that states establish early intervention programs. Research shows that children who participate in such programs prior to Kindergarten are more likely to graduate from high school; hold jobs; live independently; and avoid teen pregnancy, delinquency, and violent crime.\textsuperscript{33} Routine and periodic screening may fall in the domain of multiple entities including health providers, infant intervention programs, school based early intervention, Head Start, home visiting programs or community services boards. Often, communities lack a clear plan for screening children birth to age 5, designated methods, and responsible parties.

The American Academy of Pediatrics (AAP) policy statements and clinical guidelines support developmental services, which include surveillance and screening, referral to needed services, and care coordination, as core preventive child health services. It is recommended that primary care medical providers:

- Have ongoing contact with young children and families, with opportunities to identify delays during 16 well-child visits between birth and 5 years of age
- Receive training in child development,
- Are trusted by families as a source of expertise and guidance.

Yet, fewer than half of pediatricians use a standardized screening tool, and among those who do, few use screening systematically with all patients. AAP policy recommends surveillance (assessing for risk) at all well-child visits, and screening using a standardized tool routinely at 9, 18, and 30 months.

In 2006, following the release of AAP policy statement on developmental surveillance and screening that included an algorithm to aid physician practices in implementation, the AAP simultaneously launched a 9-month pilot project in which 17 diverse practices sought to implement the policy statement’s recommendations. The pilot conclusions found that a diverse sample of practices successfully implemented developmental screening as recommended by the AAP. However, practices were less successful in placing referrals and tracking those referrals. More attention needs to be paid to the referral process, and many practices may require separate implementation systems for screening and referrals.\textsuperscript{34}

Several studies report significant gaps between the current guidelines for child health care, the care that parents report their children are receiving, and the services pediatric practices currently offer. In the 1996 \textit{Commonwealth Fund Survey of Parents with Young Children}, parents reported that pediatric health care providers were meeting their children’s physical needs but largely ignoring non-medical concerns. Parents want more information and guidance on topics such as sleep habits, discipline, learning, and toilet training. The 2000 \textit{National Survey of Early Childhood Health (NSECH)} confirmed that there is room for improvement in preventive support and developmental services for young children.\textsuperscript{35}

Although some communities struggle to provide appropriate, ongoing and accessible early intervention services, better screening is an important first step. Screening is a means for educating parents about development. This step can lead to referral and receipt of needed services. Additionally, increased screening can identify the true need for additional intervention services within a community and help build the case for enhanced capacity.
33 States are mandated under Public Law 99-457, also known as the Individuals with Disabilities Education Act, Part C. This law amended Public Law 94-142 by offering services to three- and four-year-old children as well as creating an entitlement program of services to eligible infants, toddlers, and their families.
34 Implementing Developmental Screening and Referrals: Lessons Learned From a National Project - DOI: 10.1542/peds.2009-0388 Pediatrics published online Jan 25, 2010; Duncan, Nancy L. Swigonski, Stephanie M. Skipper and Paul H. Lipkin; Tracy M. King, S. Darius Tandon, Michelle M. Macias, Jill A. Healy, Paula M.
35 Building a Bridge from Birth to School: Improving Behavioral and Health Services for Children, May 2003 - full text available at www.commonwealthfund.org
**Ages and Stages Questionnaires (ASQ and ASQ:SE)**

**Developmental Screening**

**Target Audience:** Children (1 month to 5.5 years), Parents

**Description:** Developmental screening and assessment tool used for screening infants and young children for developmental delays. An age appropriate questionnaire is typically completed by the parent or caregiver and scored by a health care provider or other professional. Questionnaires are designed to be completed at specific ages, and each questionnaire is valid for one month before and one month after the indicated age. It is not appropriate to use this tool to assess outcomes for children with known delays or disabilities.

The ASQ covers five developmental areas: communication, gross motor, fine motor, problem solving, and personal-social. The ASQ looks at strengths and trouble spots, educates parents about developmental milestones, and incorporates parents' knowledge about their children.

The early identification of social and emotional problems in infants and young children is essential. Ages & Stages Questionnaires: Social-Emotional (ASQ:SE) is a screening tool that identifies infants and young children whose social and emotional development requires further evaluation to determine if referral for intervention services is necessary. With questionnaire results, professionals can quickly recognize young children at risk for social or emotional difficulties. ASQ:SE should be used in conjunction with the ASQ to take a comprehensive look at a child’s development.

The ASQ and ASQ:SE are available for purchase through Brookes Publishing. Questionnaires are written at a 4th to 6th grade reading level and contain illustrations to assist parent or caregiver understanding. Any experienced early childhood or health care provider should be able to implement after reading the User’s Guide. Training is not required, but is available and helps with implementation.

**Outcomes:**
- Early identification of children in need of additional assessment for possible developmental delays
- Increased parent understanding of child development
- Increased number of children screened prior to age 2
- Reduced number of children entering Kindergarten without previous identification of special needs

**Time Involved:** Questionnaires take 10 to 15 minutes for parents or caregivers to complete, and scoring takes about 2 to 3 minutes for health care providers or other professionals to complete.

**Research:**
A review of the research is available through the following organization.

**CEBC Review**

<table>
<thead>
<tr>
<th>Contact:</th>
<th>Implementers in Virginia:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kimberly Allen, Brookes Publishing <a href="mailto:kallen@brookespublishing.com">kallen@brookespublishing.com</a> 1-800-638-3775 option 4, ext.7 Ages and Stages Website</td>
<td>Smart Beginnings: Central Virginia, Charlottesville/Albemarle, Fluvanna/Louisa, Historic Triangle, Hopewell/Prince George, Martinsville/Henry County, Rappahannock Area, South Hampton Roads, Virginia Peninsula, and Western Tidewater</td>
</tr>
</tbody>
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Assuring Better Child Health and Development (ABCD)

Health

Target Audience: Parents, Children (Birth to 3), Primary Health Care Providers

Description: ABCD was designed to improve the delivery of services for low-income children and their families by strengthening primary health care services and systems that support the healthy development of young children. The program focuses particularly on preventive care of children whose health care is covered by state health care programs. A key facet to this is establishing a system in which children aged birth to 3 who receive government funded health care receive developmental screenings when they visit the physician. If delays or concerns are indicated by the screening, the physician then refers the child to receive the needed supplemental services.

Outcomes:
- Increased standardized screening
- Increased referrals to Early Intervention

Time Involved: Developmental screenings are included as part of children’s regular visits to the physician.

Research:


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Bethany.Geldmaker@vdh.virginia.gov
804-864-7687

Implementers in Virginia:
Smart Beginnings Martinsville/Henry County
Center on the Social and Emotional Foundations for Early Learning (CSEFEL)
Mental Health • Social and Emotional Development

Target Audience: Infant, Toddler and Preschool Teachers, Early Care and Preschool Support Staff, Administrators and Families

Description: The Center on the Social and Emotional Foundations for Early Learning (CSEFEL) is a national resource center for disseminating research and evidence based practices to early childhood programs across the country. CSEFEL is focused on promoting the social and emotional development and school readiness of young children from birth to age 5. To support this goal, they have developed the Pyramid Model, a conceptual framework of evidence-based practices that support the social and emotional development of young children.

The Pyramid Model teaches concepts and strategies that parents, caregivers, teachers, and other professionals can use to assist children in developing social and emotional competence. Training at the base of the pyramid teaches techniques to promote healthy social and emotional development for all children. It includes learning about evidence-based practices that ensure nurturing and responsive relationships between the child and adult caregivers and peers, and high quality supportive environments.

In the middle of the pyramid, the focus of training is on prevention through targeted strategies to prevent problems. At this level of the pyramid, teachers and caregivers learn and utilize systematic approaches to teaching social skills to help provide additional support to children who may be at risk for social-emotional issues or are beginning to show early signs of a possible problem. Resources are provided to promote positive behaviors in early care and education settings that contribute to school readiness such as self-regulation, emotional literacy, and social skills such as sharing, cooperation, and interacting positively with peers.

At the top of the pyramid, training is focused on intervention for those children needing individualized help in their home or childcare setting. At this level of the pyramid, providers learn and utilize techniques for the small number of children that are either diagnosed with a mental health issue or are demonstrating severe behavior or social emotional issues. At this level, providers learn about assessment based intervention that results in individualized Behavior Support Plans designed to be implemented by the child’s regular caregivers in home and early care and education settings. Materials and resources necessary to develop and implement Behavior Support Plans are accessible on CSEFEL’s website.

CSEFEL has developed extensive, user-friendly training materials, videos, and print resources which are available directly from their website (http://csefel.vanderbilt.edu/) to help early care, health and education providers implement this model. Resources include: Chat Sessions, Decision Making Guidelines, En Español, Family Tools, Research Syntheses, Practical Strategies, State Planning, Training Kits and Training Modules.

It is recommended that participants view the introductory video on the Pyramid Model prior to participating in other CSEFEL training. The presentation is available at: http://www.challengingbehavior.org/explore/camtasia/pyramid_overview/pyramid_overview_captions.html
Outcomes:

- Improved staff confidence in supporting all children including those with challenges
- Intentional teaching of social emotional competence
- Development of a process for addressing the needs of children with the most significant behavioral needs
- Enhancement of partnerships with families
- Improved child social and emotional skills and school readiness
- Families and service providers competent in promoting young children’s social and emotional skills and preventing and addressing challenging behavior

Time Involved: All training videos and materials are available for free on the CSEFEL website. Training time ranges from 1 hour on a focused topic up to 24 hours of training on each of the training modules for Infant/Toddler, Pre-School, Pre-K Parent Modules or the Infant/Toddler Parent Modules (PIWI).

Research:
CSEFEL analyzed and then synthesized the research on the social emotional development of young children ages birth through five and translated the findings into materials that are practical and accessible via their interactive website. It reflects a collection of research-based practices including Positive Behavioral Supports (PBS) and is based on a public health approach of prevention, promotion and intervention.


<table>
<thead>
<tr>
<th>Contact</th>
<th>Implementers in Virginia</th>
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<tbody>
<tr>
<td>Bonnie Grifa, The Partnership for People with Disabilities, Virginia Commonwealth University <a href="mailto:bgrifa@vcu.edu">bgrifa@vcu.edu</a> 757-410-2738 CSEFEL Website</td>
<td>To find a CSEFEL trainer available in your region, please contact Bonnie Grifa.</td>
</tr>
</tbody>
</table>
Evidence Based Programs and Practices

- Al’s Caring Pals: A Social Skills Toolkit for Home Child Care Providers
- Al’s Pals: Kids Making Healthy Choices
- My Teaching Partner

Evidence Informed Programs and Practices

- Collaborative Model of Kindergarten Transition
- Color Me Healthy
- I Am Moving, I Am Learning
- Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC)
- Strengthening Families
- Virginia Star Quality Initiative

Rationale for Early Care and Education

The need for high-quality early care and education programs is underscored by the fact that 60% of children from birth to 5 years of age receive care by someone other than a parent. Children with access to high quality early learning experiences are more likely to acquire the skills they need to enter Kindergarten ready to succeed and adapt to new learning and social environments.

States and the federal government have invested in early care and education programs with an explicit goal of improving school readiness particularly for low-income children. These investments, aimed at strengthening the quality of care and supporting families’ access to high-quality settings, are based in part on a confluence of research findings showing a link between program quality and children’s outcomes. Specifically:

- Studies of model programs demonstrate that intensive early childhood services delivered over a period of years can improve children’s cognitive, academic, and social skills with gains maintained into adulthood.

- Larger and more representative descriptive studies suggest that the effects of early care and education, while smaller than family effects, can be maintained when children go to school.

Multiple types of early learning experiences and strategies for improving the quality of early learning exist. This section includes programs and practices that can be implemented within early care and education settings to support children’s social, emotional, and physical health, as well as professional development programs for the adults who interact with them. Virginia’s Quality Rating and Improvement System (QRIS), the Virginia Star Quality Initiative, is included in this section as a mechanism for building quality in early care and education settings.

Kindergarten transition is also included in this section since early care and education settings play a significant part in the transition process. Twenty percent of children in Virginia are not ready to meet...
the academic challenges of Kindergarten. In addition to this concerning statistic, teachers, in a large national sample, reported that 48% of children have moderate to serious problems making the transition to Kindergarten. Though approximately a quarter of a child’s difficulties in the early elementary years are accountable to findings related to low academic and cognitive abilities at the start of Kindergarten, the greater causation is contextual factors like the needed development of relationships that can support a smooth transition to Kindergarten. The need to facilitate positive relationships between home, school, pre-school, and other programs serving young children is integral to providing the foundation needed to foster a successful transition to Kindergarten. Though in some ways, the transitioning to Kindergarten arguably begins at birth, this research and the ideas suggested in this document focus on activities that occur during the year prior to the start of Kindergarten.

Al’s Caring Pals: A Social Skills Toolkit for Home Child Care Providers
Mental Health • Professional Development

**Target Audience:** Children (3 to 8 years), Family Child Care Providers

**Description:** Drawn from Al’s Pals: Kids Making Healthy Choices, Al’s Caring Pals is designed specifically for family child care homes. This resilience-based early childhood program provides training and materials that develop social, emotional, and behavioral skills in young children. Providers attend educational sessions conducted by Wingspan-trained facilitators. The Al’s Caring Pals kit equips each provider with easy-to-use materials to develop children’s skills such as self-control, social competence, and problem-solving. Throughout the day, providers use strategies learned in the Al’s Caring Pals training to help children practice and generalize their new skills. Ongoing communication with parents is built into Al’s Caring Pals. Providers regularly send home letters from Al to update parents about skills the children are learning and suggest home activities reinforcing these concepts.

The program aligns with the Competencies for Early Childhood Professionals and the Classroom Assessment Scoring System (CLASS). Based on resilience and protective factors research, Al’s Caring Pals strengthens the abilities of caregivers to support children’s positive development, build meaningful relationships with children, and create a nurturing environment.

Family child care providers implement Al’s Caring Pals after completing training. There is no minimum educational background. All training is conducted by authorized Wingspan-trained community facilitators. A materials kit (skill-building activities and strategies, music, a songbook, and posters) is required for each family child care home. Spanish and supplemental materials are available, but not required.

**Outcomes:**
- Increases in children’s pro-social behaviors, such as appropriate expression of feelings, demonstration of sensitivity towards others, and use of positive methods for problem-solving
- Reductions in children’s anti-social and aggressive behaviors, such as kicking, hitting, pushing, teasing, and bullying
- Reduction in suspension from early care and education

**Time Involved:** The Al’s Caring Pals program has 35 activity cards, each taking 10-15 minutes, which are delivered twice a week.

Research:

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sgeller@wingspanworks.com
mlwhite@wingspanworks.com
804-967-9002
Wingspan Website

**Implementers in Virginia:**
Child Care Aware of Virginia
Smart Beginnings Hopewell/Prince George
Al’s Pals: Kids Making Healthy Choices
Mental Health • Professional Development

Target Audience: Children (3 to 8 years), Center or School-based Teachers

Description: A nationally recognized early childhood curriculum and teacher training program that develops social, emotional, and behavioral skills in children 3 to 8 years old.

Designed specifically for the early childhood years, the lessons use guided creative play, brainstorming, puppetry, original music, role play, and movement to influence development of social-emotional competence. The curriculum aligns with the Competencies for Early Childhood Professionals and the Classroom Assessment Scoring System (CLASS).

Lessons are rooted in resilience-specific learning objectives. Between the lessons, educators use teaching approaches learned in the Al's Pals training to help children practice and generalize skills in daily classroom interactions. An Al's Pals classroom – with posters, photographs, music, Al's Place, and other reminders of positive social behavior – becomes a caring environment of cooperation, respect, responsibility, and healthy decision-making. Ongoing communication with parents is built into the Al's Pals curriculum. Teachers regularly send home curriculum letters from Al to update parents about skills the children are learning and suggest home activities reinforcing these concepts.

Teachers and instructional assistants are authorized to use Al’s Pals after completing training. There is no minimum educational background. All training is conducted by authorized Wingspan trainers and is available in a variety of formats. A curriculum kit is required for each classroom, which includes everything needed to implement the lessons. Spanish and supplemental materials are available, but not required.

Outcomes:
• Increases in children’s pro-social behaviors, such as appropriate expression of feelings, demonstration of sensitivity towards others, and use of positive methods for problem-solving
• Prevents an increase in children’s anti-social and aggressive behaviors, such as kicking, hitting, pushing, teasing, and bullying
• Reduction in suspension from early care and education

Time Involved: The Al's Pals curriculum has 46 lessons, each 10-15 minutes in length, and is taught over a 23-week period (2 lessons per week).

Research:
Reviews of the research are available through the following organizations.
OJJDP Review SAMHSA Review
Promising Practices Network Review

Contact:
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mlwhite@wingspanworks.com 
804-967-9002
Wingspan Website

Implementers in Virginia:
Smart Beginnings Rappahanock
Multiple Head Start, VPI and Title I Classrooms, and Child Care Centers
**My Teaching Partner (MTP)**

**Professional Development**

**Target Audience:** Preschool Classroom Teachers

**Description:** An intensive and ongoing coaching program with a goal to boost effective classroom interactions and improve child outcomes. Coaches and teachers focus their work together on the teachers’ classroom video and the Classroom Assessment Scoring System (CLASS). MTP professional-development supports contain resources that may be used either individually or in tandem:

- A video library of annotated examples of best practice: The MTP video library—more than 400 one-to two-minute video clips of teachers’ effective interactions with students from pre-K to high school—gives teachers an opportunity to observe other teachers’ effective interactions as they implement a wide range of instructional activities in various contexts.
- Individualized coaching: The coaching program is a partnership between the teacher and a trained consultant (coach) that provides relevant, interactive, and ongoing feedback and support from a consultant and online curricula throughout the school year. Coaches must complete training in My Teaching Partner prior to providing services.

**Outcomes:**

- Teachers engage in more effective interactions with children
- Teachers participating in MTP coaching made significant gains in reading and responding to children’s cues, using a variety of formats to actively engage children in instruction, and intentionally stimulating language development.
- Teachers who had access only to the video library and made regular use of it were observed to be more sensitive and responsive to children’s needs, more proactive and effective at managing behavior, and more skilled at maximizing children’s learning time.
- Children in MTP-coached classrooms made greater gains in receptive vocabulary, task orientation, and prosocial assertiveness.

**Time Involved:** Every two weeks, using a simple video camera set up on a tripod in their classroom, teachers videotape their own instruction and send this footage to their coach. The MTP coaching program involves the following 5 steps in a 2 week cycle: (1) Teacher records classroom video, (2) Coach reviews and selects video and writes prompts, (3) Teacher reviews video and responds to prompts, (4) Teacher and coach discuss prompts and practice, and (5) Summary and action plan informs next cycle.

**Research:**


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<tr>
<th>Contact:</th>
<th>Implementers in Virginia:</th>
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<tbody>
<tr>
<td>Amy Stephens Cubbage, Teachstone 434-293-3909</td>
<td>ChildSavers</td>
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<tr>
<td><a href="http://curry.virginia.edu/uploads/resourceLibrary/Research_Brief_MTP-PreK_NICHD2.pdf">My Teaching Partner Website</a></td>
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<td>Teachstone Website</td>
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Collaborative Model of Kindergarten Transition

Kindergarten Transition

Target Audience: Preschool Teachers/Directors, Public School Teachers/Principals, Transitioning Children and their Families

Description: The activities most cited in research as linked to improving Kindergarten transition are rooted in the importance of having the people, including the children themselves, and institutions that are working with children (during the year prior to Kindergarten) collaborating to support families and help children prepare for the new experience of Kindergarten. Numerous websites, books, and articles articulate and give examples of this approach. However, the most comprehensive and user-friendly overview is provided by Robert C. Pianta and Marcia Kraft-Sayre in their book, Successful Kindergarten Transition: Your Guide to Connecting Children, Families, & Schools. They place these collaborations in four categories as follows: family-school connections, child-school connections, peer connections, and community connections.

Early Care and Education settings can support collaborations within all four of the categories. There are resources available that fit within this framework, such as Terrific Transitions (http://center.serve.org/rt/), Ready Freddy (http://www.readyfreddy.org), Ready Set Go (http://www.readysetk.org), and Fairfax County’s Paving the Way to Kindergarten: Building Neighborhood Partnerships to Support Young Children’s Smooth Transition to School. The National Early Childhood Transition Center (http://www.hdi.uky.edu/nectc/NECTC/Home.aspx) provides a wealth of resources, research, key practices and strategies for transition practices.

Outcomes:
- Increased social-emotional readiness
- Increased on-time Kindergarten enrollment
- Increased first day attendance
- Assessment of developmental delays prior to Kindergarten
- Increased parent involvement with school

Time Involved: Varies depending upon the framework used to implement the model.

Research:


Contact: Jennifer Lo-Casale Crouch, UVA Curry School of Education
jl3d@virginia.edu
434-243-4315

Implementers in Virginia:
- Fairfax County Office for Children
- Smart Beginnings Shenandoah Valley
- Smart Beginnings Smyth Tazewell
- Smart Beginnings Wythe/Bland
**Color Me Healthy**  
Obesity Prevention

**Target Audience:** Children (4 to 5 years), Teachers

**Description:** Color Me Healthy is a program developed to reach children ages 4 and 5 in family child care homes, and center-based or school-based classrooms with fun, interactive learning opportunities on physical activity and healthy eating. It is designed to stimulate all of the senses of young children: touch, smell, sight, sound, and taste. Through the use of color, music, and exploration of the senses, Color Me Healthy teaches children that healthy food and physical activity are fun. Spanish materials are available, but not required. Training is available, but not required.

The Color Me Healthy kit includes:
- 1 Teacher’s Guide with
  - 12 lessons to use during Circle Time
  - 6 imaginary trips that let children imagine traveling to different places and events
  - Color Your Classroom section with ideas to make the classroom come alive
  - Ideas for teachers to model healthy eating and an active lifestyle
- 4 picture card sets that feature dairy foods, colors of foods, where foods grow, and places to be active
- 3 classroom posters to use during circle time activities and as decoration
- CD with 7 original songs
- Hand stamp to reward participation
- 14 reproducible newsletters to get parents involved. Each issue includes an “after work” healthy food idea and a “Kids Kitchen” segment to encourage parents and children to work together when making meals.
- 2 parent posters to reinforce healthy eating and physical activity

**Outcomes:** *(Logic Model and Evaluation Plan)*
- Increase in children’s physical activity
- Increase in children’s intake of fruits/vegetables

**Time Involved:** Color Me Healthy is composed of 12 lessons and 6 imaginary trips. The majority of the lessons focus on fruits and vegetables of different colors. Several of the lessons provide opportunities for children to try fruits and vegetables. The 6 imaginary trips encourage children to use their imagination to explore places, be physically active, and eat fruits and vegetables. For each imaginary trip, the teacher is provided a script that contains dialogue they read aloud and activities to do with the children.

**Research:**

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<tr>
<th>Contact:</th>
<th>Implementers in Virginia:</th>
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| Carolyn Dunn, NC State University  
Carolyn_Dunn@ncsu.edu  
919-515-9142  
Color Me Healthy Website | Partnership for a Healthier Alexandria’s Preschool Health Network |
**I Am Moving, I Am Learning**

**Obesity Prevention • Professional Development**

**Target Audience:** Children (4 to 5 years), Teachers

**Description:** I Am Moving, I Am Learning (IMIL) is a proactive approach for addressing childhood obesity in Head Start children. IMIL seeks to increase daily moderate to vigorous physical activity, improve the quality of movement activities intentionally planned and facilitated by adults, and promote healthy food choices every day. IMIL introduces multidisciplinary teams to the science of obesity prevention and best practices for addressing the growing child obesity epidemic in an intentional and purposeful manner. IMIL provides strategies and resources for infusing quality physical movement and healthy nutrition choices within their familiar curriculum approaches and daily classroom routines. In an IMIL pilot study, children significantly increased moderate to vigorous physical activity, and children who were previously inactive had become more physically active.

IMIL reinforces the importance of the mind-body connection and the relationship between physical fitness and early learning and provides strategies and resources for infusing quality physical movement and healthy nutrition choices within their familiar curriculum approaches and daily classroom routines. Choosy Kids is the organization that was selected as the National Training Team for IMIL.

**Outcomes:**
- Increase in children’s physical activity
- Increase in children’s healthy eating

**Time Involved:** IMIL is not a structured or curriculum-driven program. Rather, IMIL allows programs to develop individualized approaches to promoting the IMIL goals, selecting a mix of enhancements that best meets the needs of their program and the children they serve.

**Research:**

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<th>Contact:</th>
<th>Implementers in Virginia:</th>
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| Linda Carson, Choosy Kids  
info@choosykids.com  
304-777-4541  
Choosy Kids Website | Multiple Head Start and Early Head Start Classrooms |
Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC)
Obesity Prevention • Professional Development

Target Audience: Child Care Center Directors and Key Staff

Description: The NAP SACC program targets child care policy, practice, and environmental influences on nutrition and physical activity behaviors in young children. It is an intervention designed to enhance policies, practices, and environments in child care by improving the nutritional quality of food served, amount and quality of physical activity, staff-child interactions, facility nutrition and physical activity policies and practices and related environmental characteristics. Goals of the program are to improve nutritional quality of food served, amount and quality of physical activity, staff-child interactions, and center nutrition and physical activity policy.

Outcomes:
• Improved nutrition and physical activity policies and practices at child care centers

Time Involved: The main steps of the intervention include:
• Self-Assessment: The child care facility director and key center staff, complete the NAP SACC self-assessment tool. This tool assesses the center on 15 key areas in nutrition and physical activity with response options ranging from minimal to best practice.
• Action Planning: Based on self-assessment answers, facilities chose 3 to 4 areas for improvement and map out an action plan for making these improvements with guidance and support from the NAP SACC Consultant.
• Workshop Delivery: The NAP SACC Consultant delivers 4 ready-use-workshops to the facility. These workshops include: 1) Childhood Overweight, 2) Nutrition for Children, 3) Physical Activity for Children, and 4) Personal Health and Wellness for Staff.
• Targeted technical assistance: NAP SACC Consultants maintain regular contact with the facility to provide support and guidance in making their improvements.
• Evaluate, Revise, and Repeat: The NAP SACC self-assessment instrument is completed a second time to see where improvement have or haven’t been made. At this time Action Plans are revised to include new goals and objectives and technical assistance continues.

Research:


Contact: Implementers in Virginia:
Kate Alie, Virginia Department of Health  
kate.alie@vdh.virginia.gov | None identified
804-864-7730  
NAP SACC Website
**Strengthening Families**  
Mental Health • Professional Development

**Target Audience:** Early Care and Education programs, Child Welfare Agencies

**Description:** Strengthening Families is a research-based, cost-effective strategy to increase family strengths, enhance child development and reduce child abuse and neglect. The initiative, which has been implemented in over 30 states, helps early care and education programs and child welfare agencies work with families to build five protective factors shown by research to correlate with child abuse and neglect prevention. The five protective factors are parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need and social and emotional competence of children.

Nationally, Strengthening Families is coordinated by the Center for the Study of Social Policy (CSSP). The National Alliance of Children’s Trust and Prevention Funds (Alliance) provides an online training to support implementation of the Strengthening Families approach in multiple settings. This curriculum includes materials on partnering with parents and addresses promising strategies to strengthen families for practitioners in multiple settings. The curriculum is posted on the Alliance website (http://learner.ctfalliance.org) and is available free of charge.

**Outcomes:**
- Increase parental resilience
- Increase social connections
- Increase knowledge of parenting and child development
- Increase social and emotional competence of children

**Time Involved:** The Strengthening Families online curriculum is self-paced, and consists of an introduction, a module focused on each protective factor (each exploring one or two program strategies) and a final “review and reflection” module. Each module includes a number of quizzes, activities and reflective questions.

**Research:**


Zero to Three has integrated Strengthening Families and the protective factors into their Preventing Child Abuse and Neglect curriculum.

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<td>Strengthening Families Website</td>
<td>Virginia Department of Social Services</td>
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**Virginia Star Quality Initiative**

Quality Rating and Improvement

**Target Audience:** Classroom-Based Programs, Family Child Care Homes

**Description:** To improve the quality of care received in non-parent care arrangements, most states have developed or are in the process of developing a Quality Rating and Improvement System (QRIS). A QRIS is a method to assess, improve, and communicate the level of quality in early care and education programs that families consider for their children. The Virginia Star Quality Initiative (VSQI) is Virginia’s QRIS. VSQI is administered through a partnership between the Virginia Early Childhood Foundation (VECF) and the Virginia Office of Early Childhood Development (OECD).

VSQI sets a continuum of clearly defined star levels of increasing quality. There are different standards, based on the setting being rated: Classroom-Based and Family Child Care. VSQI has five star levels that incorporate and build upon Virginia’s licensing standards, Department of Education requirements, Head Start Performance Standards, or other regulatory requirements. VSQI standards are grounded in research about factors that contribute to positive child outcomes.

VSQI is currently in the pilot phase, which allows for comprehensive testing of the standards, implementation, framework for accountability, and the network of support and outreach for programs and practitioners. An evaluation of the Family Child Care standards and implementation process was conducted in 2011. Evaluation of the Classroom-Based implementation process, as well as a validation study of both the Classroom-Based and Family Child Care standards is needed before moving out of the pilot stage.

The quality of adult-child interactions in early childhood programs is assessed via observations of classrooms by Star Quality Raters using the Classroom Assessment Scoring System (CLASS), which measures classroom interactions between and among students and teachers. There are two versions of the CLASS instrument: one for use in toddler classrooms with children 12 – 36 months of age and another for use in preschool classrooms for three- and four-year-old children. The CLASS is a valid and reliable observational instrument to assess classroom quality based on multiple dimensions of teaching and quality that have been linked to student achievement and development, as well as better social adjustment in the early years of schools.

The overall learning environment and instructional practices of early childhood programs is assessed based on Star Quality Raters’ observations using the applicable Environment Rating Scale(s) (ERS). These scales, developed at the Frank Porter Graham Child Development Institute at the University of North Carolina, assess early childhood programs through various items organized into particular subscales. The essential criteria for high quality learning environments and instructional practices included in the ERS focus on aspects of the day-to-day experiences of children in care, and all of the environment rating scales are appropriate for use in assessing inclusive and culturally diverse programs, and the scales have proven reliability and validity.

QRIS initiatives are designed to function as an essential element in an early care and education (ECE) system, and therefore, there are a range of outcomes that should be measured to demonstrate their effectiveness. Logic models for QRIS systems indicate that appropriate outcomes might be: increased program quality, increased access or availability of high quality options, changes in parental decision-making, integration with other elements of ECE systems designed to promote school readiness (such as...
professional development, early learning standards, or health systems for young children), in addition to evaluating the impact that attendance at QRIS rated centers has on individual children's learning and development.

**Outcomes:**
- Increase in teacher-child interactions as measured by the Classroom Assessment Scoring System (CLASS)
- Increase in overall program quality as measured by the appropriate Environment Rating Scale (ERS)
- Increase in number of high quality early childhood programs
- Increase in number of children enrolled in high quality early childhood programs

**Time Involved:** Programs are rated every two years and receive ongoing mentoring between ratings.

**Research:**
There have not been any experimental studies to examine how QRIS participation impacts children's learning and development. However, there has been research on QRIS as an organizing framework for system integration.


Additional resources regarding the evaluation of child care quality rating systems are available at [http://www.acf.hhs.gov/programs/opre/cc/childcare_quality/index.html#overview](http://www.acf.hhs.gov/programs/opre/cc/childcare_quality/index.html#overview)

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<tr>
<td>Sally Ribiero, VECF</td>
<td>Fairfax County Office for Children</td>
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<tr>
<td><a href="mailto:sally@vecf.org">sally@vecf.org</a></td>
<td>Smart Beginnings Alexandria/Arlington</td>
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<tr>
<td>804-358-8323</td>
<td>Smart Beginnings Appalachia</td>
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<td>VSQI Website</td>
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<td>Smart Beginnings Virginia Peninsula</td>
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<td>Smart Beginnings Western Tidewater</td>
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Language and Literacy

**Evidence Based Programs and Practices**

- Phonological Awareness Literacy Screening (PALS)
- Raising a Reader

**Evidence Informed Programs and Practices**

- 1-2-3 READ!
- Excellence in Children's Early Language and Literacy (ExCELL)

**Rationale for Language and Literacy**

Language and literacy skills are essential for individuals to function in all societies, and lay the foundation for communication between people and future success in school and in life. Although there are several factors linked to a child’s likelihood of not finishing high school, scores in reading and writing continue to be associated with higher rates of dropping out.\(^{43}\) Parents also play a significant role in children’s language and literacy development. The amount and type of language that children are exposed to in the home has a significant impact on their future vocabulary levels,\(^{44}\) and parents with higher comfort levels with literacy practices are more likely to have literacy materials in the house and engage their children in literacy-related activities.\(^ {45}\)

From birth, infants learn to use their own sounds, facial expressions, and body movements to communicate their feelings and needs; later, they express themselves through gestures, babbling, and words, and written symbols.\(^ {46,47}\) The acquisition of language and literacy skills is a complex process during which children make great strides in learning the meaning and structure of letters, words, and sentences over a very short period of time. Language and literacy allow children to articulate ideas, share them with others, and respond to the ideas and actions of other people.\(^ {48,49}\)

As identified by Virginia’s *Milestones of Child Development* and Virginia’s *Foundation Blocks for Early Learning*, young children develop knowledge of the world around them through listening and speaking, phonological awareness, alphabetic knowledge, print awareness, comprehension, and writing. Because language is fundamentally embedded in children’s everyday relationships and experiences, adults play a critical role in facilitating young children’s language and literacy development by providing language and print-rich environments, interactions, and opportunities.\(^ {50}\)

- **Listening and speaking**: Effective communication skills center on listening and speaking, including awareness of the social conventions of language usage, the ability to listen, to understand, and to follow verbal conversation. Development of communication skills requires an understanding of the social content within which communication occurs, and knowledge of the goals of the interaction.\(^ {51}\)

- **Phonological awareness and alphabetic knowledge**: Early reading skills develop from hearing the different sounds of language and understanding how sounds can be segmented, combined, and manipulated. Children first learn to recognize and manipulate phonemes, the smallest units
composing spoken language, and later, how to use letter-sound relationships to read or spell words, providing a strong foundation for lifelong literacy.52

- **Print awareness and concepts:** Print awareness includes one’s construction of meaning from print and such skills as print convention, directionality and the concepts of word and sentence. Print awareness also entails an understanding of the purposes of print and the knowledge that print contains meaning.53 Another important aspect of print awareness is appreciation for books and knowledge of their parts.

- **Comprehension:** Comprehension includes one’s understanding of oral and written language and is heavily depending upon word knowledge and vocabulary. Young children develop comprehension skills through shared interactions with text and their ability to make connections between books and their own personal experiences.54

- **Early writing:** Early writing skills include drawing scribbling and invented spelling, sills which correlate with later writing skills and children’s understating of print concepts.55 Writing encompasses both the motor and cognitive elements of language and communication.

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Phonological Awareness Literacy Screening (PALS)

Screening

Target Audience: Children (Pre-K to 3rd grade)

Description: PALS provides a comprehensive assessment of young children’s knowledge of the important literacy fundamentals that are predictive of future reading success. PALS is the state-provided screening tool for Virginia’s Early Intervention Reading Initiative (EIRI) and is used by 99% of school divisions in the state on a voluntary basis. PALS consists of three instruments, PALS-PreK (for preschool students), PALS-K (for kindergartners), and PALS 1-3 (for students in Grades 1-3). PALS assessments are designed to identify students in need of additional reading instruction beyond that provided to typically developing readers. PALS also informs teachers’ instruction by providing them with explicit information about their students’ knowledge of literacy fundamentals.

The PALS-PreK measures preschoolers’ developing knowledge of important literacy fundamentals and offers guidance to teachers for tailoring instruction to children’s specific needs. The assessment reflects skills that are predictive of future reading success and measures name writing ability, upper-case and lower-case alphabet recognition, letter sound and beginning sound production, print and word awareness, rhyme awareness and nursery rhyme awareness. The assessment scores indicate children’s strengths and those areas that may require more direct attention. The assessment is designed to be administered to four-year-olds in the fall of PreK in order to guide instruction during the year. A second administration in the spring of PreK serves to evaluate progress.

The PALS-K is a measure of children’s knowledge of several important literacy fundamentals: phonological awareness, alphabet recognition, concept of word, knowledge of letter sounds and spelling. PALS-K provides a direct means of matching literacy instruction to specific letter sounds and provides a means of identifying those children who are relatively behind in their acquisition of these fundamental literacy skills.

Outcomes:
• Identification of children in need of additional literacy support

Time Involved: Questionnaires take 10 to 15 minutes for parents or caregivers to complete, and scoring takes about 2 to 3 minutes for health care providers or other professionals to complete.

Research:
Visit https://pals.virginia.edu/rd-research.html for a list of published works related to the PALS.

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<th>Contact:</th>
<th>Implementers in Virginia:</th>
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| PALS Office  
pals-help@virginia.edu  
866-372-7257 | PALS is the state-provided screening tool for Virginia’s Early Intervention Reading Initiative (EIRI) and is used by 99% of school divisions in the state on a voluntary basis. |
Raising A Reader
Language and Literacy

**Target Audience:** Children (birth to 5)

**Description:** Raising A Reader (RAR) is a national nonprofit organization that helps families successfully build and sustain literacy routines in their homes. RAR facilitates the rotation of red bags filled with award-winning books into children’s homes through home visitors, child care programs, and other community agencies. On average children are exposed to over 100 books per rotation cycle. RAR pairs the book rotation with parent training and information on how to effectively share books to promote family literacy habits, language and literacy skills, and a love of learning. Families are also connected with their local public library and children receive a blue book bag at the end of the program to keep so that they can continue the practice of borrowing books and build a lifelong habit of reading.

Raising A Reader’s training develops the capacity of both families and providers to create a language-rich environment for young children. RAR partners with local affiliates to implement the program. Training is required for implementation Materials are used year after year with an average ‘life’ of 5-7 years. Local affiliates are required to collect and report evaluation information to RAR annually.

**Outcomes:**
- Increase in the number of books parents share with their children
- Increase in development of regular reading routines in the home
- Increase in children demonstrating pre-reading skills
- Increase in library visits

**Time Involved:** Bags containing 3-4 books are typically rotated into children’s homes on a weekly basis.

**Research:**


**Contact:**
Raising A Reader
rarinquiry@raisingareader.org
650-450-5566
Raising A Reader Website

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<th>Implementers in Virginia:</th>
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<tr>
<td>James Madison University</td>
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<td>Smart Beginnings Greater Richmond</td>
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<td>United Way of South Hampton Roads</td>
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1-2-3 READ!
Language and Literacy  •  Professional Development

Target Audience: Children (birth to 3), Teachers, Caregivers

Description: 1-2-3 READ! is a research-based storybook early literacy curriculum developed by Child Development Resources (CDR). 1-2-3 READ! is designed to build emergent literacy for infants and toddlers through a carefully planned set of experiences that lay the foundation for reading and writing success. Curriculum modules contain storybooks, planning forms, vocabulary words, list of materials and supplies needed, sample story props, suggested learning opportunities, and additional resources. Each curriculum module is introduced to children through the reading of a quality children’s book appropriate for infants and toddlers. Sharing of the book takes place throughout the day in a variety of ways. Planned activities such as artwork and dramatic play expand children’s literacy skills and interest in the book. With training and support, adults are able to integrate the project’s storybook approach within the daily routines of center-based programs and family care homes expanding children’s vocabulary and cognitive development.

The 1-2-3 READ! curriculum is designed to be family centered. The curriculum promotes intergenerational literacy through the use of at-home activities and take-home bags and events such as “Read to Me Nights” for children and families. 1-2-3 READ! includes strategies for involving families in literacy activities, encouraging them to read to their children regularly and to make use of community resources like the library.

Training is required for implementation. During 1-2-3 READ! training, participants engage in interactive learning experiences and become familiar with the curriculum modules they will use with children. Participants receive the Guide for Using the 1-2-3 READ! Curriculum Modules and at least one 1-2-3 READ! curriculum module based on a high-quality children’s storybook. Participants learn:
- Strategies for expanding children’s language through storytelling and conversations
- How to select and use books and print materials
- How to infuse literacy activities within a child’s daily routine
- How to use story props to engage infants and toddlers in early literacy experiences
- Strategies for involving families in early literacy activities

Following training, participants have the opportunity to apply for additional on-site coaching. An Early Literacy Mentor Coach (ELMC) is assigned to work one-on-one with participants to assist them in implementing the 1-2-3 READ! curriculum within their program.

Outcomes:
- Gains in children’s language and cognitive development
- Increases in family involvement in their children’s literacy
- Increase in teacher/caregiver incorporation of key literacy concepts into their program
- Increase in teacher/caregiver knowledge of key literacy concepts

Time Involved: Two-day training (12 contact hours)

Research:
- 1-2-3 READ! Early Literacy Training Curriculum Section 1, August 2008.
• Annual Report to the Virginia Department of Social Services, VDSS Contract #CCD-07-059, September 2008.
• Annual Reports to the Virginia Department of Social Services, VDSS Contract #CCD-08-077, August 2009, August 2010, and January 2012.

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<th>Contact:</th>
<th>Implementers in Virginia:</th>
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<tr>
<td>Lisa McKean, Child Development Resources</td>
<td>Virginia Infant &amp; Toddler Specialist Network</td>
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<td><a href="mailto:lisam@cdr.org">lisam@cdr.org</a></td>
<td><a href="http://www.va-itsnetwork.org">www.va-itsnetwork.org</a></td>
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<td>757-566-2840</td>
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**Excellence in Children's Early Language and Literacy (ExCELL)**

*Language and Literacy • Professional Development • Teacher-Child Interactions*

**Target Audience:** Teachers, Children (2 to 5 years), Parents

**Description:** ExCELL brings together families, communities, and early childhood educators to ensure that children receive enriched and coordinated learning opportunities for the development of those early language and literacy skills predictive of reading success. ExCELL promotes the development of preschoolers’ early language and literacy skills through four main program components:

- **Professional development (PD) and classroom-based coaching.** Systematic, ongoing PD and coaching is provided to participating preschool educators. PD and coaching sessions focus on the latest research-based early literacy and family literacy approaches to enhance classroom and home literacy environments and teaching practices.

- **High quality instructional materials and children’s books.** Each ExCELL classroom receives a carefully selected assortment of commercially purchased instructional materials that promote early literacy and language skills for daily use in the classroom during large/small group instructional activities, teacher-directed and child-initiated activities. Teachers create additional materials to support and scaffold children’s ongoing learning of specific literacy skills during monthly PD workshops. Each classroom also receives a complete, high quality children’s classroom library that is linked to the implemented curriculum.

- **Family literacy events and home literacy materials.** To establish a language-and literacy-rich home environment for every child, ExCELL literacy specialists provide training and support to preschool educators in implementing a Family Literacy Book Bag Program with families. This rotation book bag program provides families with high-quality children’s books and related literacy activities that are connected to the ongoing classroom curriculum. In addition, ExCELL conducts monthly family literacy events utilizing research-based family literacy models and linked to ExCELL professional development topics. At each of these monthly events families receive home literacy materials and a high-quality children’s book with an accompanying book guide.

- **Evaluation.** ExCELL implements a comprehensive, multi-level evaluation model involving formative and summative data collection at the classroom/teacher, parent/family, and child levels. Specific training is provided to teachers in the administration, scoring, and use of early literacy child assessments. Evaluation results are used to assess progress toward project-specific goals and to inform project planning and modifications, professional development focus, and children’s individualized instruction.

Coaches must complete training in ExCELL. Coaches typically have a master’s degree in early childhood and/or Reading and have early childhood experience. No minimum educational background is required for participating teachers. Each participating teacher needs access to a computer to view monthly classroom videotapes and respond to literacy coach prompts.

**Outcomes:**

- Increase in quality of teacher-child interactions as measured by the CLASS
- Increase in quality of classroom language and literacy environment
- Increase in use of research-based instructional strategies by teachers
- Increase in number of children’s books at home
- Increase in frequency of shared storybook reading at home
- Increase in frequency of library visits
• Increase in children’s early literacy skills as measured by the PALS-PreK

Time Involved:
• One to two day introductory training for teachers, assistants, and directors that provides an introduction to ExCELL, an overview of early language and literacy development/research and high quality teacher-child interactions, and focused training on administration of the PALS-PreK.
• 3 hours of monthly professional development sessions for teachers, assistants, and directors focused on enriching the preschool classroom environment and enhancing instruction and interactions for early language and literacy learning.
• 1 hour per week of one-on-one literacy coaching, including the use of videotaped and live observations, modeling, and co-teaching for classroom application of professional development content.
• One monthly family literacy event focused on strengthening early language and literacy learning in the home to enhance children’s school readiness.

Research:

| Contact: Chris Chin, Literacy Institute at VCU cechin@vcu.edu (804) 828-9942 ExCELL Website | Implementers in Virginia: Norfolk Public Schools Northern Virginia Family Services Private Child Care Programs in Richmond Richmond Public Schools Virginia Beach Grow Smart |
Appendix A: Publicly-Provided Programs

Evidence Based

Head Start/Early Head Start
Head Start is a federally funded community-based program for low-income families started in 1965 to serve children ages three to five years. In 1994, the federal government augmented this program with the creation of Early Head Start. Pregnant women as well as infants and toddlers up to age three are served through the Early Head Start Program.

The framework of Head Start/ Early Head Start is centered around four areas: child development, family development, community building, and staff development. Head Start/ Early Head Start offer comprehensive services for each child and their family. Home visits are centered on parent education and parent-child activities, comprehensive health and mental health services, and obtaining high quality child care services. A family service worker helps to empower families to develop goals for themselves and their children as part of an individualized family service plan. Head Start/Early Head Start programs conduct an assessment of community resources so that they may build a comprehensive network of services to support pregnant women and families with young children. Head Start/Early Head Start coordinates with other service providers to develop comprehensive family service plans across multiple programs when a family is receiving services from more than one provider.

Contacts: Aleta Lawson, Virginia Department of Social Services
Aleta.Lawson@dss.virginia.gov, 804-726-7468

Maxine McKinney, Virginia Head Start Association
vahsa@shentel.net, 540-459-8923

Website: http://www.headstartva.org

Virginia Preschool Initiative (VPI)
Virginia is fortunate to have an evidence based state-funded preschool program for at-risk four-year-olds. The Virginia Preschool Initiative distributes state funds to schools and community-based organizations to provide quality preschool programs for at-risk four-year-olds not served by Head Start. The intent of the initiative is to establish a quality preschool education program for at-risk four-year-olds.

To obtain state funding, localities must develop a written local plan for programs that includes five services:

- Quality preschool education
- Parental involvement
- Comprehensive child health services
- Comprehensive social service
- Transportation

VPI curriculum must align with Virginia’s Foundation Blocks for Early Learning. The Foundation Blocks
establish a measurable range of skills and knowledge essential for four-year-olds to be successful in kindergarten. The purpose of the *Foundation Blocks* is to provide early childhood educators a set of comprehensive standards with indicators of success for entering kindergarten derived from scientifically-based research. They reflect a consensus of children’s conceptual learning, acquisition of basic knowledge, and participation in meaningful and relevant learning experiences.

VPI organizations are required to use the Phonological Awareness Literacy Screening instruments for pre-Kindergarten students (PALS Pre-K) for literacy screening during the fall and spring of each school year, and report the results. Children from economically disadvantaged families in Virginia who participated in VPI were found less likely to be identified as needing additional reading intervention services compared to other economically disadvantaged children who did not participate in preschool.

Contact: Cheryl Strobel, Virginia Department of Education Cheryl.Strobel@doe.virginia.gov, 804-371-7578


**Evidence Informed**

**BabyCare**

The Department of Medical Assistance Services (DMAS) administers the BabyCare program. The goal of the BabyCare Program is to improve pregnancy and birth outcomes. The BabyCare program includes two components:

- Case management for high risk pregnant women and infants up to age two by a Registered Nurse or Social Worker.
- Expanded prenatal services for pregnant women including patient education classes (including tobacco cessation), nutritional services, homemaker services, and substance abuse treatment services (SATS) by an approved provider.

Case management services are available for high risk pregnant women and infants up to age two who are enrolled in the Fee for Service (FFS) or Primary Care Case Management (PCCM) Medicaid, FAMIS Plus, FAMIS, or FAMIS MOMS benefit. Expanded prenatal services are available to any pregnant woman who is enrolled in the FFS or PCCM Medicaid, FAMIS Plus, FAMIS, or FAMIS MOMS benefit. DMAS Managed Care Organizations (MCOs) have their own high risk maternity programs except for SATS which are covered only through the DMAS.

Contact: Ashley Harrell, Virginia Department of Medical Assistance Services Ashley.Harrell@dmas.virginia.gov, 804-371-7824

Website: [http://www.dmas.virginia.gov/Content_pgs/mch-home.aspx](http://www.dmas.virginia.gov/Content_pgs/mch-home.aspx)

**Child and Adult Food Care Program (CAFCP)**

CAFCP provides year-round federal funding to eligible child care, family day care, Head Start, at-risk after school care, emergency shelter and adult care centers. This funding is used to provide nutritious meals
and snacks to lower income participants in these care programs. Funding for CACFP also helps make these care programs more affordable for families.

Contact: Nicole Espinosa, Virginia Department of Health
Nicole.Espinosa@vdh.virginia.gov, 804-864-7277

Website: http://www.vahealth.org/DCN/cacfp/index.htm

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Check-Ups

EPSDT Check-Ups align with the American Academy of Pediatrics recommendations for screening and referral. ESPDT is a program of Medicaid that provides medically necessary health care services to correct or improve physical and mental health conditions for children and youth enrolled in Medicaid (FAMIS Plus). The primary goals of the program are to diagnose health and developmental concerns early through screenings and exams, treat identified problems before they become more complex, and assure that treatment is medically justified.

Contact: Brian Campbell, Virginia Department of Medical Assistance Services
brian.campbell@dmas.virginia.gov, 804-786-6134


Early Intervention/Infant Toddler Connection

The Department of Behavioral Health and Developmental Services (DBHD) has been designated by the Governor as the lead agency for Part C. Part C refers to the federal legislation that provides partial funding for the special services needed by children birth to age three. In Virginia children who are functioning at 25% or more below their chronological age, show atypical development, or have a diagnosed condition that has a high probability of resulting in a developmental delay are eligible for these services. In Virginia, families have the option to transition their two-year-old children from Part C early intervention services to Part B special education services. Services provided under Part B are funded by a combination of federal, state, and local funds.

DBHD contracts with local lead agencies to facilitate implementation of local early intervention (Part C) services statewide. Local interagency coordinating councils (LICCs) have been established statewide to advise and assist the local lead agencies.

All families referred to the Part C system are eligible to receive a multidisciplinary evaluation and assessment, the development of an Individualized Family Services Plan (IFSP), and service coordination at no cost to the family. Some services may be delivered in the home. The specific early intervention supports and services that are necessary and appropriate are determined on an individual child and family basis by the IFSP team, which includes the family as an equal member, and are documented on the IFSP.

Contact: For referral or information about services, call the Infant & Toddler Connection of Virginia at 800-234-1448

Website: http://www.infantva.org/
FAMIS

Family Access to Medical Insurance Security Plan (FAMIS) is a federal/state program that provides low-cost health insurance for children in families that earn too much for FAMIS Plus (Medicaid) but do not have private health insurance. Eligibility is determined by gross monthly income. To prove eligibility, applicants must show proof of income for the previous month by showing paycheck stubs or a letter from their employer. Income guidelines are based on the Federal Poverty Level (FPL) which is adjusted annually. The FAMIS income limit is 200% of the FPL. For example, a family of four can make up to $46,100 a year and still be eligible for FAMIS. Dental services for children enrolled in FAMIS or FAMIS Plus are provided through the Smiles For Children program.

Children are eligible for FAMIS if they:

- Live in Virginia
- Are under age 19
- Don't have health insurance now and haven't had it in the past 4 months (some exceptions apply - see below)
- Are not eligible for the Virginia state employee health insurance plan
- Are not eligible for FAMIS Plus (also known as Medicaid)
- Live in families meeting FAMIS income guidelines
- Are United States citizens or qualified aliens (Other children may be eligible. A parent's citizenship is not considered.)

Contact: 866-873-2647
Website: http://www.famis.org/

Healthy Futures Virginia

Healthy Futures is a children’s health educational resource from the Virginia Department of Health. It is based on Bright Futures, the American Academy of Pediatrics’ family-centered approach to health care. Healthy Futures also reflects the Virginia Department of Health’s commitment to Bright Futures. This relationship is demonstrated in several ways:

- Children’s health information – Healthy Futures is Virginia’s web-based version of the Bright Futures children’s health information. While both contain the same basic information, Bright Futures is written for health care providers, with Healthy Futures written for families and community members.
- Health care policy – Bright Futures is also the Virginia Department of Health’s standard for child and adolescent health care. Many of Virginia’s children’s health care policies are based on Bright Futures’ guidelines.
- Family-centered care – The Virginia Department of Health supports family-centered health care. Both Bright Futures and Healthy Futures recognize that children are members of their families and communities. Like Bright Futures, the Virginia Department of Health wants to help families take charge of their children’s health and well-being, increase their health care knowledge and skills, participate in health-promoting and prevention activities, and partner with their child’s health care providers and communities.

On the Healthy Futures website families and community members can view videos and text about children’s health topics or explore what happens during a child’s health care visit to a medical professional.

Website: http://www.healthyfuturesva.com/default.html
Loving Steps/Healthy Start

Loving Steps works to eliminate significant disparities in perinatal health experienced by African-American women and their families in order to prevent infant mortality and low weight births. This is accomplished through community-driven initiatives that include intensive case management services and care coordination by a multidisciplinary team and enhancement of the capacity of the local community’s perinatal service system.

Loving Steps employs nurses, dietitians, social workers, and community health workers to provide services to women and infants who are at risk for poor perinatal outcomes. These professionals screen participants for medical, nutritional, social, economic and environmental risks; identify service gaps; and develop a plan of care to address those gaps and improve their health status. Home visiting is a major strategy used in Loving Steps to deliver these services. Referrals are provided to needed services and resources with ongoing follow-up to assure access to those services/resources.

This program is 100% federally grant funded through the United States Department of Health and Human Services (DHHS). Communities eligible for funding must meet the federal requirements of having at least one racial/ethnic or other disparate group with a three-year average infant mortality rate of at least 10.58 deaths per 1,000 live births. The grant also includes the fetal and infant mortality review (FIMR) and supports a local consortium to address local perinatal issues.

Currently, Loving Steps services are provided to pregnant women and teens, interconceptual women and teens, as well as infants and toddlers in the cities of Norfolk, Petersburg, and in the county of Westmoreland. Richmond City calls their version of this program the Healthy Start Initiative. All of the home visiting services are provided through other existing home visiting programs.

Contact: Linda Foster, Virginia Department of Health
LovingSteps@vdh.virginia.gov, 804-864-7764

Website: http://www.vahealth.org/lovingsteps/

Project LINK

Project LINK is an interagency, community-based collaborative program funded by the Department of Behavioral Health and Developmental Services (DBHD) and designed to coordinate and enhance existing services to help meet the extensive and multiple needs of women and their children affected by substance use. Project LINK sites provide intensive case management services for pregnant, parenting, and “at risk” substance using women and their children. Through the use of linkages, a continuum of care is provided, integrating prevention, early intervention, and treatment services with health care and other human and supportive services.

Project LINK was designed to reduce the barriers to services needed by substance using women and their infants by providing a mechanism to coordinate community resources. Project LINK’s goals include improving communication on behalf of participants, enhancing the knowledge and skills of service providers, and augmenting existing services to address participants’ special needs. Each site provides intensive outreach case management, home visitation, and other support services to women and their families. Services provided by or coordinated through Project LINK include substance abuse prevention and treatment, family planning, prenatal care, well-baby care, general health care, developmental
screening, assessment and intervention, family services, child protective services, foster care, parenting education, and public education.

Contact: Martha Kurgans, Virginia Department of Behavioral Health and Developmental Services
martha.kurgans@dbhds.virginia.gov, 804-371-2184

Resource Mothers

Resource Mothers is a home visiting program serving pregnant teens ages 19 and under. To improve birth outcomes for the teen and the baby, the program encourages early entry into prenatal care, smoking cessation, drug and alcohol avoidance, healthy nutrition, up-to-date immunizations for the teen and the baby, regular health care for the infant, return to school or work for the teen, delay of repeat pregnancy, and the development of a stable home for the teen and her baby with the help of her family and the baby’s father. Preference is given to first-time pregnant teens without adequate family support.

A “resource mother” is a community health worker who develops a supportive mentoring relationship with the teen and her family. From the prenatal period through the infant’s first birthday, the resource mother provides health education, discusses ways to prevent infant injury, models daily living skills, encourages constructive decision making and life planning, connects the teen to community resources, and provides guidance to assist the teen in making a successful transition to parenthood. The resource mother has weekly contact with the teen and her family. Any pregnant teen is eligible for the program. The program is funded by Medicaid, General Funds and Title V funds.

Contact: Delphine Anderson, Virginia Department of Health
delphine.anderson@vdh.virginia.gov, 804-864-7766

Website: http://www.vahealth.org/resourcemothers/

Virginia Infant & Toddler Specialist Network (VA ITSN)

The VA Infant & Toddler Specialist Network strives to achieve excellence in early care by increasing the educational level and skills of those who care for infants and toddlers, whether in family homes or in centers. Highly qualified infant and toddler specialists work in regional offices across the state. The specialists provide three levels of service designed to strengthen the capacity of early care and education programs to deliver high quality services:

- Onsite consultation services including mentoring and support using quality improvement plans
- Training and technical assistance to groups of caregivers/teachers and directors
- Resources and linkages to existing professional development opportunities

With Child Development Resources’ leadership, a state level leadership council guides the work of partners and collaborators to establish a statewide, comprehensive network. VA ITSN is a program of Child Development Resources, www.cdr.org, and is supported by the Virginia Department of Social Services (VDSS) Grant #93.575, with funds made available to Virginia from the U.S. Department of Health and Human Services.

Contact: Louise Canfield, Child Development Resources
louisec@cdr.org, 757-566-3300

Website: http://www.va-itsnetwork.org/
Women, Infants, and Children (WIC)

The Virginia WIC program educates pregnant women and new moms about nutrition, provides pregnant women, new moms, infants and children (up to age 5) with nutritious supplemental foods, brings women the support they need to breastfeeding their babies, and offers referrals to additional social services and healthcare resources.

Contact: 888-942-3663

Website: http://www.wicva.com/
Smart Beginnings Theory of Change

Systems Focus
- Data-Driven Decision Making
- Shared Accountability
- Community Investment
- Documented Efficiencies
- Policy Impact
- Quality and Innovation

Impact Areas
- Parent Education
- Home Visiting
- Health and Developmental Screening
- Early Care and Education
- Language and Literacy

Context
- Community demographics, political climate, structural environment, social context, economic climate

A statewide network of community coalitions with ties to state level entities

Every Virginia child is prepared for school, laying the foundation for workforce and life success.

Appendix B

Virginia Early Childhood Foundation

September 2012
# Appendix C: Resources for Early Childhood Research

<table>
<thead>
<tr>
<th>Organization</th>
<th>Website</th>
</tr>
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<tbody>
<tr>
<td>The California Evidence-Based Clearinghouse (CEBC) for Child Welfare</td>
<td>cebc4cw.org</td>
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<tr>
<td>The Campbell Collaboration</td>
<td>campbellcollaboration.org</td>
</tr>
<tr>
<td>Center for Study and Prevention of Violence Blueprints for Violence Prevention (BVP)</td>
<td>colorado.edu/cspv/blueprints/modelprograms.html</td>
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<tr>
<td>Child Care and Early Education Research Connections</td>
<td>researchconnections.org/childcare</td>
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<tr>
<td>Child Trends</td>
<td>childdtrends.org</td>
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<tr>
<td>The Cochrane Collaboration</td>
<td>cochrane.org/cochrane-reviews</td>
</tr>
<tr>
<td>Education Resources Information Center (ERIC)</td>
<td>eric.ed.gov</td>
</tr>
<tr>
<td>Harvard Family Research Project Early Childhood Education Publications and Resources</td>
<td>hfrp.org/early-childhood-education/publications-resources</td>
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<tr>
<td>John Hopkins University Best Evidence Encyclopedia</td>
<td>bestevidence.org</td>
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<tr>
<td>The National Early Childhood Technical Assistance Center</td>
<td>nectac.org/topics/evbased/evbased.asp</td>
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<tr>
<td>Promising Practices Network</td>
<td>promisingpractices.net</td>
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<tr>
<td>SEDL</td>
<td>sedl.org</td>
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<tr>
<td>Substance Abuse and Mental Health Services Administration (SAMHSA) National Registry of Evidence based Programs and Practices</td>
<td>nrepp.samhsa.gov</td>
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<tr>
<td>What Works Clearinghouse</td>
<td>ies.ed.gov/ncee/wwc</td>
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<tr>
<td>Zero to Three</td>
<td>zerotothree.org</td>
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