

## Program Overview: Starting Early Starting Smart

Category	Home Visit Intervention/Out of Home Placement Programs	Definitions/ Notes
<b>Program Name</b>	Starting Early Starting Smart (SESS)	
<b>History of Program</b>	Starting Early Starting Smart (SESS) was developed through collaboration of the Casey Family Foundation and the Substance Abuse and Mental Health Services Administration (SAMHSA). SESS services are focused on prevention, and aim to move away from traditional, deficit-oriented models of family health. The core principles of the program are service integration, wrap-around services, and culturally sensitive practice.	
<b>Description of Program as it Relates to addressing Children's Exposure to Violence</b>	The goal of SESS is to increase utilization of services by high-risk families. SESS uses assessment procedures to identify families at greatest risk for poor child outcomes due to parental difficulties in the domains of parenting, mental health, and substance abuse. SESS has been shown to increase the number of services used in each of the three domains, especially for families identified as having specific needs for intervention.	
<b>Service Continuum</b>	Primary/Universal Prevention Secondary/Selective Intervention Tertiary/Targeted Intervention Crisis Response	
<b>Primary Exposure Type</b>	Domestic Violence Maltreatment (non-specific) Sexual Abuse Physical Abuse Psychological/Emotional Abuse Neglect Community Violence	

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	School Violence (e.g., shootings; rape) Gang Violence Violence in the Wake of Mass Trauma Refugee/Immigration/War/Political Military (e.g., exposure resulting from caregiver's military involvement) Historical High Risk for Exposure / Trauma	
<b>Target Population</b>	Family Systems Individual Children/ Youth Parent/Caregivers(s) Siblings  Providers/Staff Housing/Shelter Foster Care Child Welfare Physician/Nursing Mental Health Residential treatment  Systems Juvenile Justice/Correctional Child Welfare Schools	Program target population answers the questions, "Who receives services and whose outcomes are intended to change?" It refers to persons, providers, or systems intended to show positive change in behavior, attitudes, adjustment, or functioning as a result of participating in program or program implementation.
<b>Target Age</b>	0 - 2 Early Childhood (3-5) Middle Childhood (6 - 12) Adolescence (13-21)	SESS is primarily intended for parents with children less than one year old, although beneficial effects of improved parent functioning may extend to all children in the household. The evaluation of SESS described in this review targeted children from birth to five years.
<b>Target Gender</b>	Males Females Both	
<b>Appropriate</b>	Has this program been used or	SESS has been implemented with ethnically

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<b>for Unique Ethnic, Cultural, or Linguistic Populations?</b>	<p>evaluated with minority, cultural, or linguistically diverse groups?</p> <p>Yes No</p> <p>If yes, please indicate:</p> <p>Latino/Hispanic African American Indian American Asian American Caucasian</p>	diverse populations, although results are not evaluated separately for individual groups.
<b>What Adaptations have been made?</b>	<p>Have any adaptations or modifications been made with respect to specific minority, cultural, or linguistic groups?</p> <p>If yes, please describe:</p>	Culturally sensitive intervention is a core value of the SESS program. SESS programs should be tailored to the needs of the families served.
<b>Primary Settings</b>	<p>Supportive Housing/Shelters Homes (biological/adoptive) Foster Care Homes or System Child Welfare System Hospital/Pediatric Mental Health Community Agency Mental Health Hospital/Inpatient Residential Treatment Juvenile Justice/Correctional Agency/Workplace Schools Neighborhood/Community Settings Religious Entities (e.g., churches, synagogues) Youth Programs Flexible</p>	Primary Setting(s) refers to where the program/intervention is primarily/ most often delivered when serving CEV. If the program can be adapted for multiple settings, select flexible.
<b>Persons or Entities in charge of delivering Program</b>	<p>Home Visitors Supportive Housing/Shelter Staff Foster Care Providers Child Welfare Workers Nurses/Physicians/Health Providers Mental Health Providers (e.g., Social Workers, Therapists) Inpatient Staff/Providers Residential Treatment Staff</p>	Persons or Entity in charge of delivering program answers the question, " <b>Who</b> is <i>primarily/ most often</i> responsible for actual delivery of the intervention when serving CEV?"

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	Juvenile Justice/Correctional Line Staff School Staff & Educators (e.g., Teachers) Community Providers (e.g., mentors) Parent/Caregiver(s)/Family Foster Family	
<b>Primary Components</b>	Assessment/ Triage/Screening Referrals Case Management Home-Visiting Pediatric Services/ Checks Legal advice/assistance Child Group Therapy Child Individual Therapy Child Mentoring Parent Training/Therapy Conjoint parent-child treatment Family Treatment/Therapy Parent/ Family Support Services Community Resource Planning Creating School-Home -Community Partnerships Liaisons (e.g., cultural liaison; police liaison; home-school liaisons) Service Provider Training, Supervision, Consultation, Technical Assistance	This answers the question, " <b>How</b> is the intervention delivered?"

## Resource & Capacity Planning

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<b>Length/Duration of Program</b>	Please Describe: Standard treatment usually lasts a minimum of 18 months.	One of the tenets of the wraparound care model is that families should have access to treatment for as long as they continue to seek services and demonstrate some benefit from receipt of services.
<b>Required Materials</b>	Manuals/Program materials Video/Audio Equipment Computer Software/ Special Technology Fidelity Checklists/Assessments Technical Assistance	
<b>Training Requirements</b>	Face-to-face training On-line training Supervision Consultation	Please provide a brief description of training requirements (e.g., special components, duration, timing, structure).
<b>Provider Certification/ Training/ Requirements</b>	No Degree /Certification/ Training/ requirements stated  Program Specific Certification/Training Required  Special Service Area Required (e.g., Social Worker, Doctor)  Professional Licensure Required	<b>Select all that apply</b>  Please select <b>No Degree/Certification/Training</b> when service providers do not need to meet any specific requirements to implement services.  Select <b>Program Specific /Certification, Special Service Area Required, and/or Professional Licensure</b> required when service providers must have these requirements to implement the services.  <b>Please briefly describe (e.g., 1-2 sentences) other requirements related to the service providers that are necessary to implement the program.</b>
<b>System or Agency Recommendations for Serving CEV Populations</b>	None Specified  With-in Agency Support & Infrastructure	The SESS model attempts to integrate a variety of behavioral health services into an integrated service delivery system for at risk families. Agencies implementing SESS must have the ability to coordinate services across

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	Cross Systems/Sectors Support & Infrastructure	multiple sectors, as well as to effectively collaborate with a variety of service providers in order to ensure that families receive services that are complete, complimentary, and easily accessible, and to problem-solve instrumental barriers to care including lack of transportation, legal problems, language barriers, poverty, and long work hours of parents.
<b>Costs of Implementation</b>	Training & Consultation:  Materials/Manuals:  Technology:  Fidelity Monitoring/ Assessments:  Estimate based on implementation (costs not disaggregated):	Please briefly describe the costs associated with program/intervention implementation.

## Evidence for Children's Exposure to Violence

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<b>Evidence for Preventing or Addressing Violence Exposure</b>	In general, when implemented with a high degree of fidelity (effectiveness), these programs demonstrate <i>robust empirical findings</i> in preventing children's exposure to violence or ameliorating the effects of	

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	<p>exposure, using a <i>reputable conceptual framework</i> and an evaluation <i>design of the highest quality</i>, and has been used with populations known to be at risk for violence exposure (e.g., children in residential settings).</p>	
<p><b>Evaluation Design of Studies with CEV</b></p>	<p>Randomized, control experimental design  Waitlist control (randomized or pseudo randomized)  Quasi-experimental design  Pre- and post-test (no comparison group)  Feasibility testing (no efficacy trials yet; limited data such as satisfaction, engagement)</p>	
<p><b>Violence Exposure-Related Outcomes</b></p>	<p><b>Child:</b>  Preschool age children of caregivers that received SESS services demonstrated a decreased incidence of both internalizing and externalizing behaviors as compared to children of caregivers receiving standard care. Children who were in a preschool environment as part of SESS services had a steeper sustained rise in the mastery of language concepts than did comparison children.</p> <p><b>Parent:</b>  In a controlled, randomized study, caregivers receiving SESS services were 4.6 times more likely than comparison to receive parenting services, 2.1 times more likely to receive outpatient mental health services, and 1.8 times more likely to receive treatment for substance abuse. Results were even stronger when only those families that were indicated to be of increased need for mental health and substance abuse treatment were included, indicating the program is highly effective for parents deemed at highest risk.</p>	<p>Check boxes when there has been an evaluation conducted and outcome data related to reducing risk for violence exposure and/or improving the effects of CEV are available. <b>For example</b>, select only parent if a program aimed at improving parent monitoring and reducing children's violent behaviors has only evaluated parent outcomes at this time.</p> <p>For systems and providers  "Provider- increased sensitivity to affects of violence exposure on families"</p> <p>Where there are outcome data available, please provide a brief description of the types of CEV-related outcomes that have been evaluated (i.e., 2-3 sentences providing the reader with an overall summary of what worked specifically/ why it's in the inventory). Example, " the program found: x, y, z. "</p>

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	<p>Caregivers in the SESS group reported a decrease in verbal aggression that was sustained across time points, while comparison families showed an increase in verbal aggression. SESS caregivers demonstrated more responsive interactions with the target child during feeding at 6 months than comparisons, and at 12 months, they demonstrated more positive interactions with their child during free play.</p> <p>Caregivers in SESS families also reported increased use of appropriate discipline, positive reinforcement, and learning stimulation in the home, although the differences were not sustained across the duration of the follow up period.</p>	
<b>Additional Research Information</b>	<p>Study 1:  <b>Design, Setting, Participants:</b>  The Starting Early Starting Smart (SESS) program was evaluated at twelve diverse sites across the nation. Five of the sites were pediatric care settings, and the other seven were Head Start or family education settings. Families with infants less than twelve months of age (N = 612) and with demographic or behavioral risk factors of abuse or neglect, or of low socioeconomic status, were randomly assigned to the SESS program or to standard community care. Equivalent numbers of SESS and comparison families were enrolled at each site.</p> <p><b>Outcome Measures:</b>  Families' service utilization for drug treatment, mental health, and parenting services was measured at three month intervals during the 18-month intervention period. Parents' psychological symptoms were measured with the Brief Symptom Inventory and substance use and functioning was measured with the Addiction Severity</p>	References Study 1: Morrow, M. E., Mansoor, E., Hanson, K.L., Vogel, A. L., Rose-Jacobs, R., Genatossio, C. S., Windham, A., Bandstra, E. S. (2010). The Starting Early Starting Smart integrated services model: improving access to behavioral health services in the pediatric health care setting for at-risk families with young children. <i>Journal of Child and Family Studies</i> (19)1.

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	<p>Index – 5<sup>th</sup> Edition.</p> <p>Study 2  <b>Design, Setting, Participants:</b>  This study uses the same sample as study 1.  <b>Outcome Measures:</b>  Verbal aggression between caregivers in the home was measured with the Conflict Tactics Scale. The Nursing Child Assessment Satellite Training instrument (NCAST) was used to assess parent responsiveness in a videotaped observation of feeding and teaching interactions. The National Institute for Child Health and Development scales (NICHD) were used to assess parent responsiveness in a videotaped observation of free play scenarios. Caregiver and teacher reports of Social-Emotional Development of children three years of age and older including internalizing, externalizing, problem behaviors and social skills were measured with the Preschool and Kindergarten Behavioral Scales (PKBS). Cognitive development of preschoolers was measured using the Clinical Evaluation of Language Fundamentals for Preschoolers (CELF-P).</p>	
<b>Conceptual Framework/ Theoretical Design</b>  <b>( For internal use)</b>	Reputable Adequate Reasonable Weak/ New	
<b>Is this Program an Evidence-Based Practice in other Family/ Youth Development Areas?</b>	Yes  Endorsements OJJDP Model Program Findyouthinfo.gov NREPP Blue Prints Model Program California Clearing House Rated	The Partners with Families and Children program (PFC) in Spokane, WA is an SESS site and specifically targets families with documented cases of child abuse or neglect. PFC has been endorsed by NREPP.

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<b>Evaluation Designs of other evaluations</b>	Randomized, control experimental design Waitlist control (randomized or pseudo randomized) Quasi-experimental design Pre- and post-test (no comparison group) Feasibility testing (no efficacy trials yet; limited data such as satisfaction, engagement)	
<b>Sources</b>	Empirical Studies (peer-reviewed journal) Review Article (peer-reviewed journal) Independent (Published) Evaluation Evaluation Conducted by Program OJJDP Model Programs Find Youth Info NREPP Blue Prints California Clearing House	

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## Selected Publications/References

<http://ncadi.samhsa.gov/promos/sess/about.html>

Casey Family Programs and the U.S. Department of Health and Human Services (2001). *The starting early starting smart story*. Washington, DC: Casey Family Programs and the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

Morrow, M. E., Mansoor, E., Hanson, K.L., Vogel, A. L., Rose-Jacobs, R., Genatossio, C. S., Windham, A., Bandstra, E. S. (2010). The Starting Early Starting Smart integrated services model: improving access to behavioral health services in the pediatric health care setting for at-risk families with young children. *Journal of Child and Family Studies* (19)1.

Springer, J. F., et al. (2003). *Starting Early Starting Smart Final Report: Summary of Findings*. Washington, DC: Casey Family Programs and the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.