HUMAN SERVICES PROGRAMS IN THE US VIRGIN ISLANDS: ENVIRONMENTAL SCAN REPORT

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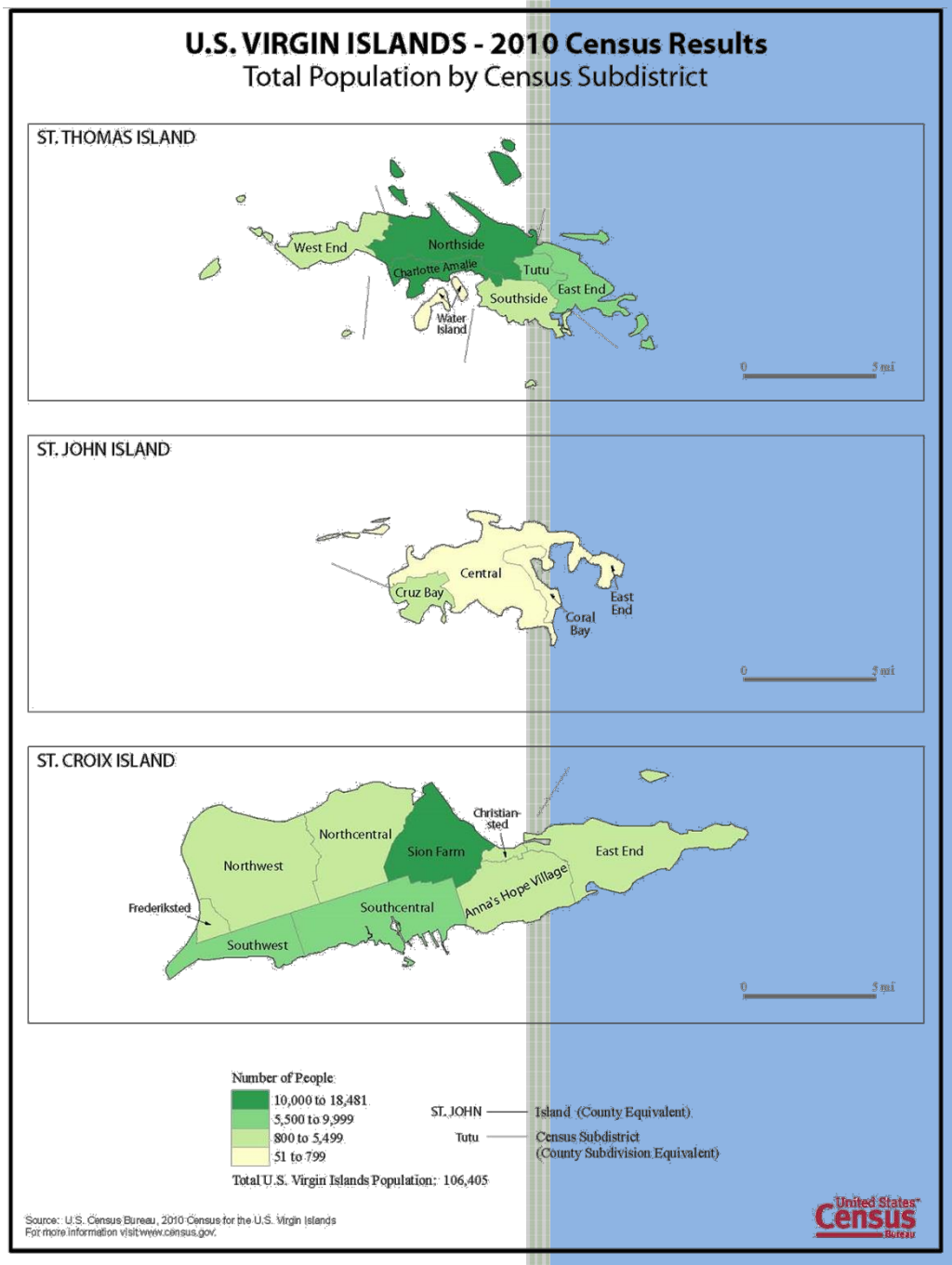

HUMAN SERVICES PROGRAMS IN THE US VIRGIN ISLANDS:
ENVIRONMENTAL SCAN REPORT

FOCUS ON
HEAD START/EARLY HEAD START
AND
TEMPORARY ASSISTANCE FOR NEEDY FAMILIES PROGRAMS

FINAL REPORT
DECEMBER 2016

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EXECUTIVE SUMMARY

The University of the Virgin Islands (UVI) Caribbean Exploratory (NIMHD) Research Center (CERC) received funding through Opportunity No. HHS-2014-ACF-OPRE-YR-0784 to establish a Human Services Research Partnership: US Virgin Islands project (HSRP-VI). The project is administered through a Cooperative Agreement (90YR0083) with the Administration for Children and Families (ACF), Office of Planning, Research, and Evaluation (OPRE). The project's three primary foci are: examine the Virgin Islands Head Start/Early Head Start (HS/EHS) and Temporary Assistance for Needy Families (TANF) programs, identify research priorities, and conduct research that would inform policy and interventions to improve the quality of life for HS/EHS and TANF participants.

The HSRP-VI comprises policy makers from the VI Department of Human Services (VIDHS), policy makers from local government and semi-autonomous agencies, representatives from community-based organizations (CBOs), middle managers and line staff from the HS/EHS and TANF programs, clients of the programs, and researchers from UVI. The first major undertaking for the newly-formed research partnership was the completion of an environmental scan.

This environmental scan report represents one of the major outputs of the HSRP-VI Cooperative Agreement. The research team completed the environmental scan by utilizing a community-based participatory research (CBPR) approach. CBPR is defined as *a collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings. CBPR begins with a research topic of importance to the community with the aim of combining knowledge and action for social change to improve community health and eliminate health disparities* (Babic, 2001, p.2). Thus, Partners and associates were fully engaged in the environmental scan study process and also contributed to the content of the final report.

The specific aims that determined the focus and scope of the environmental scan study serve as the framework within which key findings are presented in the report and highlighted in this executive summary. These aims are: 1) *Describe Head Start and TANF services and programs offered in the USVI; 2) Assess data processes currently ongoing within Head Start and TANF service sites; 3) Identify critical issues related to data utilization within Head Start and TANF programs in the USVI; and 4) Identify priority programmatic issues to help shape the formulation of a Head Start research project and a TANF intervention project.*

METHODOLOGY

A concurrent, triangulation mixed method design was utilized. Qualitative (key informant interviews, focus groups, "Conversation Hours", document review) and quantitative data (demographic surveys, 2010 Census data, and HS, EHS, and TANF program data) were collected and analyzed. Participant recruitment was through central administration, HS/EHS, TANF sites, other governmental agencies and CBOs serving families in both districts in the territory. Key HS/EHS personnel as well as personnel from other government agencies and CBOs/NGOs serving HS/EHS and TANF populations were invited to participate. Head Start parents, TANF clients, and TANF employers also participated in the study.

STUDY PARTICIPANTS AND DATA COLLECTION

One hundred and sixteen persons participated in focus group discussions, conversation hours and key informant interviews during qualitative data collection. Head-Start and TANF middle managers in both districts provided key informant interviews, as did the former Commissioner of

Human Services who was in office when the funding proposal was submitted to ACF. Conversation hours with Head-Start parents and TANF recipients and focus groups with HS/EHS teachers were held in both districts. There were focus group sessions in both districts with TANF middle managers, line staff and employers.

KEY FINDINGS

The findings provide a rich tapestry describing the HS/EHS and TANF programs in the USVI. There are many components to the HS/EHS programs, and the executive summary provides the reader a flavor of the expansive findings that appear in the body of the report. Guided by the Program Information Report that is submitted annually, the HS/EHS programs in the USVI is described in terms of program information, program staff and qualifications, and child and family services. Similarly for the TANF program, based on program reporting requirements, and final TANF data system, descriptive information for the TANF program in the USVI is provided based on program information, program staff and qualifications, and programs and services. After highlighting findings describing the programs, key findings associated with data processes, critical data utilization issues, and priority programmatic issues are presented.

Descriptions of Programs and Services

HS/EHS

Program Information

- ✓ DHS-GVI, which administers the HS program in the USVI, has been consistently serving the maximum number of children for whom funding is provided by ACF, yet, the wait list of children trying to be accepted in the HS program continues to grow, reaching a record high of 548 for SY 2016-2017.
- ✓ LSSVI, which administers the EHS program in St. Croix, has been consistently growing its enrollment of infant and toddlers since the inception of the program in 2009. With a high of 120 infants and toddlers in 2012, the program has stabilized with an enrollment of 109 infants and toddlers and between 25 and 30 pregnant women in SY 2014 and SY 2015.
- ✓ The EHS program has been extremely successful in enrolling special needs infants and toddlers, exceeding the required 10%, since 2010. The HS program, however, has struggled with this requirement, though significant progress has been made in the last two - three school years.
- ✓ Though income is the primary eligibility criteria for the HS/EHS programs, applicants who are homeless, in foster care, or who have a disability receive extra points for meeting one or more of these criteria.
- ✓ The typical HS child is a four year old, Black child whose primary language is English, and whose family income is below the poverty level.

Program Staff and Qualifications

- ✓ The HS program organizational chart reveal that there has been instability at the administrative and managerial levels of the program, with some positions being held by persons functioning in an acting capacity; other positions remaining vacant; and some key staff leaving the program.
- ✓ There are staffing shortages at the teacher-level within HS classrooms.

- ✓ HS teachers are well-credentialed and many have been in their position for over a decade: all HS teachers hold an AA degree or higher in Early Childhood Education. Several have earned their Master's degrees, and point to their educational achievements as a success of the HS program. However, there has been a decline in the number of HS teachers—from 48 in 2011 to 36 in 2015.
- ✓ All assistant teachers hold a CDA or AA or were enrolled in a CDA or AA program.
- ✓ Reductions in the number of HS teachers has resulted in some assistant teachers having to take on the role of teachers and some teachers having to hold classrooms of up to 20 children without the support of an assistant teacher.

Child and Family Services

The *Child and Family Services* area of the description of the HS/EHS programs focuses on health services, education, and family services. Highlights of these three areas are presented to complete the description of the HS/EHS programs.

- ✓ For seven years of program data reviewed (SY 2008-2009 through SY 2014-2015), EHS children had higher and more consistent health insurance coverage than HS children, with insurance coverage for HS children dipping as low as only 40% with coverage, while at no time during the seven-year period did fewer than 70% of EHS children have insurance coverage.
- ✓ During the same seven year period, HS children fared better with respect to the receipt of timely health screenings; the lowest number of HS children being screened in any year was 80%. Yet, the data reveal that there were notable gaps between HS children screened needing medical treatment and those receiving this treatment – in 2012, while 20% of children screened were identified as needing medical treatment, only 5% of those so identified received the needed treatment.
- ✓ The greatest disparity between HS and EHS was in the area of dental screening and services. While between 95-100% of EHS children had a dental home by the end of the enrollment period for SY 2008-2009 through SY 2014-2015, for HS children, only for SY 2009-2010 did over 80% have a dental home at the end of the enrolllment period. For three of the seven years, fewer than 40% of HS chilren had a dental home.
- ✓ Substantially fewer children (gaps between 200 and 300) received dental exams than received medical screenings. Yet, of those receiving dental exams, the percent needing dental treatment ranged from just under 10% to as many as 46%; and the percentage of those receiving needed dental treatment ranged from 2 – 40%.
- ✓ The HS program uses the HighScope Preschool Curriculum (HSPC) while the EHS program utilizes the HighScope Infant-Toddler Curriculum (HSITC). Children are assessed three times over the course of the school year.
- ✓ For three consecutive school years – SY 2013-2014–SY 2015-2016, HS children performed lowest in the areas of language and literacy and mathematics and science. Additionally, the performance of HS children in the St. Thomas-St. John District was consistently below that of St. Croix children in all areas, for all three years.
- ✓ HS families access a range of services including adult education, parenting education, health education, housing assistance, and job training. Additionally, the majority (70% or more) of HS families receive SNAP and WIC benefits.
- ✓ Father involvement was highlighted by administrators, middle managers, and teachers as being a major success of the HS program.
- ✓ The HS program has formal collaboration agreements with the Departments of Education,

Health, and Homeland Security as well as informal agreements with the Departments of Justice and Labor, and the VIHA to provide support services for HS children and families to improve outcomes for HS clients.

TANF

Program Information

- ✓ For calendar years (CY) 2010 through 2015, the average monthly number of TANF recipients ranged from 1502 in 2010 to 1071 in 2015, a 29% decline in average monthly recipients from 2010 to 2015, while for fiscal years (FY) 2010 – 2015, average monthly participation ranged from 1495 to 1126, a 25% decline overall, but a decline of approximately 28% for children and families.
- ✓ There is at least a 2:1 ratio of TANF recipients in the St. Croix District, compared to TANF recipients in the St. Thomas-St. John District. This aligns with information provided regarding the economic situation in the St. Croix District.
- ✓ The typical TANF recipient is a Black/non-Hispanic female in her 20's, who has earned her high school diploma, and the typical TANF family is likely to be a 2-person or a 3-person family. These two family compositions account for over 60% of TANF families.
- ✓ For the years of data reviewed (FY 2011–FY 2015), while between 43 and 48% of TANF recipients had earned a high school diploma, 44-49% had not, and only 1 in 10 had more than a high school education.
- ✓ Most (approximately 70% or higher) TANF child recipients are between 2 and 11 years old and the majority (approximately 70% or higher) have not yet completed the first grade.
- ✓ Local jurisdictions have more flexibility with establishing parameters for program participation in TANF. In the USVI, couples are not eligible for TANF; eligible persons must be the legal guardian of at least one child; and mothers must provide the Division of Paternity and Child support with information on the father(s) of their children.

Program Staff and Qualifications

- ✓ The TANF program has 12 funded positions, with 11 positions currently filled. The Administrator position has been assumed by the Assistant Administrator, currently serving as Acting Administrator.
- ✓ Three staff persons on St. Croix and four on St. Thomas provide direct services to TANF clients. The Director of the JOBS program is based on St. Thomas and the Acting Administrator is based on St. Croix.
- ✓ Staff who provide direct services to clients have at least a Bachelor's degree and four have earned a Master's degree. Program staff, including administrative personnel and those providing direct services have been a part of the TANF staff for an average of 11 years.
- ✓ Staff voiced the need for social workers as vital personnel in the TANF program. In focus group discussions, the need for social workers was raised, and the key role they played when they were a part of the TANF program was stressed.

Programs and Services

- ✓ The average monthly cash benefits to TANF declined from FY 2011–FY 2015 for all family sizes.
- ✓ Between 96 and 99% of TANF recipients in the St. Croix District accessed public assistance from the SNAP and MAP programs from FY 2011–FY 2015. In the St. Thomas-St. John District between 84 and 99% of TANF recipients accessed these services.

- ✓ Of the work eligible TANF recipients (referred to as work eligible individuals or WEIs) during FY 2009–FY 2014, fewer than 1 in 4 were reported as having hours of participation in work activities.
- ✓ Of the WEIs participating in work activities, the majority participated in work experience and vocational education training, though participation in vocational education training declined sharply in FY 2013 and FY 2014.

Data Processes

The overarching finding with respect to data processes is that, in both the HS/EHS and TANF programs, data are collected to fulfill compliance requirements. These requirements are primarily related to federal compliance issues, but to a lesser extent, relate to local reporting requirements. The HS/EHS and TANF programs have electronic data management systems that are used to capture compliance data, specifically, COPA for HS, CAP60 for EHS, and CARIBS for TANF. Notwithstanding the existence and use of these data management systems, information provided by HS/EHS program staff and program administrators indicated that systems are not optimally used, most frequently due to staff shortages or staff turnover. Additionally, though electronic data systems exist, a large proportion of data collected are collected manually and are not timely entered into the electronic systems. This was raised as an issue more so for the HS/EHS programs. Below are a few bulleted findings unique to the programs.

HS/EHS

- ✓ The Program Information Report (PIR) requires reporting program information; program staff information and qualifications; and child and family services and must be submitted annually.
- ✓ Educational data are collected using the Child Observation Report (COR) to assess students' progress on key domains covered in the HighScope curriculum; the Classroom Assessment Scoring System (CLASS), an observation instrument that assesses the quality of teacher-child interactions in center-based preschool classrooms; and the LAP-3, administered by HS teachers to HS children transitioning from HS to kindergarten.
- ✓ The CAP60 captures programmatic data for the EHS program.
- ✓ Both programs collect and electronically store health, medical, and dental information on children admitted to the HS/EHS program.
- ✓ Teachers collect COR and LAP-3 assessment data as well as program data such as attendance (including tardiness) and meals consumed.
- ✓ Middle managers and other support staff collect and store information related to referrals, children's illnesses, and transportation.

TANF

- ✓ TANF staff use CARIBS to capture demographic data on the applicant, family composition, financial status, child support, and work activity attendance and performance.
- ✓ ETOs keep records on completed IRPs and document work activities for assigned cases.
- ✓ FTDRS is the Federal depository of information on TANF clients and is the system to which data from CARIBS are extracted and uploaded for compliance purposes.

Critical Data Utilization Issues

HS/EHS and TANF staff use data primarily to meet compliance reporting requirements. Staff shared having to complete monthly, quarterly, and annual reports. The primary issues and challenges associated with data utilization relate to timeliness of available data and the format in which data are collected and stored. Since a significant amount of the educational data for the HS/EHS programs are collected manually, staff shortages impact the timeliness of data entry, resulting in lack of timely availability of data to teachers to inform lesson plan development and the individualization of instruction, as might be needed. TANF staff use data to track the work activities of TANF recipients and to update cases and make decisions regarding recertification of TANF clients.

Priority Programmatic Issues Guiding the Formulation of HS/EHS and TANF Research Projects

Priority programmatic issues were identified utilizing two approaches. The first was the engagement of Partners in the generation of priority issues based on findings of the environmental scan study presented at Partnership meetings. The second was based on themes that emerged during qualitative data collection by members of the university research team (Core research team). Highlights of the priority programmatic issues that emerged from these two approaches are presented next. One of the most significant features of the priority programmatic issues is that they are grounded in the work of the Partnership and the data collection for the environmental scan. One of the priority programmatic issues that warrants highlighting relates to data availability, quality, and reliability. Given the focus of the environmental scan study and the overarching emphasis on building capacity to expand research on human services programs in the USVI, the need to pay close attention to data availability, quality, and reliability is urgent. The identified priority issues can also guide future research agendas related to better understanding and improving human services programs and services in the USVI.

HS/EHS

Partners, in an iterative process, utilized findings from the environmental scan to prioritize areas for possible HS/EHS research focus. The top three programmatic priorities identified by the Partners were:

- ✓ How to better engage parents;
- ✓ Increase the number of service providers, specifically pediatric dentistry; and,
- ✓ A better understanding of the people not served by HS/EHS.

Additional priority programmatic issues identified by the Core research team were:

- ✓ Adequate/appropriate staffing in HS/EHS programs;
- ✓ Ability to document the impact/success of HS/EHS programs;
- ✓ Limited provider pool for timely responses to referrals;
- ✓ Age and condition of HS facilities;
- ✓ Computer and Internet access in classrooms; and,
- ✓ Data availability, quality, and reliability.

TANF

Partners, in an iterative process, utilized findings from the environmental scan to prioritize areas for possible TANF research focus. The top three priority programmatic issues identified by the Partners were:

- ✓ Assess reasons that the [TANF] program does not work; do complete rebirth (revamping)-including clients' readiness for program.
- ✓ Individual responsibility plan: How to measure outcomes to ensure clients move from dependency to self-sufficiency.
- ✓ What is the success rate of the clients? Are they being offered jobs at public or private agencies?

Additional priority programmatic issues identified by the Core research team were:

- ✓ Policy that TANF benefits are suspended if TANF recipient gets any paying job;
- ✓ Paternity and child support requirements relative to personal information about child's or children's father(s);
- ✓ Lack of systematic approach to communicating with potential TANF employers (for work experience activity);
- ✓ Perception of attitude of TANF employers toward TANF clients; and
- ✓ Data availability, quality, and reliability.

IMPLICATIONS FOR RESEARCH

The priorities identified by Partners were further refined into researchable questions with the assistance of HS and TANF consultants. The research questions to be explored provide opportunities to inform and impact client outcomes, staff growth and development, and program operations such that processes and program priorities are realigned to address areas of need informed by research results. For HS/EHS three studies have been identified and one for the TANF program. The study titles are:

- ✓ Using science to engage parents in the academic progress of HS children in the USVI: A Pilot Study;
- ✓ Understanding the factors that contribute to a call for an increase in the number of health care providers to serve HS clients in the USVI;
- ✓ From eligibility to wait list to enrollment: Factors related to determination of program eligibility and selection for the USVI HS program; and,
- ✓ An enhanced approach to goal planning for USVI TANF clients—Impact on client and family outcomes: A Pilot Study.

In addition to the research studies to be undertaken based on the three priority issues that the Partnership identified for the HS/EHS and TANF programs, other priority issues generated by the core research team provide a rich source of information for the development of future research questions and research projects.

NEXT STEPS

The environmental scan provided substantial information on the HS/EHS and TANF programs administered in the USVI. This information will be used to further refine the research focus of inquiry for the HS/EHS and TANF programs. The CBPR approach will be used as the Core

research team moves forward with the proposed research projects. This work will be further informed and supported by Partners and consultants. Based on the identified priorities and subsequent development of research questions, remaining IRB applications will be submitted to the Office of Sponsored programs for IRB review and approval by January 2017. Actual study implementation is anticipated in February 2017.

INTRODUCTION

BACKGROUND

The Caribbean Exploratory (NIMHD) Research Center (CERC) at the University of the Virgin Islands (UVI) submitted an application in response to Funding Opportunity No. HHS-2014-ACF-OPRE-YR-0784, and received a grant for a three-year project, *Human Services Research Partnership: US Virgin Islands* (HSRP-VI). The project is administered through a Cooperative Agreement (90YR0083) with the Administration for Children and Families (ACF), Department of Health and Human Services (DHHS). [See Appendix I for a listing and description of the acronyms used in this report.] The following four goals were articulated in the initial application:

1. Build partnerships among researchers, local governments, and community-based organizations, semi-autonomous agencies, and human services clients to define and address research questions regarding the social and economic well-being of low-income children and families in the US Virgin Islands (USVI).
2. Strengthen research, gather relevant data and increase understanding of human services approaches to improve the quality of life in the USVI, with particular focus on topics related to the HS/EHS and TANF programs to promote family self-sufficiency and stability, and well-being.
3. Establish an accessible, comprehensive research infrastructure to support the provision of quality human services programs to clients in the HS/EHS and TANF programs in the USVI.
4. Conduct at least two human services research projects.

It is expected that the achievement of the goals will result in:

- A redundant, reliable, comprehensive, secure database of information on public assistance programs and participants;
- Greater collaboration among policy makers in the territory;
- Data-driven policy recommendations to improve human services programs;
- Research study findings available to policy makers, program administrators, and community members; and,
- An increase in the cadre of local researchers engaged in human services research.

To achieve the goals delineated above, and to achieve the proposed outcomes, the project was conceptualized and undertaken using a community-based participatory research (CBPR) approach. CBPR is defined as:

> *A collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings. CBPR begins with a research topic of importance to the community with the aim of combining knowledge and action for social change to improve community health and eliminate health disparities* (Babic, 2001, p.2).

Further, Israel, et al (2008), define CBPR as "a partnership approach to research that equitably involves, for example, community members, organizational representatives and researchers in all aspects of the research process" (p. 48).

THE HUMAN SERVICES RESEARCH PARTNERSHIP: US VIRGIN ISLANDS

The Human Services Research Partnership: USVI (HSRP-VI), which adopted the name **A**lliance for **R**esponsive **I**nvestment in **C**hildren's **H**ealth: US**VI** (A RICH VI) comprises policy makers from the VI Department of Human Services (VIDHS), as well as other local government and semi-autonomous agencies, representatives from community-based organizations (CBOs), middle managers and line staff from the HS/EHS and TANF programs, clients of the programs, and UVI researchers. A listing of past and current members and associates of A RICH VI is provided in Appendix II. Associates represent persons serving as resources to the Partnership. Several associate members serve on the Data Committee or on one of the Workgroups.

During the first quarter of project implementation, the Research Partnership was convened and given its charge. The Partnership's charge and involvement to date have been guided by the definition and principles of CBPR. This involvement was operationalized through charges given to the Data Committee and each Workgroup. Appendix III captures the membership of the Data Committee and each Workgroup, and also includes information on the charge and objectives which framed the work of the groups.

The proposed HSRP Project included an environmental scan to be conducted during the first year of implementation. This environmental scan report is one of the major deliverables of the Cooperative Agreement. Adhering to the tenets of the CBPR approach, Partnership members' involvement in Workgroups and the Data Committee helped shape the extensive data collection and analysis required. This involvement was critical, given that the results of the environmental scan will serve to inform the research projects to be completed. To that end, the Partnership met regularly (quarterly or more frequently, as needed), and partners participated fully and contributed to the final determinations regarding the proposed research projects.

The next section describes the framework within which the environmental scan work was completed, the aims, the steps involved, and the anticipated outcomes.

CONCEPTUALIZATION

Approach to the Environmental Scan

The purpose of the environmental scan was to assess the current status of the human services system, specifically related to the HS/EHS and TANF programs in the US Virgin Islands. The result of that assessment, captured in this report, will inform the identification of research projects to be completed relative to the HS/EHS and TANF programs. The research projects are scheduled for completion by the end of Year 3 of the funding cycle.

Guion's 10-step process (Guion, 2010) was adapted for use in the completion of this environmental scan. One of the main reasons for using this process is its focus on engaging diverse viewpoints and ensuring that key individuals from the community are involved in the scan process. This focus aligns well with the CBPR approach used to conduct this environmental scan, which was systematic and research based, as recommended by Guion (2010). Additionally, the process called for collecting primary data from key stakeholder groups, a step that was critical for this study, given the importance of reflecting key stakeholder perspectives in the scan report toward the identification of issues that could inform research questions. The processes served well in addressing the four aims of the environmental scan:

Aim 1: *Describe Head Start and TANF services and programs offered in the USVI.*
Aim 2: *Assess data processes currently ongoing within Head Start and TANF service sites.*
Aim 3: *Identify critical issues related to data utilization within Head Start and TANF programs in the USVI.*
Aim 4: *Identify priority programmatic issues to help shape the formulation of*
a) A Head Start research project.
b) A TANF intervention project.

Table 1. Environmental Scan Steps, Human Services Research Partnerships: US Virgin Islands Cooperative Agreement (HSRP: VICA)

STEP/TIME(WEEKS)	TASKS	DATA SOURCE (S)	TARGET AGENCIES/SAMPLING
1. Conduct situational analysis using secondary data	Committee members assigned to gather secondary data from agencies in USVI that provide services to Head Start/Early Head Start and TANF clients	For HS, ES and TANF programs: annual, evaluation and monitoring reports; planning and policy documents; published audit reports; Results of surveys/needs assessments; Agency databases, websites For HS & ES: Curriculum materials, assessment instruments; other program documents For TANF: training and personal development materials, listing of participating employment entities, other program documents. Census data	DHS, DOH, DOE, DOJ, VIPD, DOL, UVI, FHC, STEEMC, JFL, RLS, VIHA {*Note: Acronyms and abbreviations used throughout this report are described in Appendix I.*}
2. List salient issues based on secondary data	Analyze data to identify any patterns, themes or frequency of issues; Compare to national/neighboring islands	Secondary data sources from Step 1	{*Note: Data Committee and Partnership members participated in this step.*}
3. Conduct situational analysis using primary data from major stakeholder groups	Conduct key informant interviews; Convene focus group discussions; Conduct observations in selected Head Start Centers; Administer survey to Head Start Center Directors	Transcripts of -key informant interviews -focus group discussions; Field notes from observations; Surveys	DHS, DOE, DOJ, DOL, LSS, Head Start Centers, Employers
4. Map community (divide by island) and conduct primary data collection from a wide cross section (mixed methods)	Assign Data Committee members per island to conduct community forums, focus groups	Focus group discussions; community forums	DHS, DOH, DOE, DOJ, VIPD, DOL, UVI, FHC, EEMC, JFL, RLS, VIHA, LSS, Women's Coalition, Family Resource Center, CFVI, community members, to include program participants, NGOs, faith-based organizations

STEP/TIME(WEEKS)	TASKS	DATA SOURCE (S)	TARGET AGENCIES/SAMPLING
5. List issues	List issues by theme and frequency for each program; Summarize major themes and subthemes by program (HS/EHS; TANF)	Primary and secondary data	{*Note: Data Committee and Partnership members participated in this step.*}
6. Conduct external assets assessment	Document program capacity: -Human capital -infrastructure -data systems -partners/collaborations -funding Document program gaps	Primary and secondary data	Varied
7. Prioritize issues	Use the Nominal Group Technique (NGT) to prioritize issues; Generate frequency tables	Primary and secondary data from steps 1-6	{*Note: Data Committee and Partnership members participated in this step.*}
8. Delineate the complexity and interdisciplinary nature of priority issues	Identify root causes/ determinants; Enumerate opportunities/threats; Identify interdisciplinary nature of priority issues	Results of data analysis, and step 7	Primary and secondary target audiences
9. Develop database (beta version)	Enter priority issues, data sources into database	All data, outputs from steps 1-6, links to other data sources related to human service system	All agencies, broader community
10. Develop report	Compile a comprehensive report; Present report to the Partnership; Use report to guide discussion on identification of research project for HS/EHS and intervention project for TANF; Develop Executive Summary of report for dissemination.	Study (environmental scan) findings	Research Partnership Agencies Community; Legislators; UVI; key stakeholder groups; media; website

Expected Outcomes

Using the community-based participatory research (CBPR) framework, the findings from this environmental scan will:

a) Provide a deeper understanding of the scope, assets and data needs of the human service system in the territory, within the context of the unique social, cultural and geographic environments;
b) Document data processes used within HS/EHS and TANF programs and services in the USVI;
c) Document issues that enhance and impede utilization of data within the human services system, particularly HS/EHS and TANF programs in the USVI;
d) Inform the identification of research questions to be addressed by the Research Partnership using the CBPR framework; and,
e) Inform the development and/or selection and implementation of an intervention for TANF participants.

METHODS

STUDY DESIGN/APPROACH

In conducting the environmental scan, the research team utilized a concurrent, triangulation mixed method design, specifically combining both quantitative and qualitative methods (Creswell, 2009). Quantitative and qualitative data were collected concurrently, and the research team triangulated information received from the two types of data collection: qualitative (key informant interviews, focus groups, "Conversation Hours", document review) and quantitative (demographic surveys, 2010 Census data, and HS, EHS, and TANF program data).

Steps to complete the aims of this environmental scan included the development of interview/focus group questions, identification of relevant survey(s) and observation instruments, participant recruitment, data collection, data management and analysis of the qualitative and quantitative data. In the implementation of the mixed-methods approach, researchers ensured the overall integrity of the research process. The University of the Virgin Islands Institutional Review Board (UVI IRB) approved the environmental scan study (*IRB # 733582*).

PARTICIPANTS

Sampling

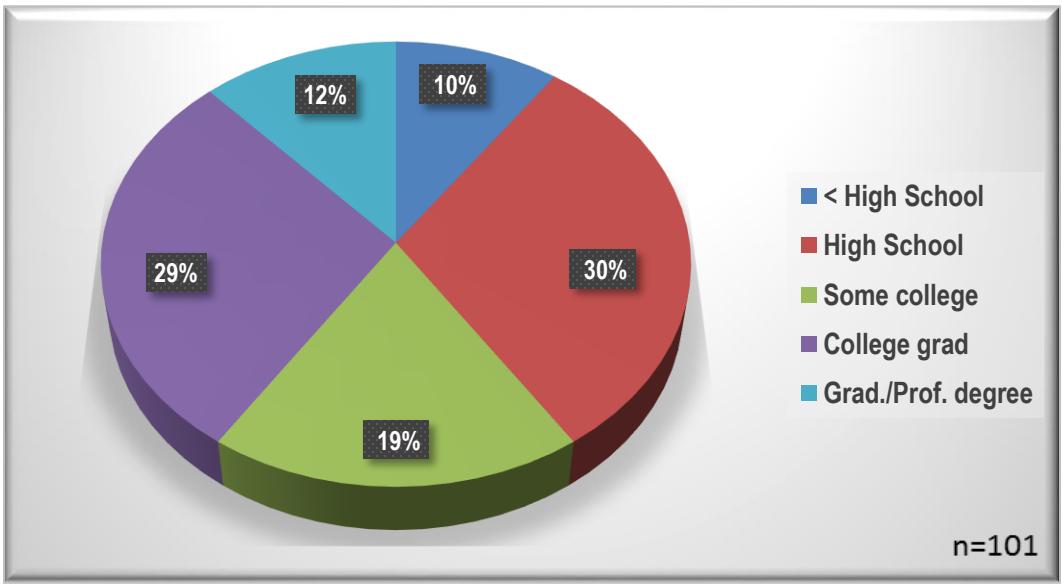
Participants were recruited using purposive and snowballing sampling. Program personnel and service providers were recruited through Department of Human Services (DHS) and Lutheran Social Services (LSS) personnel who sit on the Research Partnership. Key informants from other government agencies and community-based organizations (CBOs) were included based on recommendations from DHS key informants during the interview process. Participation of HS and EHS teachers in focus group sessions was facilitated by key administrative staff in both programs. Parents were recruited for participation in Conversation Hours through flyers posted at HS Centers, letters of invitation, and direct telephone contact, all coordinated by DHS staff. DHS staff also coordinated the recruitment of TANF clients for Conversation sessions. Finally, employers who provide work experience opportunities for TANF clients were recruited for participation in focus group sessions with assistance from DHS staff who coordinate training and work experience opportunities for these clients.

Characteristics of Study Participants

One hundred and sixteen (116) individuals were recruited through central administration, HS/EHS, TANF sites, other governmental agencies and CBOs serving families in both districts in the territory. The HS Administrator, EHS Director, HS middle managers, HS/EHS teachers, as well as personnel from other government agencies and CBOs/NGOs serving HS/EHS and TANF populations were invited to participate. Additionally, Head Start parents and TANF clients participated in the study. Employers from agencies that serve as worksite placements for TANF clients within both districts also participated in focus group discussions.

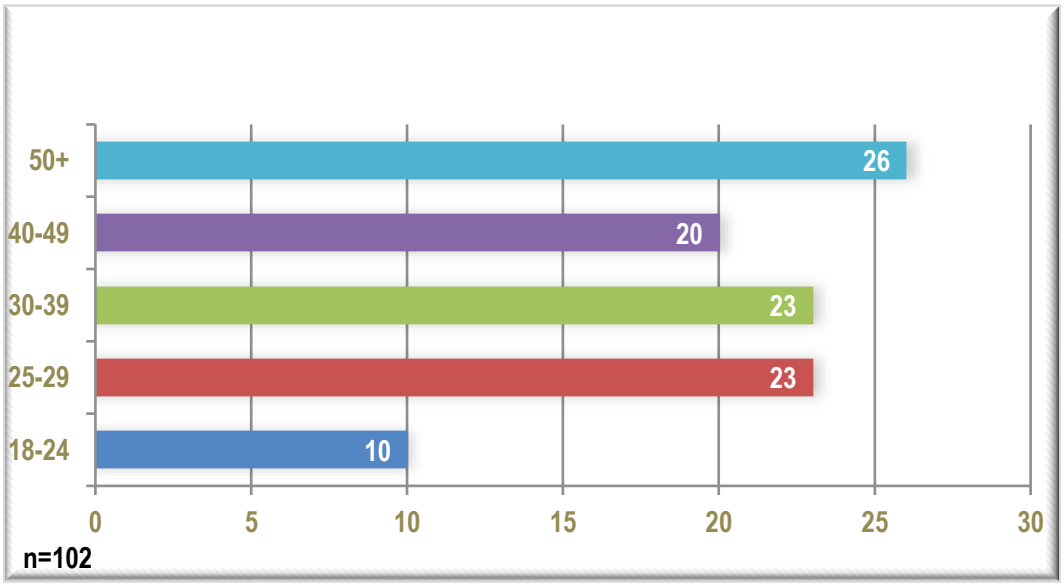
Of the 116 individuals who participated in focus group discussions and key informant interviews, 104 completed demographic questionnaires. The individuals participating in the focus group discussions were predominantly Black (96%, n=100), female (94%) and located on the island of St. Croix (63%). Further, 60% reported completing some college or higher, while 10% had less than a high school education (n=101) (Figure 1).

Figure 1. Educational Levels of Study Participants



The age distribution reveals that most of the focus group participants were 25 or older (90%, n=102) (Figure 2). Of 43 parents who participated in parent conversations, 32% were TANF recipients.

Figure 2. Age Levels of Study Participants



INSTRUMENTATION AND DATA COLLECTION

This section provides a brief summary of the study procedures, specifically, instrumentation, data collection, and informed consent. Copies of the protocols and other instruments described below are included in Appendix IV.

Instrumentation

Key Informant Interview Protocol. The key informant interview protocol included structured, open-ended questions tailored to the particular program/agency/organization.

Focus Group Protocol. The focus group protocol included structured, open-ended questions tailored to the particular program/agency/organization. Focus group protocols were developed for HS/EHS teachers, HS middle managers, TANF staff, as well as employers of TANF clients. The content of these protocols was informed by knowledge garnered through key informant interviews and focus group sessions with key program personnel (Michael, N., Valmond, J., Callwood, G. and Ragster, L., 2014).

Conversation Hour Protocol. Like the key informant and focus group protocols, the conversation hour protocols included structured, open-ended questions specifically developed for use with HS parents (Parent Conversation Hour) and TANF clients. The protocols were developed with input from the Project Officer and through discussions of the types of information

desired from the clients who participated in the sessions.

Surveys. Most participants completed a *Demographic Questionnaire* after providing informed consent. The (former) Administrator of the Head Start program completed a *Director's Questionnaire*.

Data Collection

There was a phased approach to data collection for the completion of the Environmental Scan. Information from key informant interviews and focus groups sessions with key program personnel informed focus group questions posed to HS/EHS teachers and program (HS/EHS and TANF) participants. Qualitative data collection efforts were facilitated by the lead research team and TANF consultants.

Primary Data Collection: To accurately characterize the information provided by study participants, key informant interviews, focus group sessions, and parent conversations were audiotaped, with permission. At the request of one group of participants, one focus group session was not audiotaped.

After completion, taped sessions were backed up to computers. As required by HIPAA, the PI, Co-PI and the Co-Investigators have set protocols on their computers that meet requirements for protecting the confidentiality of data. No data collection sessions were videotaped. All sessions were transcribed and transcripts were uploaded to password protected computers for analysis. Once the grant cycle and the completion of related publications have been completed, the environmental scan study data will be permanently deleted from the computers to which they have been uploaded. Completed questionnaires (Center Director) and survey instruments (program participants), with no identifiable information, are stored in locked files for the time period required of NIH for study materials.

Secondary Data Collection. Key administrative data were extracted from agency annual reports, grant applications, and planning documents; published audit reports; results of surveys/needs assessments and agency databases, the ACF website, as well as other websites, using tailored data abstraction forms developed for the study. USVI Census data reports were reviewed to examine socio-demographic variables related to the target population. Quantitative data were collected through demographic surveys, 2010 Census survey data for the USVI, and

HS, EHS, and TANF data available through ACF (https://www.acf.hhs.gov/). With respect to HS/EHS, the research team sought permission to access PIR information. Access to the USVI PIR information was obtained in February 2016. No permission was needed to access TANF data reports available through ACF.

Informed Consent

PI, Co-PI and/or Co-Investigators obtained consent prior to commencement of parent conversations, focus group sessions, key informant interviews, Center Director questionnaire, and program participant questionnaires. Informed Consent Forms were developed using language and vocabulary that has been used in studies which included persons with no high school diploma. Research protocols and instruments were approved by UVI's Institutional Review Board (IRB) (IRB 733582).

DATA ANALYSIS

Though both qualitative and quantitative data are presented in this report, quantitative data analysis was limited to descriptive analyses of the brief demographic survey using tables and graphs generated using Excel 2013. Excel 2013 was also used for generating graphs for PIR summary descriptive data extracted from PIR reports available at http://hses.ohs.acf.hhs.gov/pir, and TANF data retrieved from http://www.acf.hhs.gov/programs/ofa/programs/tanf/data-reports.

Transcripts of key informant interviews, focus group sessions, and parent conversations were developed. Qualitative data analyses to identify themes and inform contextual dimensions of the data systems and processes within health services systems in the territory were conducted using Atlas.Ti and coding by members of the research team. Also, secondary analysis of the USVI 2010 census data and de-identified data routinely collected by the HS/EHS and TANF programs was conducted (document review).

FINDINGS

THE US VIRGIN ISLANDS CONTEXT

Selected Demographic Characteristics

As shown in Table 2, the 2010 population of the USVI was 106,405, which represents a two percent decline from 2000 Census (U.S. Census Bureau, 2010 Census, US Virgin Islands). The majority of the population is relatively evenly distributed between St. Thomas (including Water Island) and St. Croix, with St. John accounting for four percent of the overall population. Across the Territory and in each district, females outnumber males (Table 2).

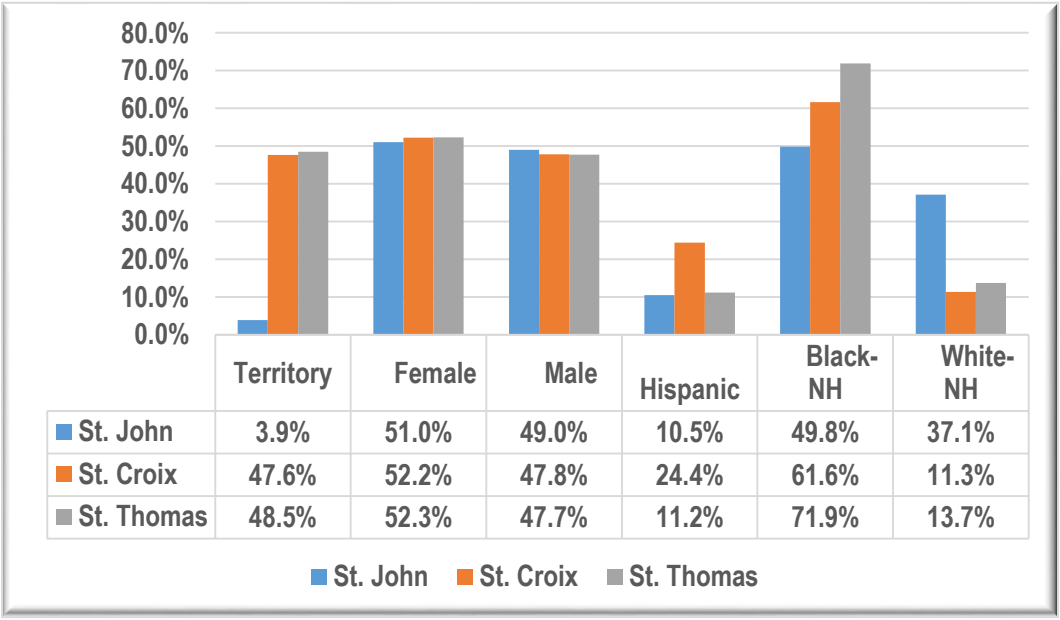
Table 2. Selected Demographic Characteristics: Territory and Islands

	Population			Hispanic Origin and Race			Children < 5 Years		
	All	Female	Male	Hispanic	Black - NH	White - NH	All	Female	Male
St. John	**4,170**	2,128	2,042	437	2,076	1549	**227**	108	119
St. Thomas	**51,634**	27,015	24,619	5,787	37,122	3,068	**3,488**	1,746	1,742
St. Croix	**50,601**	26,395	24,206	12,220	31,181	5,735	**3,785**	1,910	1,875
Territory	**106,405**	**55, 538**	**50,867**	**18,504**	**70,379**	**14,352**	**7,500**	**3,764**	**3,736**

Source: U.S. Census Bureau, 2010 Census, US Virgin Islands

Table 2 also captures information on the diversity of the USVI population, with approximately 17% of the population being of Hispanic origin. For St. Croix, close to one in four persons is of Hispanic origin. While approximately two-thirds of the USVI population is Black, non-Hispanic, the racial distribution among the three major islands is quite varied, with over one-third of St. John's population being White, non-Hispanic and only half the population identifying as Black, non-Hispanic (Figure 3).

Figure 3. USVI Population distribution by gender, Hispanic Origin and Race, 2010



	Territory	Female	Male	Hispanic	Black-NH	White-NH
St. John	3.9%	51.0%	49.0%	10.5%	49.8%	37.1%
St. Croix	47.6%	52.2%	47.8%	24.4%	61.6%	11.3%
St. Thomas	48.5%	52.3%	47.7%	11.2%	71.9%	13.7%

According to the 2010 Census, there were 7,500 children under the age of five, representing seven percent of the overall population in the USVI (Table 2), while 9.4% of the population were 62 or older; 22.3% were under 16; and just over 50% were between the ages of 21-61, inclusive (U.S. Census Bureau, 2010 Census, US Virgin Islands).

Finally, of all households, 60.7% are family households. Of these, 29.1% are headed by a single householder, with 23% headed by a female, with no husband, and 6.1% headed by a male with no wife. This trend – family households headed by single householders – is similar for St. Croix (30.2%) and St. Thomas (28.8%), but notably lower for St. John (21.8%).

Selected Social Characteristics

Education and educational attainment are important variables for understanding any community. For the Territory and each major island, the largest number of persons enrolled in school (45 – 49%) is enrolled at the elementary level, grades 1-8. The largest percentage (and number) of the population pursuing higher education is on the island of St. Thomas. Similar percentages of the population on all three islands are enrolled in high school (Table 3).

Table 3. Selected Social Characteristics, Territory and Islands

	Territory		St. John		St. Thomas		St. Croix	
School Enrollment*	**27,015 Number**		**771 Number**		**12,500 Number**		**13,744 Number**	
Nursery/Pre School	2,149	8.0	68	8.8	1,065	8.5	1,016	7.4
Kindergarten	1,677	6.2	42	5.4	773	6.2	862	6.3
Elementary (1-8)	12,181	45.1	374	48.5	5,402	43.2	6,405	46.6
High School	6,494	24.0	195	25.3	2,866	22.9	3,433	25.0
College/University	4,514	16.7	92	11.9	2,394	19.2	2,028	**14.8**
	Territory		**St. John**		**St. Thomas**		**St. Croix**	
Educational Attainment^	**70,813 Number**		**3,055 Number**		**35,212 Number**		**32,546 Number**	
Less than 9th grade	11,543	16.3	327	10.7	5,675	16.1	5,541	17.0
9-12; no diploma	10,479	14.8	386	12.6	4,944	14.0	5,149	15.8
HS graduate	21,598	30.5	776	25.4	11,001	31.2	9,821	30.2
Some college	10,505	14.8	513	16.8	5,370	15.3	4,622	14.2
AA degree	3,109	4.4	197	6.4	1,461	4.1	1,451	4.5
BA/BS or higher	13,579	19.2	856	28.0	6,761	19.2	5,962	18.3

Source: U.S. Census Bureau, 2010 Census, US Virgin Islands
**Note: Population 3 years and over enrolled in school*
^Note: Population 25 years and over

With respect to educational attainment (based on persons 25 years and older), it is noteworthy that less than 25% of the population on St. John has not earned a high school diploma, while approximately 33% of the St. Croix population and 30% of the St. Thomas population have not earned a high school diploma. St. Croix also has the lowest percentage of persons holding a Bachelor or higher degree (18%), while St. John has the highest percentage of its population holding a Bachelor or higher degree (28%). Overall, however, across all three islands, there is a low percentage of the USVI population who have earned college degrees (less than one in four) (Table 3).

In addition to educational variables, immigration information also provides a basis for understanding communities. Based on the 2010 Census, the USVI may be one of the few US jurisdictions where the persons indigenous to the area are in the minority. While the population is comprised of 66.6% US citizens, only 46.7% are born in the USVI. Of the 33.4% born outside of the Territory, 90.8% are from Caribbean islands, 3.9% from Asia, 2.3% from Europe, and 3% from elsewhere. The current percentage of naturalized citizens is 21.3%, of which 9.6% became naturalized citizens during the period of 2000 to 2010.

Despite the current level of immigration to the USVI, English remains the primary language of the Territory. It is spoken at home exclusively by 71.6% of the population 5 years old and over.

Of those (28.4%) speaking languages other than English at home, 17.2% reported speaking Spanish or Spanish creole, 8.6% reported speaking French or French creole, and 2.5% reported speaking "other languages" at home (U.S. Census Bureau, 2010 Census, US Virgin Islands).

It bears noting, however, that with the increased influx of immigrants from the Dominican Republic and Haiti, there is a growing percentage of persons in the population whose first language is not English and who are not as conversant with the English language as the typical resident. Further, these persons bring norms and cultures that are qualitatively different from that of the US Virgin Islands. This has implications for service delivery to this growing segment of the population both in terms of communication as well as sensitivity to cultural nuances and value systems.

Selected Economic Characteristics

Economic characteristics are also important in understanding a geographic area. Table 4 provides information relative to employment, health insurance coverage, and household income. While for the Territory overall, 66% of persons 16 and older were employed, for St. Thomas, 74.5% of persons 16 and over were employed. This is in stark contrast to 60.9% employment on St. Croix during the same period. Importantly, these statistics reflect the employment status prior to the second largest employer on St. Croix, HOVENSA, LLC, closing its doors over a three-month period, from April to June 2012.

Based on post 2010 Census data obtained from the Virgin Islands Department of Labor, the economic conditions in the USVI continue to be of major concern. For calendar years 2011 and 2012, an estimated 3,863 persons left the work force. This number does not include temporary layoffs for seasonal businesses (primarily the hospitality industry). Of that number, 83% (3,220) of the persons impacted resided on St. Croix (VI Department of Labor, 2013). These numbers include 500 government employees who were laid off due to economic challenges facing the Government of the Virgin Islands. Some of those persons were part-time or temporary employees. In looking at unemployment trends in the USVI for calendar years 2010 to 2015, average annual unemployment rates have ranged from 8.1% in 2010 to a high of 13.4% in 2013 and falling to a rate of 11.9% for 2015 (VI Department of Labor, 2016). For St. Croix, the numbers are even higher, with the unemployment rate peaking in 2013 at 15.1% and a high rate of 13.9% for 2012 and 2014.

Table 4. Selected Economic Characteristics, Territory and Islands

	Employment Status*			Health Insurance Coverage Status^			Median Household Income in 2009+		
	All	In labor force	Not in labor force	All	With Health Insurance	No Health Insurance	All	Family	Non Family
St. John	3,424 (4.1%)	2,550 (74.5%)	874	4,169 (4.0%)	2,705 (64.9%)	1,464	$40,644 (n=1,894)	$50,592 (n=1,032)	$29,063 (n=862)
St. Thomas	40,872 (49.5%)	28,648 (70.1%)	12,224	51,406 (48.7%)	35,165 (68.4%)	16,241	$38,232 (n=21,555)	$47,122 (n=12,564)	$26,022 (n=8,991)
St. Croix	38,338 (46.4%)	23,343 (60.9%)	14,995	49,858 (47.3%)	35,052 (70.3%)	14,806	$36,042 (n=19,765)	$41,959 (n=12,641)	$23,555 (n=7,124)
Territory	**82,634**	**54, 541 (66.0%)**	**28,093**	**105,433**	**72,922 (69.2%)**	**32,511**	**$37,254 (n=43,214)**	**$45,058 (n=26,237)**	**$25,357 (n=16,977)**

Source: U.S. Census Bureau, 2010 Census, US Virgin Islands
**Note: Population 16 years and over*
^Note: Civilian non-institutionalized population
+Note: Numbers represent households, not persons

Table 4 reveals that, of the three major islands, the lowest proportion of employed persons 16 and older reside on St. Croix, with approximately 61% in the labor force. This percentage is almost 10% lower than the percent of persons in the labor force on St. Thomas (70%) and almost 15 % lower than those in the labor force on St. John. Not only are there proportionately fewer persons in the labor force on St. Croix, but the overall median household income is also lowest on St. Croix, for both family and non-family households. The median income is highest on St. John, which has the highest cost of living of the three major islands. The impact of the labor force data and the median income for families can be seen more clearly from a review of Figures 4.1, 4.2, and 4.3, which graphically capture the poverty status for families with children under five years of age, by estates, for St. Croix, St. John, and St. Thomas.

Figure 4.1. Poverty Status for Families with Children < 5 Years by Estates: St. Croix

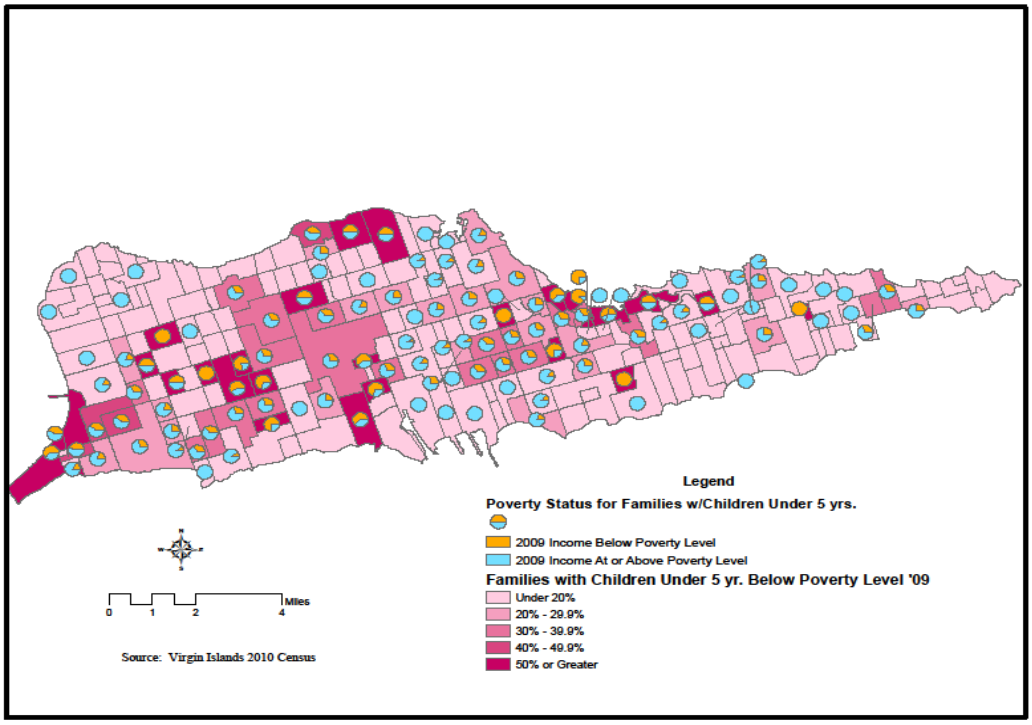


Figure 4.2. Poverty Status for Families with Children < 5 years by Estates: St. John

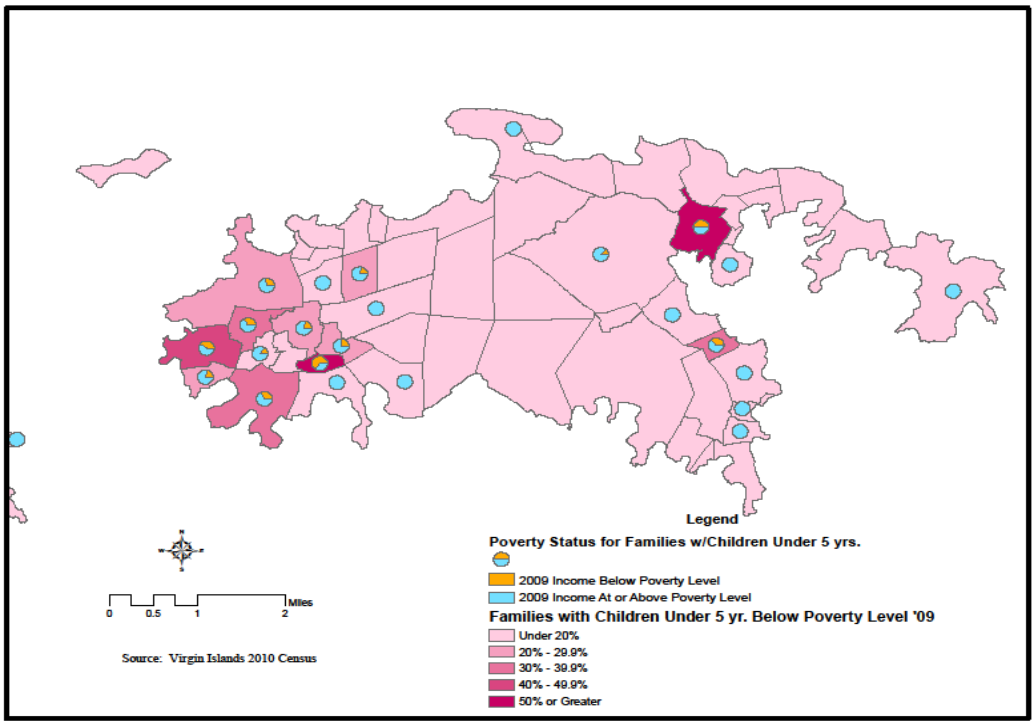
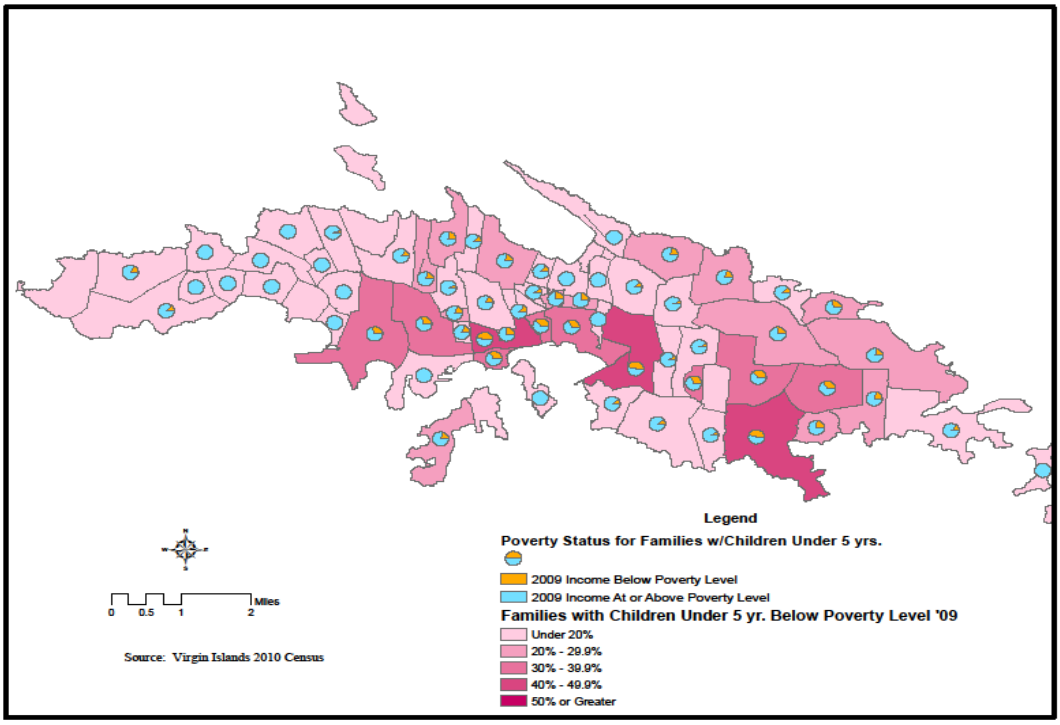


Figure 4.3. Poverty Status for Families with Children < 5 Years by Estates: St. Thomas



By far, the largest number of estates with families below the 2009 poverty level are on St. Croix (Figure 4.1), where, for at least five estates, all the families are below the 2009 poverty level. This is not the case for any of the estates on St. John or St. Thomas (Figures 4.2 and 4.3, respectively).

With respect to health insurance, approximately 31% of the population have no health insurance (Table 4). While approximately three in 10 persons on St. Croix have no health insurance, on St. John approximately one in three persons has no health insurance and almost the same proportion holds for St. Thomas. Figures 5.1, 5.2, and 5.3 show which geographic locations on each of the islands has the highest proportion of the population without insurance. Additional maps highlighting key characteristics (median income by estate; unemployment by estate; and persons under 18 by estate) of the target population can be found in Appendix V.

Figure 5.1. Persons with No Health Insurance by Estate: St. Croix

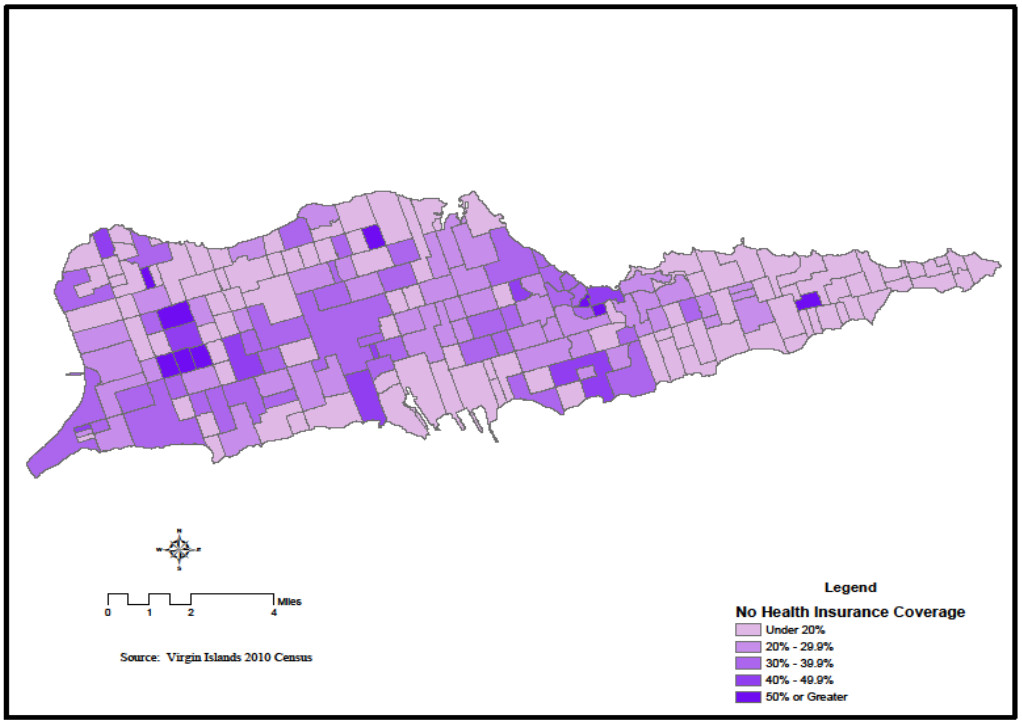


Figure 5.2. Persons with No Health Insurance by Estate: St. John

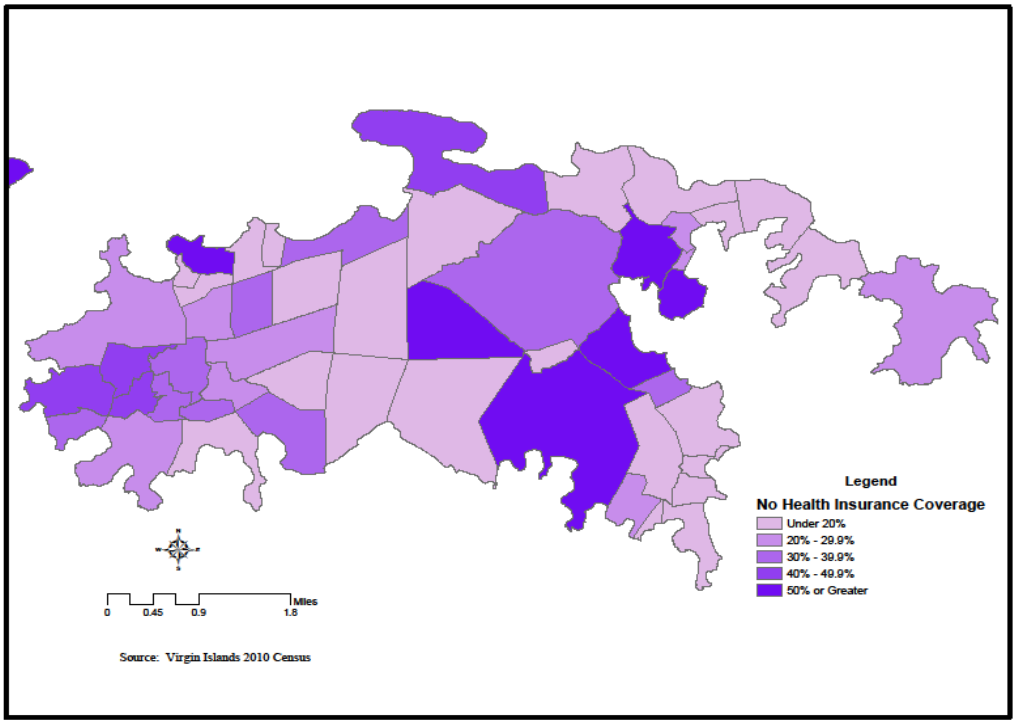
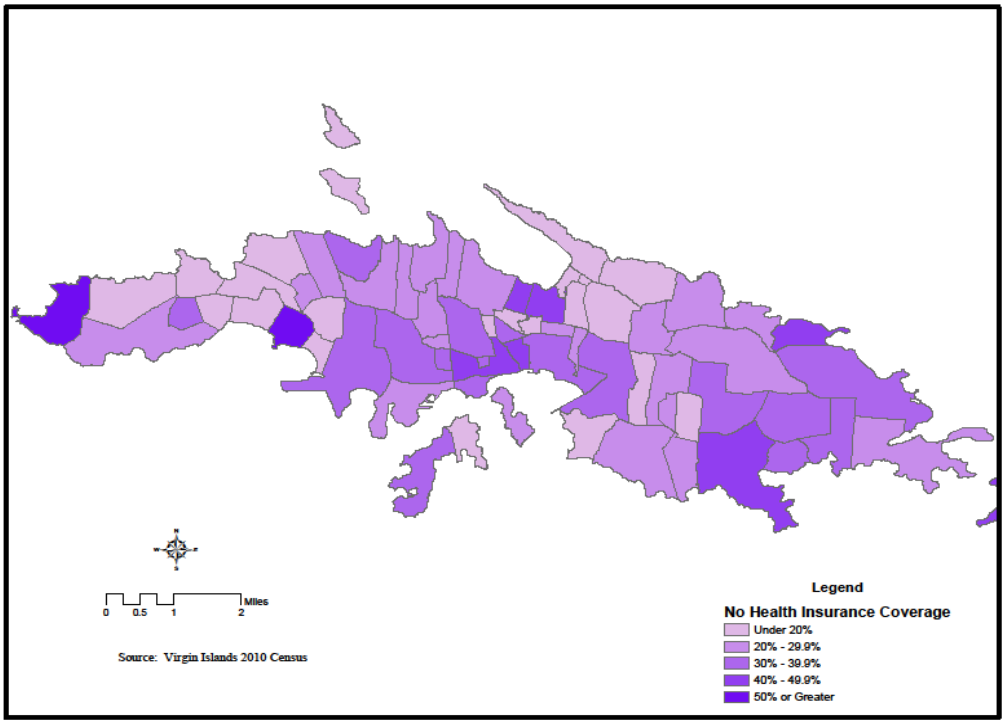


Figure 5.3. Persons with No Health Insurance by Estate: St. Thomas



The Status of Children and Families in the US Virgin Islands

The 2014 *Kids Count Data Book for the US Virgin Islands* (Community Foundation of the Virgin Islands, 2014) has as its subtitle, *Our Commitment Matters*. The focus of this 15th USVI Kids Count publication is on the need to make a commitment to address the adverse conditions that can be mitigated so as to improve the quality of life for the Territory's children. Notable findings include that 39% of single female head of household families live in poverty; an overall poverty rate of 31% for USVI children, with 45% of children five and under living in poverty. Of these children living in poverty, 76% are in homes headed by single females.

With respect to children in families that receive public support, 67% (16,616) of all USVI children (0-18 years) received Supplemental Nutrition Assistance Program (SNAP) benefits in 2012, while 81% of children who received SNAP benefits lived with a single parent. Of children between birth and four years of age, 68% received benefits through the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); this represents an increase from 54% in 2011. The number of free meals to child care centers increased from 640,596 in 2011 to 770,441 in 2012, a 20% increase (Virgin Islands Community Foundation, 2014).

Children's economic well-being is impacted by support provided by parents. For children in the USVI, approximately one-third are in the paternity and child support system. Of these children, approximately seven in 10 who live in female headed households do not receive regular, voluntary support from their fathers. Of over $66 million in outstanding child support payments, the Virgin Islands Department of Justice was able to collect just over 15%, or $10.3 million in 2012 (Community Foundation of the Virgin Islands, 2014).

Other Key Factors

In addition to these challenges facing the children of the Territory, US Virgin Islands residents continue to experience health disparities. The statistics provided relative to the percentage of persons and children who do not have insurance, along with the poverty and educational levels partially contribute to the health disparities in the Territory.

A key area which the Human Services Research Partnership hopes to address is the Territory's poor track record of consistent and reliable data collection. Notable indicators of this are the lack of a central cancer registry; a lack of readily available morbidity and mortality data for chronic illnesses; and an absence of any territorial database with key indicator variables for the children in the Territory. The Territory is also absent from many federal databases, to include the National Health and Nutrition Examination Survey (NHANES), the National Health Interview Survey (NHIS), and the Pregnancy Risk Assessment Monitoring System (PRAMS). Population level surveillance is limited to mandatory or compliance reporting requirements. Though the Territory is in the process of resuming the Behavior Risk Factor Surveillance System (BRFSS), data will not be available for secondary analysis until the latter half of 2017.

Significant work is being done to develop a territorial database, through the Virgin Islands Virtual Information System (VIVIS), managed by the VI Department of Education (VIDE). This has been identified as a possible solution for housing human services data for research purposes. The Department of Human Services – Government of the Virgin Islands (DHS-GVI) is also working on the development of an Early Childhood Integrated Data System (ECIDS) which should also assist with the capture of consistent, reliable data related to human services programs.

THE US VIRGIN ISLANDS DEPARTMENT OF HUMAN SERVICES CONTEXT

The DHS-GVI, which administers the HS and TANF programs, is the designated "… 'state agency' for all programs pertaining to youth, children, handicapped, elderly and low-income adults and families whenever such designation is required by federal law for the purpose of participating in federal programs (VIC, Title 3, Chapter 24, § 432, p. 81)." Further, DHS-GVI is authorized, under VIC, Title 3, Chapter 24, § 431(a), to "establish, administer, coordinate and supervise all publicly financed services and programs for youth, children, handicapped, elderly, and low-income adults and families … (p. 79)." The Department's mission is "to provide social services that will enhance the quality of life for individuals and families with diverse needs (p. 271, Virgin Islands Executive Budget, 2016)."

Organizational Structure

To carry out its mission, the DHS-GVI is organized into divisions and offices, specifically: Division of Children, Youth, and Families; Division of Disabilities and Rehabilitation Services; Division of Family Assistance; Division of Senior Citizens Affairs; Office of Child Care and Regulatory Services; Office of Intake and Emergency Services; and the Office of Residential Services. The HS program operates under the umbrella of the Office of Child Care and Regulatory Services and the TANF program operates under the Division of Family Assistance.

Policies and Procedures Governing Human Services Programs

Beyond the local statutes that govern the scope of operations for the DHS-GVI, the HS and TANF programs are further governed by local policies in the DHS-GVI based on Federal Statutes that govern these programs (Head Start Performance Standards 45 CFR Chapter VIII Office of Family Assistance; ACF, HHS § 260.30 PART 260—General Temporary Assistance for Needy Families (TANF) Provisions.

In April 2015, the USVI TANF State Plan, which was updated to align with Federal program changes, was signed by the Territory's Chief Executive, Governor Kenneth E. Mapp. The updated changes address two areas: 1) permitting recertification up to twelve months with periodic review beyond six months; and 2) increasing the allowable equity in an automobile.

THE HEAD START AND EARLY HEAD START PROGRAMS

The DHS-GVI's Office of Preschool Services administers the Head Start program in the US Virgin Islands. Lutheran Social Services of the Virgin Islands (LSSVI), a community-based, non-profit organization, administers the EHS program, which is available only on the island of St. Croix. The description of the HS and EHS programs aligns with the three major sections of the Program Information Report (PIR) submitted by all HS and EHS programs funded by the Administration for Children and Families (ACF). Three broad categories used in describing the USVI HS and EHS programs are: 1) program information, including funded enrollment, classes, and enrollment; 2) program staff and qualifications; and 3) child and family services, to include health services, mental health services, disability services, education and development tools/approaches, and family and community partnerships. [See Appendix VI for a synopsis of the PIR form used for data reporting.]

Program Information

Overview

HEAD START

Based on the 2013 HS re-compete grant application submitted by DHS-GVI, the HS program operating in the US Virgin Islands received federal funding to serve 894 children and families. More specifically, 520 slots are funded for the St. Croix District and 374 for the St. Thomas-St. John District (USVI Department of Human Services, 2013). Of these children, 466 were enrolled on St. Croix, 408 on St. Thomas, and 20 on St. John. For SY 2014-2015, enrollment was 550 on St. Croix, 389 on St. Thomas, and 20 on St. John; and 564 on St. Croix, 381 on St. Thomas, and 20 on St. John for SY 2015-2016. As documented earlier in this report, St. Croix has the highest poverty and unemployment levels of the three islands.

The HS program is the largest and most comprehensive childhood program in the Territory. Children enrolled in the program must turn three years of age by December 31st of the school year (SY) in which they first enter HS, and can remain in the program through age five. Children who would turn five years of age by December 31st of a school year (SY) transition to Kindergarten at the beginning of that particular school year.

The center-based HS program provided approximately 166 days of instruction and operated

48 classrooms: 26 on St. Croix, 21 on St. Thomas, and one on St. John (SY 2014-2015). Both full-day (7:45 am – 3:30 pm) and extended-day (7:30 am – 5:30 pm) services are provided. The full-day schedule serves non-working parents, while the extended day schedule serves "full-time, engaged parents" (HS Director Questionnaire, July 2015). In the district of St. Croix, 15 classrooms offered full-day services, while 11 classrooms in the St. Thomas-St. John District provided full-day services (USVI Department of Human Services, 2013).

In commenting on the two scheduling options, teachers in one district expressed concerns about the length of the extended day classes, noting challenges with timeliness of parent pick up as well as challenges with reaching persons on the list to serve as alternates for picking up children. In classrooms where some children are eligible for full day and some are not, teachers expressed additional challenges with adhering to policies when parents fail to understand why their child must leave at 3:30pm when others can remain until 5:30pm. As teachers described,

> *What happen is some classrooms are now -- because we have to, we want to keep – center shortages – because we haven't gotten a location for these children; some classrooms have like split times. Like they might have the same twenty children. Because some are what's the word I'm looking for, eligible. They are not eligible to have a full day center. They might have children in their centers who are eligible for a full day and who are eligible for an extended day. So they have both sets of children in their classroom. So you might be in a full-day, which means you come in for 7:45. However, the other student might be in an extended day program so they can come in for 7:30. So those parents who might be coming in for 7:45 see the other children coming in for 7:30, want to know, but how come they in there at 7:30 and I have to wait on 7:45? [Teacher Focus Groups, 2015].*
>
> *… So I does explain to them, the reason why I do not let you in because your child is not covered from 7:30 to 5:30 with the insurance. [Teacher Focus Groups, 2015].*

Funding for the HS program in the USVI comes from two sources – a federal grant and matching funds from the local government. There is an 80:20 federal/local match requirement for the HS program, as reported in the US Virgin Islands Executive Budget for FY 2016 (Virgin Islands Executive Budget, 2016). Table 5, below, captures funding levels for the HS program for the period FY 2011 through FY 2015. In FY 2014, the GVI Executive Budgets began reporting estimated and projected funding levels, as well as actual expenditure levels, while previous Executive Budgets did not distinguish budgetary figures in this manner. Based on estimated budgetary figures for FY 2011 – FY 2015 (Table 5), the GVI has consistently met the 20% local match requirement for the HS program. In 2013, the HS program was awarded a five-year continuation grant.

Table 5. Estimated funding for the USVI HS Program: FY 2011 – FY 2015

Fiscal Year	Federal Award	Local Match
2011	8,764,289	3,672,669
2012	9,694,617	3,215,063
2013	9,366,679	3,114,650
2014	8,416,931	2,779,282
2015	8,578,779	2,744,010

Source: Government of the Virgin Islands – Executive Budgets FY 2011 – FY 2016

EARLY HEAD START

The EHS program, available only on the island of St. Croix, is administered by Lutheran Social Services of the Virgin Islands (LSSVI), a community-based non-profit organization. LSSVI is a human services agency that has been serving the US Virgin Islands community for over a century, providing services to vulnerable populations, to include abandoned, abused, and neglected children, pregnant women and families, adults with disabilities, and low income seniors (LSS website Home Page, http://lssvi.org/).

The EHS program serves 120 children, families and pregnant women on the island of St. Croix. During SY 2014-2015, 24 were in the Pregnant Women Program, 24 children were in the Home-based program and remaining 72 children were served through the Center-based Program (LSSVI (n.d.), *Early Head Start Annual Report: 2014-2015*). LSSVI operates two centers on the island of St. Croix, having opened in 2003 on the west end of the island, and 2009 in the east (Annual Report, 2014). In support of its 2014-2015 operating year, LSSVI received $1,708,411 in federal funding from ACF, DHHS. Additional funding was received from private sources in the amount of $127,103. In its annual report, the EHS program reported 100% enrollment for all three of its programs (Annual Report, 2014).

Enrollment: HS and EHS

The HS program engages in recruitment activities through the Community Partnership Content Area (USVI Department of Human Services, 2013, p. 17). The recruitment process is concentrated during the months of March through May. Funding is provided for 894 slots to serve eligible children and recruitment efforts are always successful, with the enrollment cap consistently being met. In fact, in its 2012 re-funding application, the HS program reported a total of 308 children on its waiting list (p. 19). However, more recent information gathered through the HS

Director Questionnaire, provided updated information. As described by the HS Administrator, the program has 894 funded slots, but served/enrolled 959 children in SY 2014-2015, a number that aligns with PIR reports (Figure 6). The discrepancy in the funded slots and the number of children served/enrolled is explained by turnover numbers (presented later in this report) (HS Director Questionnaire, July 2015). While the enrollment for the HS program is always at capacity, with respect to funded slots, administrative data for the last five school years indicate that there are waiting lists of children for the program, and the waiting list numbers are trending up, as can be observed in Table 6.

Table 6. Waiting List Numbers - US Virgin Islands Head Start Program: SY 2012-2013 – SY 2016-2017

School Year	Territory	St. Croix District	St. Thomas-St. John District
2013	119	65	54
2014	N/A	N/A	N/A
2015	448	249	199
2016	538	233	305
2017	548	264	284

Source: Virgin Islands Department of Human Services

Various criteria are used to determine eligibility of applicants. These criteria are developed by the Eligibility, Recruitment, Selection, Enrollment, and Attendance (ERSEA) Committee. Members include HS program administrators, Policy Council members, and other key HS staff. The team is territorial and members represent both the St. Croix and St. Thomas-St. John Districts (Head Start Work Group Findings/Notes, August 2015). Selection criteria include:

1. *Income of families* – based on poverty guidelines set by federal government;
2. *Ages of the children* – in the home;
3. *Composition of families* – two-parent families vs single-parent families;
4. *Status of child being considered*: First time? Returning? More points are awarded for a returning child {*for the second year, four year olds receive 15 additional points*}; and,
5. Factors that increase a family's vulnerabilities. [See Appendix VII for listing of Selection Criteria.]

The ERSEA Committee reviews the selection criteria annually and makes determinations relative to adjustments based on a review of key sources such as Kids Count Data Books, Community Needs Assessment Reports, and self-assessments completed by program staff. The ERSEA Committee submits recommendations on selection criteria, and related point values, to the Policy Council with explanations as to reasons for changes in the selection criteria and point values. The Policy Council reviews the recommended changes and makes a determination to accept the changes as recommended, or whether additional adjustments will be made. Once the Policy

Council acts, it forwards its recommendation to the Governing Board, which makes the final determination regarding the acceptance and implementation of the recommended changes to the selection criteria (Head Start Workgroup Findings/Notes, August 2015).

One of the primary criteria is income eligibility. However, there is a point system that is used for scoring each application. Children who are homeless, in foster care, or who have disabilities receive priority consideration. It is noteworthy to point out that the research team was apprised by key HS personnel that the Department of Education is responsible for making determinations regarding disability status. Thus, for applicants to obtain points on an application for a "disability" designation, that designation would have to have already been determined.

Figures 6 through 10 provide visual depictions of the children and families enrolled in the HS program in the USVI during the period 2009 – 2015, based on select eligibility criteria. The HS/EHS programs seek to serve the families that are the most vulnerable and the neediest financially. The majority of participants are enrolled in the HS program, though, from 2009 to 2015, the enrollment in the EHS program has increased from 39 participants to 109 participants (almost three times the initial enrollment). The 109 children enrolled in the EHS program represent approximately 10% of the children in the HS and EHS programs in the Territory (Figure 6).

Figure 6. Cumulative HS/EHS Enrollment by Enrollee Classification: 2009-2015

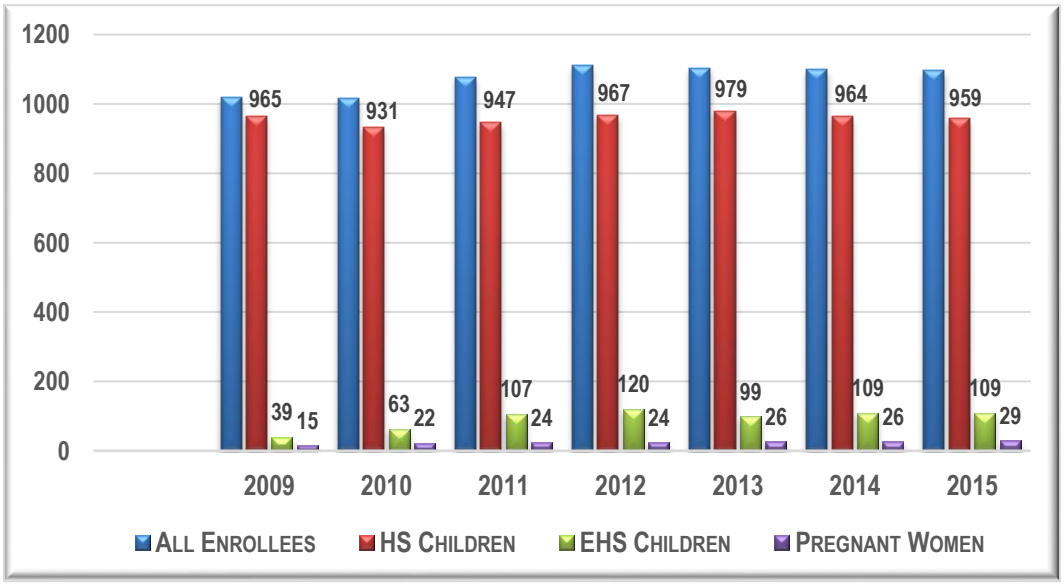
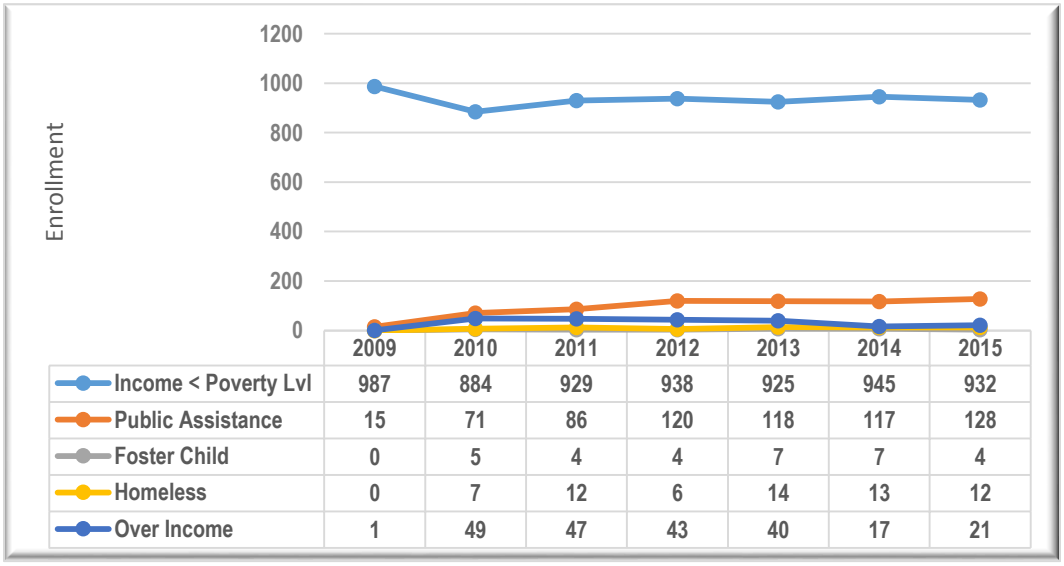


Figure 7 confirms that income is one of the key criteria for the determination of eligibility for participation in the HS/EHS programs. The overwhelming majority of enrollees were eligible

because the family's income fell below the poverty level. The other major eligibility criterion is families on public assistance.

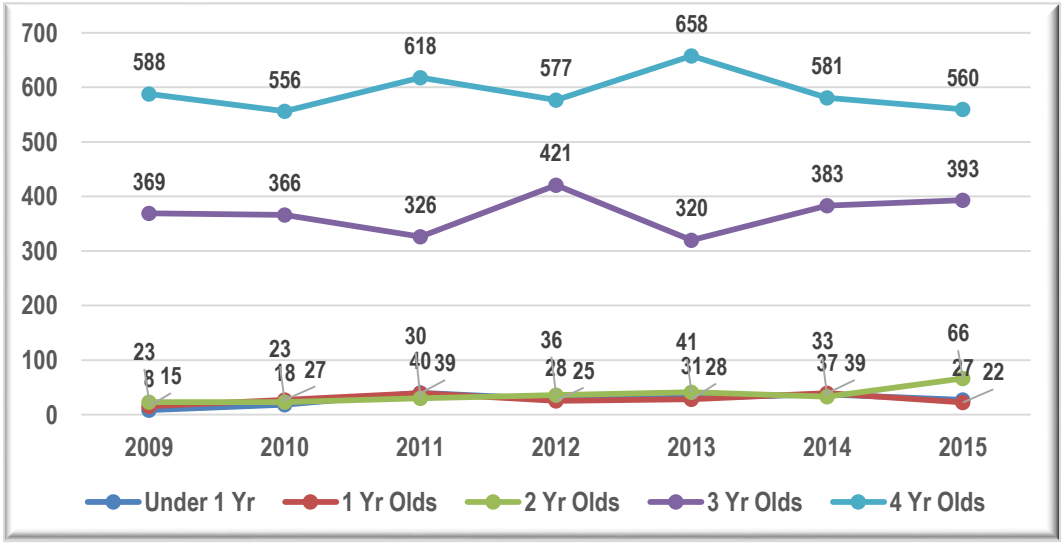
Figure 7. Cumulative HS/EHS Enrollment by Eligibility Type: 2009-2015



	2009	2010	2011	2012	2013	2014	2015
Income < Poverty Lvl	987	884	929	938	925	945	932
Public Assistance	15	71	86	120	118	117	128
Foster Child	0	5	4	4	7	7	4
Homeless	0	7	12	6	14	13	12
Over Income	1	49	47	43	40	17	21

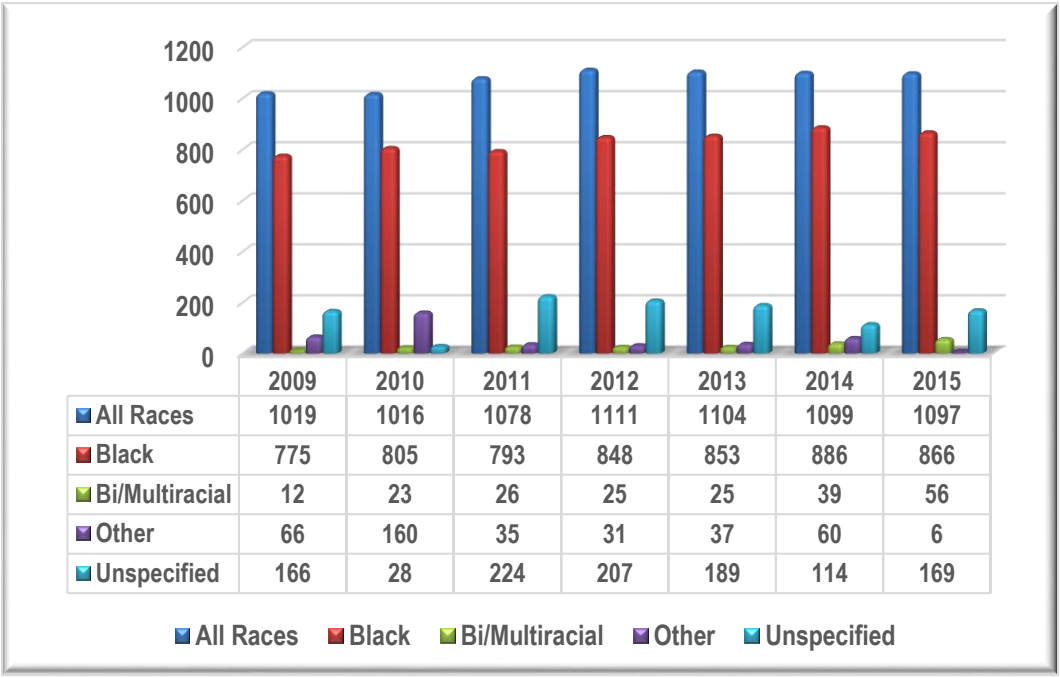
Figure 8 provides the age distribution of the children in the HS and EHS programs. There is consistency in the proportion of children enrolled by age, for the period under consideration: most enrollees are four-year olds, followed by three year-olds.

Figure 8. Cumulative HS/EHS Enrollment by Age: 2009-2015



Blacks represent the predominant racial group served by the HS/EHS programs in the USVI (Figure 9). A small proportion of children are bi/multiracial or of other races. However, in several years, particularly 2011 – 2013, information on race was not provided for over 10% of enrolled children. It is therefore difficult to accurately describe the racial diversity of the HS/EHS enrollees.

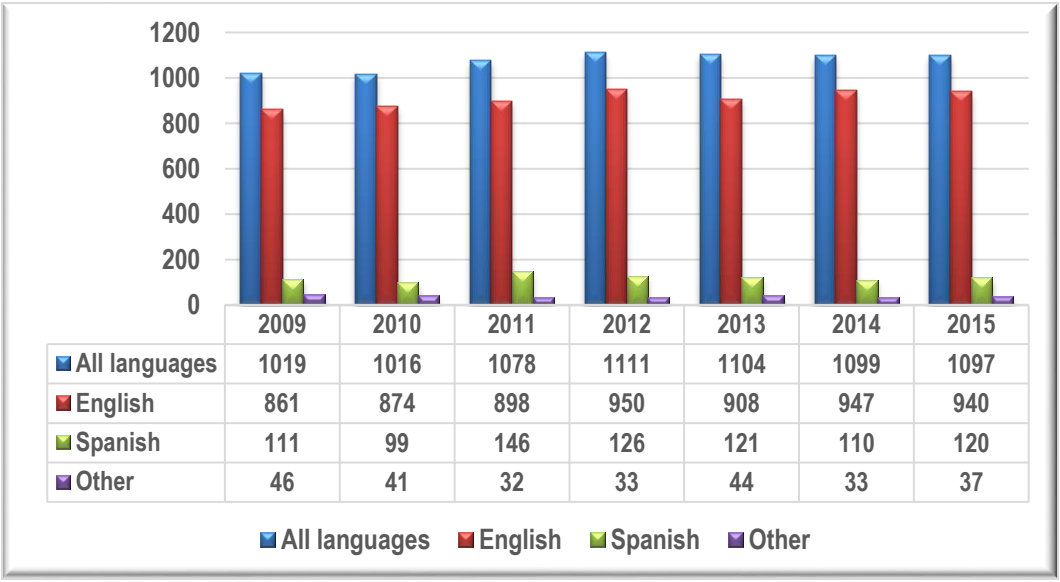
Figure 9. Cumulative HS/EHS Enrollment by Race: 2009-2015



	2009	2010	2011	2012	2013	2014	2015
All Races	1019	1016	1078	1111	1104	1099	1097
Black	775	805	793	848	853	886	866
Bi/Multiracial	12	23	26	25	25	39	56
Other	66	160	35	31	37	60	6
Unspecified	166	28	224	207	189	114	169

Figure 10 provides a picture of the primary language spoken at home. For all years represented, English was the primary language spoken at home for 80 to 90% of enrolled children, with Spanish being the second most spoken language in the home.

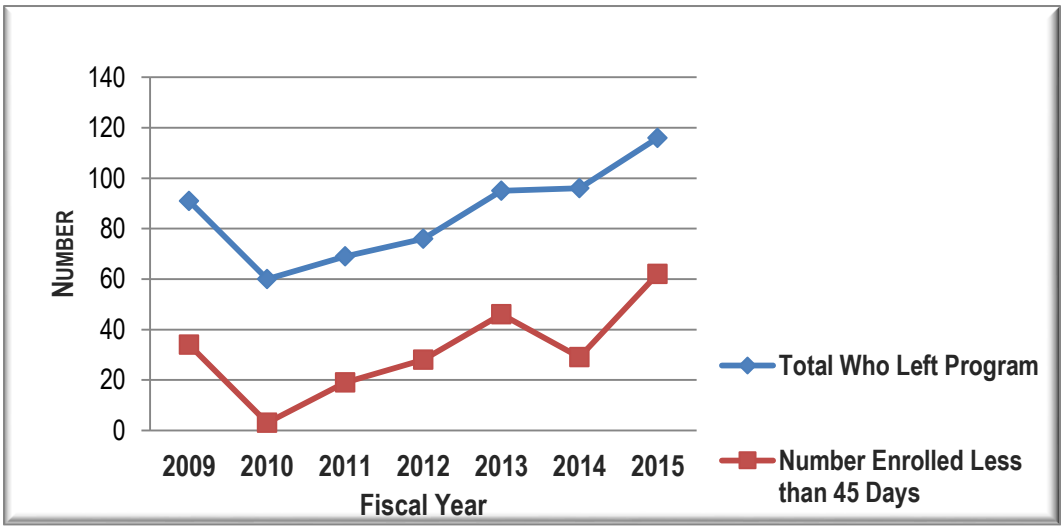
Figure 10. Cumulative HS/EHS Enrollment by Primary Language Spoken at Home: 2009-2015



	2009	2010	2011	2012	2013	2014	2015
All languages	1019	1016	1078	1111	1104	1099	1097
English	861	874	898	950	908	947	940
Spanish	111	99	146	126	121	110	120
Other	46	41	32	33	44	33	37

Throughout the school year, there is turnover in the program. Thus, though enrollment figures indicate that the number of children and families served exceeded the 894 funded slots, at any given time in the school year, only 894 children are enrolled. Figure 11 provides summary information about transition and turnover in the HS/EHS programs over SY 2008-2009 through SY 2014-2015. The discrepancy in totals between Figures 7 and 8 (which have the same overall totals) and Figures 9 and 10 (which have the same overall totals) may represent some errors in reporting. Since the data were extracted from PIR reports, the research team was unable to determine definitively the reason for the discrepancies.

Figure 11. HS/EHS Enrollment Turnover: 2009-2015



Though the preceding information on clients served indicates that the program is at capacity, relative to funded slots, some of the teacher participants of the focus group sessions raised concerns about the criteria for the selection and approval of children accepted into the HS program. When articulating these concerns, teachers pointed to income criteria that result in single parent families falling through the cracks and not being able to access the HS program and related services. In making this point, some of the teachers shared the following:

> *Now. I need the help. I'm just struggling. I can barely buy nutritious food for my child to eat. But because of the $25,000 I making, they going tell me I can't get.* **…** *I can talk about it because I know it happen to people. People that I know. They cannot get in Early Head Start. They couldn't get into Head Start. They can't get Food Stamp. They can't get medical card. They can't get nothing. No help… [Teacher Focus Groups, 2015]*

> *So you telling parents or families that you want to help them, but then you not really helping them if you are saying, I have a little part-time job trying to help myself, but then I want to get my child into Head Start and I might have to cut back a couple of hours. Because it had a young lady come to me this year before school start and she is like, well I'm thinking about cutting back my hours at work. And I was like why? An' she said because I making too much at work and if I cut down two days from work, I'm making less on my paycheck which would make me be eligible for Head Start. So I'm like, I said sweetheart, I seriously hope that you don't consider doing that. [Teacher Focus Groups, 2015]*

Similar concerns were also raised by HS middle managers and line staff, particularly with respect to income eligibility requirements. The quotes below amplify these concerns and the perceived implications relative to whether the most vulnerable and financially needy do, in fact, have access to the HS program in the US Virgin Islands.

> *… A lot of children who are really in the poverty guideline they cannot get into Head Start… A lot of them does be over income maybe just by a little bit… And her one son, she work education, she over income. $20,000 make her over income. And she get in with Block Grant, but she won't get in with us. [HS Middle Managers & Line Staff Focus Group, 2015]*

> *… And we ask …please … try to do is to put our Guidelines with Alaska at least… It really, really, really is hard if we trying to reach the most needy. Sometimes the most needy [sic] get screwed because of the Income Guidelines. [HS Middle Managers & Line Staff Focus Group, 2014, 2015]*

> *It's a good program for low income, but when you hear of low income and you still have single parents what telling you that they register their child and they over income by a hundred dollars or you know, it does pain your heart because these are people that need the program and then you see a other set that, you want to know, well how? [Teacher Focus Groups, 2015]*

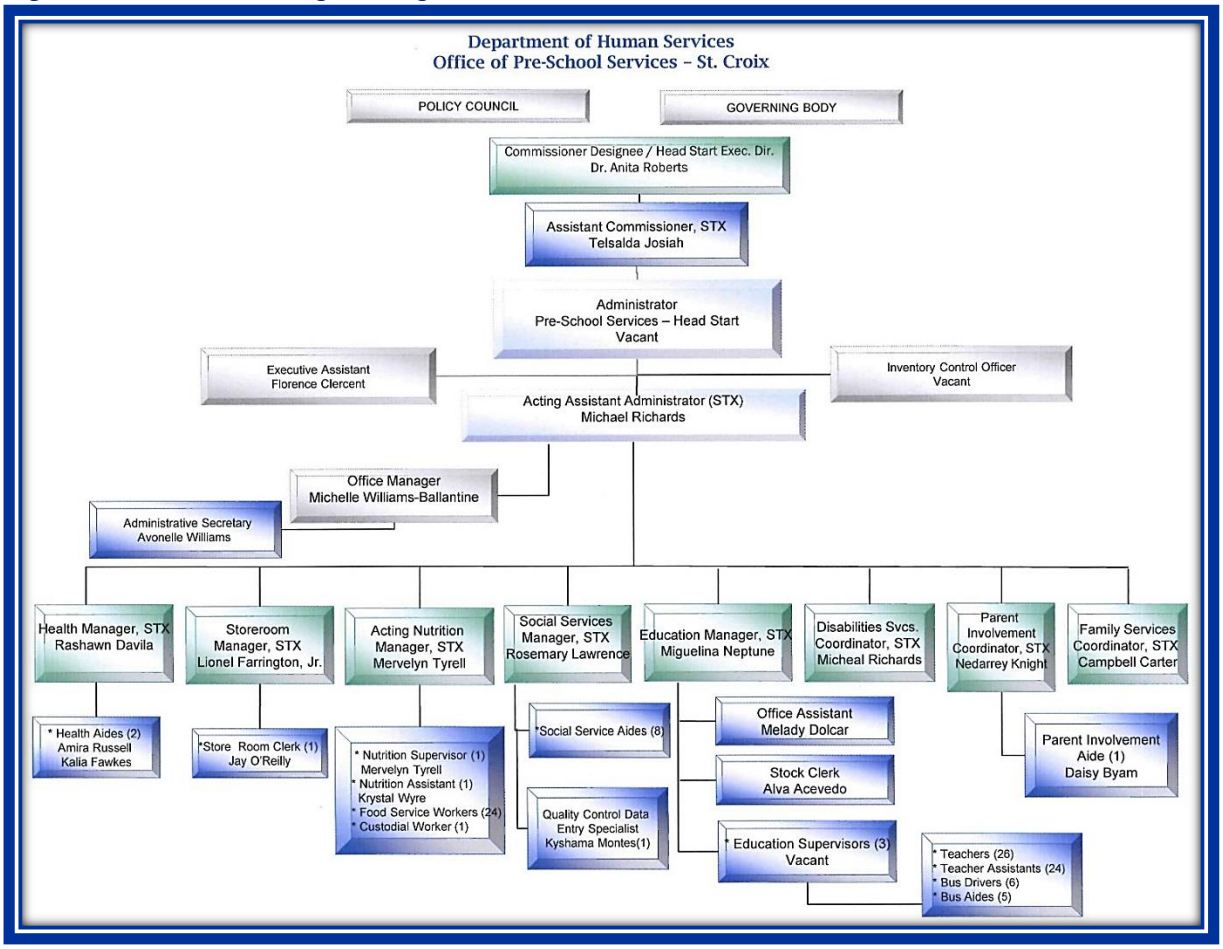
Program Staff and Qualifications

Head Start

The HS program in the USVI is headed by the Chief Executive for the Department of Human Services, the Commissioner, who serves as the Head Start Executive Director. Operationally, the HS program was headed by a territorial Administrator, who served in that capacity from 2006 through 2016. When this scan started, this position was based on the island of St. Croix, and an Assistant Administrator was based on the island of St. Thomas. As of 2016, the Assistant Administrator still serves in that capacity and is still based on the island of St. Thomas, while the Disabilities Coordinator, based on the island of St. Croix, is serving as HS Acting Assistant Administrator for the island of St. Croix. These administrators are supported by a team of district-level (St. Croix and St. Thomas-St. John) middle managers and line staff. Figures 12 and 13 represent organizational charts for the HS program that the research team received from program personnel. Though the HS program is territorial and operates under one umbrella, the district-level organizational charts were provided to facilitate an overall understanding of the organizational structure of the program. In addition to the Administrator and Assistant Administrator, there are seven (7) middle manager positions associated with the HS program in each district.

In the St. Croix District, there has been some instability within the HS program, with the Administrator position vacant and the Nutrition Manager serving in an acting capacity. Additionally, there are vacancies in the area of Education Supervisors (Figure 12).

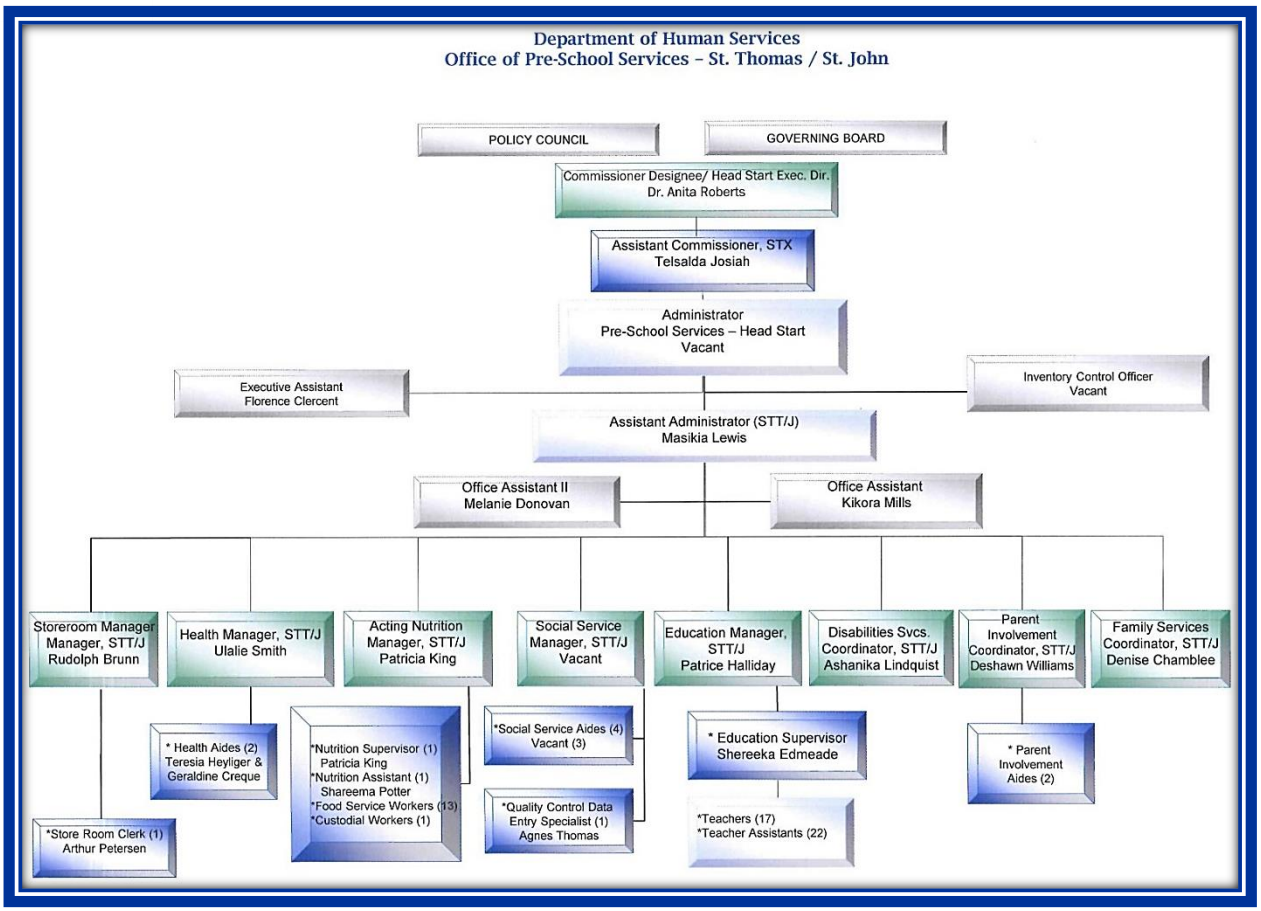
Figure 12. Head Start Program Organizational Chart: St. Croix District



Source: VI Department of Human Services (December 2016)

Figure 13 reveals greater instability at the middle manager level in the St. Thomas-St. John District, with a vacancy in the Social Service Manager position. Additionally, as in the St. Croix District, the Nutrition Manager serves in an acting capacity. However, in the St. Thomas-St. John District, along with the Social Service Manager being vacant, three of four Social Service Aide positions are vacant. In both districts, teachers and assistant teacher report to the Education Supervisors, who report to the Education Managers.

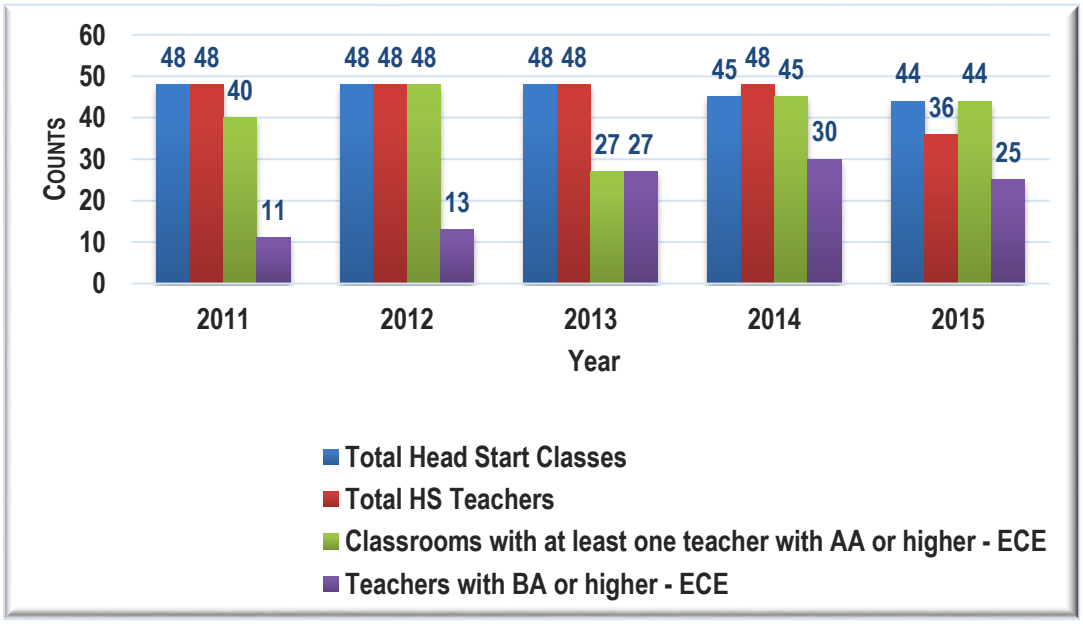
Figure 13. Head Start Program Organizational Chart: St. Thomas-St. John District



Source: VI Department of Human Services (December 2016)

Based on reporting requirements associated with the HS PIR, Figure 14 provides summary information on the number of HS classrooms, teachers, and teacher qualifications for SY 2010-2011 – SY 2014-2015. For SY 2010-2011 – SY 2013-2014, there was a steady increase in the number of teachers with a BA degree or higher in an area related to Early Childhood Education. However, in 2015, two shifts in the trends from 2011 to 2014 can be observed. First, the total number of teachers is less than the total number of classrooms and second, there were fewer teachers with a BA degree or higher in early childhood education in 2015 than in 2013 or 2014. Yet, with the exception of SY 2011, at least one teacher in each HS classroom had earned an AA degree or higher in the area of Early Childhood Education (Figure 14). The discrepancy in the number of teachers reported for SY 2014-2015 and the number with at least an AA degree may represent some assistant teachers who served as acting teachers. Figure 15 shows that some assistant teachers have earned an AA degree.

Figure 14. Number of HS Classrooms and Teachers and Teacher Qualifications: SY2011-2015



For SY 2014-2015, based on a key informant interview with the Administrator of the HS program, there were 45 teachers, of which 27 (60%) held BA degrees and three (6%) held MA degrees. During the focus group sessions conducted with teachers, many expressed the value of the HS program and their love for the work that they do with children and families. As one stated,

> *I been working with the Head Start since 1997. So that's 19 years. I started as an Assistant Teacher, then I been acting as a Teacher presently and I enjoy working with children. I love Head Start. [Teacher Focus Groups, 2015]*

Another shared,

> *I am new to the Head Start Program. I started in August. I am an Assistant Teacher. I am working with the children. I enjoy working with the children and their families. [Teacher Focus Groups, 2015]*

Each classroom should be staffed with one lead teacher and an assistant. More specifically, as noted in the HS re-funding grant application, "Head Start Performance standards dictate that the child to staff ratio be 10:1 for classrooms that have predominantly four year olds enrolled and 8:1 for classrooms that have a mixture of 3 and 4 year olds" (p. 72) (USVI DHS HS Program DRS, 2012). However, due to staffing shortages, several classrooms were staffed only by a lead teacher or acting lead teacher (HS Teachers Focus Groups, 2015). Teachers agreed that it was a challenge to function without the appropriate support personnel in the classrooms:

Working with 20 children by myself and the ratio is 10:1 for four years old and 8:1 for three years old. I have 14 three year olds. [Teacher Focus Groups, 2015]

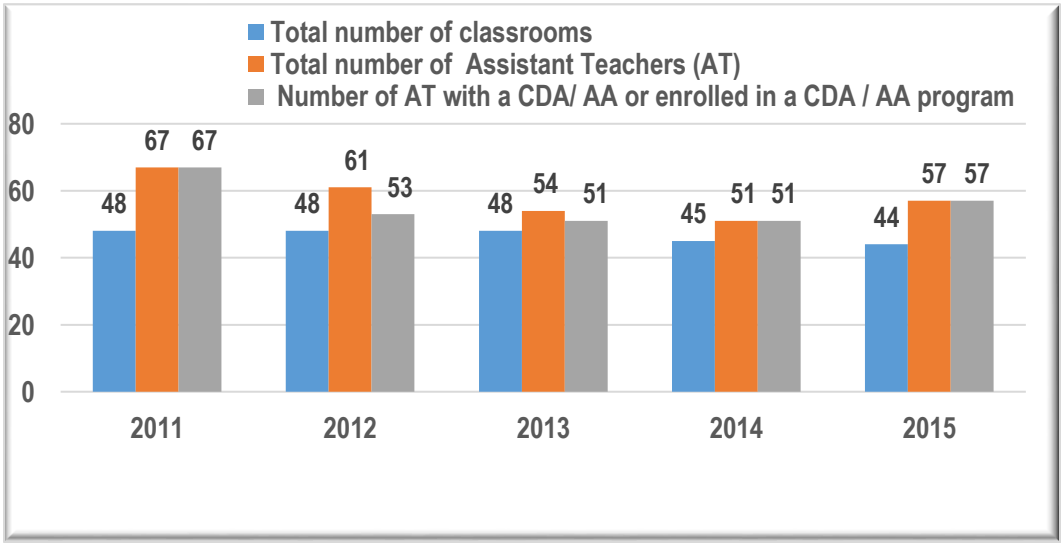
… For instance, 20 children and one teacher; a few of us are doing that. It's hard. [Teacher Focus Groups, 2015]

They are very stretched out and I think … the rubber bands are going to be burst. They need to hire people to work with these teachers … because, it's not easy … [Teacher Focus Groups, 2015]

In its 2013 HS re-funding grant application, the DHS-GVI presented the then level of staff qualifications and outlined steps to be taken to address the qualification requirements for Center-based staff not yet meeting federal qualification requirements (pp. 71-72). It was noted that of the then 48 teachers, all had earned AA degrees and 27% had earned BA degrees, with an additional 12% projected to earn BA degrees by June 2013. The information presented on the credentials for HS teachers for SY 2014-2015 demonstrate that there has been significant progress with respect to the attainment of BA degrees by HS teachers.

The PIR also provided information on assistant teachers, as noted in Figure 15. Since data on teachers, assistant teachers and teacher credentials have been collected as part of the PIR, the number of assistant teachers has been higher than the number of classrooms. The highest number of assistant teachers was in 2011, when the ratio of assistant teachers to HS classroom was approximately 1.3:1 (Figure 15). Though in 2012 and 2013 there were a few assistant teachers who did not have the requisite credentials, for 2011, 2014, and 2015, all assistant teachers either had the required credentials of CDA or AA, or were enrolled in a CDA or AA program.

Figure 15. Number of HS Classrooms and Assistant Teachers with Required Credentials: SY2011-2015



The PIR information and the re-funding application information were triangulated by information provided by teachers, assistant teachers, and middle managers during focus group discussions. With respect to training and qualifications, a number of teachers indicated that this was one of the most positive features of the HS program for them. Several mentioned starting out in the HS program as volunteers, working their way up to teaching assistants, and finally to the role of teacher. They described the credentialing process, from earning their CDAs, their AA degrees, some their BA degrees, and a few proudly shared that they had earned MA degrees. The following quote about the educational opportunities for the teaching staff captures the overall sentiment of the majority of teachers who participated in the focus group discussions:

> *… As teachers in the Head Start, when I first came to the Head Start, I didn't have no degree, you know. As I moved on, I got my Child Development Associates, which is a CDA. … Then I moved on. Then I got my Associates. Then I moved on then I got my Bachelors and then I stopped there… You know, so that really helped me because I gained a little more knowledge as I go into the different degrees, you know you learn more, you know … I gain more knowledge. [Teacher Focus Group, 2015]*

With respect to staff being credentialed, a participant in the HS Middle Managers' focus group session observed:

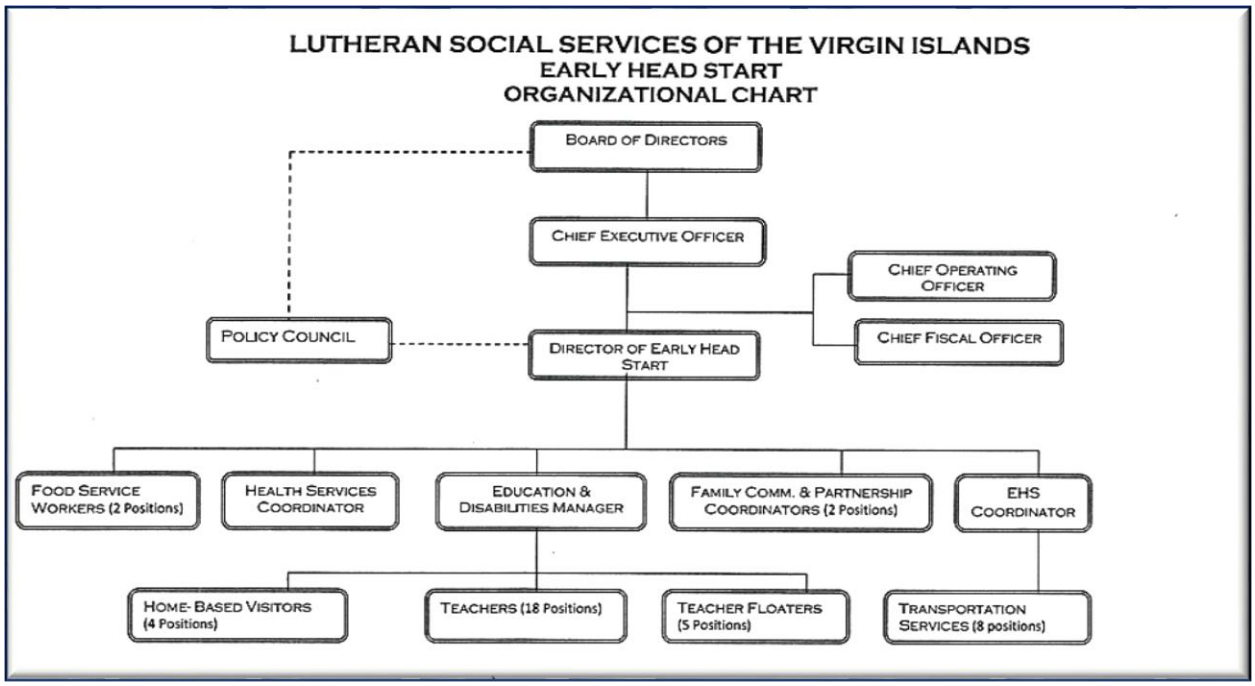
> *So everybody is credentialed and that was required couple years that everybody had to be qualified to be working in the classrooms. The CDA right now, we had three parents this past school year that acquired their CDA … [HS Middle Managers & Line Staff Focus Groups, 2014, 2015]*

In addition to opportunities for Center personnel to earn teaching qualifications, during key informant interviews and focus group sessions, staff described training opportunities that are made available to HS staff. These training opportunities are provided so that staff can better meet the needs of HS clients – both families in general and children more specifically. During SY 2014-2015, training was provided for managers and senior leadership staff in areas such as Eligibility, Recruitment, Selection, Enrollment and Attendance (ERSEA); workplace ethics; Heart of Coaching; virtue certification; CPR/First Aid; and Tsunami preparedness. Further, there is an annual week of in-service training for teachers, assistant teachers, and other HS personnel at the beginning of each school year. Samples of training schedules for the HS/EHS programs are included in Appendix VIII.

Early Head Start

The EHS program serves the St. Croix District only and is staffed by a Director, Health Services Coordinator, Education & Disabilities Manager, Family Communication and Partnership Coordinators (2) and an Early Head Start Coordinator. There are two positions for Food Service Workers. Other staff include Home Based Visitors (4), Teachers (18), Teacher Floaters (5) and Transportation Services staff (8). Figure 16 represents the organizational chart for the EHS program.

Figure 16. Early Head Start Program Organizational Chart: St. Croix, US Virgin Islands



Based on PIR data reported for the EHS program, all teachers meet degree or credential requirements. Information on teacher degree/credentialing started being collected in SY 2010-2011 and the EHS program has always met the degree/credentialing requirements, since the the program started in September 2010.

Though all EHS teachers are appropriately credentialed, the program has challenges hiring and retaining other credentialed personnel. These challenges are captured in the quote below:

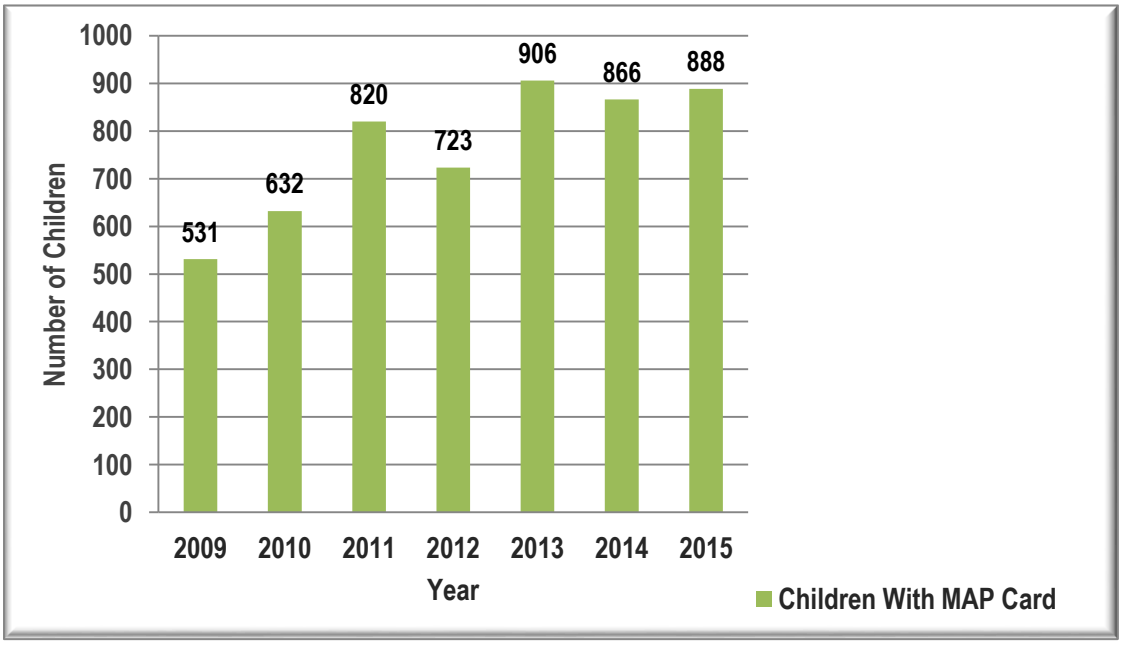
> *One of the challenges we do find-we find that a lot is finding staff with the appropriate credentials to work here. That's also another challenge. We recently had a (sic) Education Disabilities Manager-she was with us for a year- she moved down from Atlanta but had to move back away. It was a big loss. Disability manager you have a minimum Early Childhood Education, a*

Bachelor's or Master's. For a teacher you have to have a minimum of a CDA to work here. HS is different-you have to have a Bachelors. I think their credentials are a little higher for HS than for EHS but for us it's still a minimum of a CDA getting those candidates to apply to fill those positions-it is extremely difficult to fill that position. [EHS, Key Informant Interview, 2015]

Child and Family Services

Federal guidelines mandate that children enrolled in HS/EHS receive preventive health services, to include medical, dental, and nutritional evaluations; developmental, hearing, and vision screenings; and well-child check-ups. Nutritional evaluations include calculation of body mass index (BMI) and documentation of blood work for children at enrollment and recertification. In addition to the preventive health services, as needed, children also receive referrals for direct health services based on screening results. The cost of the preventive and referral services are covered under the medical assistance program (MAP) for eligible families. Since these services are mandated, the HS/EHS programs cover the related costs for all families not covered under MAP. Figure 17 captures information on the families who are covered by MAP.

Figure 17. HS Children covered by the Medical Assistance Program (MAP): 2009-2015



While in 2009 fewer than 60% of HS children had MAP cards, over 85% served in 2015 were receiving MAP benefits (Figure 17). This could be indicative that more needy families are enrolled in the HS program or might be reflective of the expansion of MAP benefits in the USVI.

Health Services

The Centers for Disease Control and Prevention's (CDC) social determinants of health (SDOH) framework suggests that an individual's health may be impacted by factors in key social and environmental domains. One such domain is health and healthcare (Figure 18). Given the purpose and focus of HS/EHS, it is important, as part of the description of HS/EHS, to document these elements that are federal mandates for these programs and that also have implications for health disparities for the target population.

Figure 18. Social Determinants of Health (SDOH)

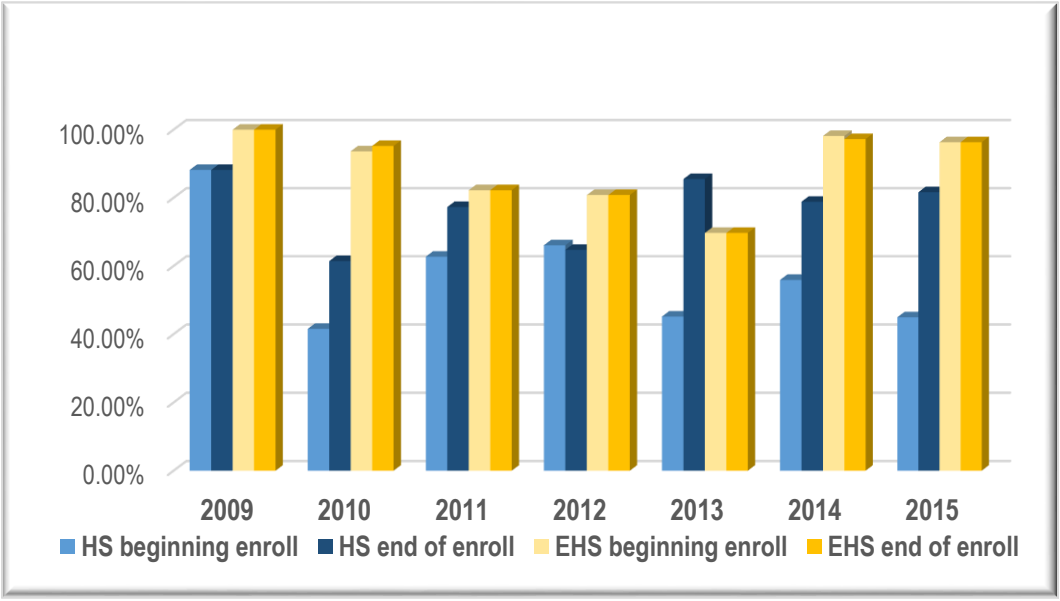
Source: Centers for Disease Control and Prevention

In particular, the information that follows focuses on the Health and Health Care aspect of the social determinants of health, with attention to health insurance status of HS/EHS children; health screenings and medical treatment; dental screenings and services; mental health services; and disabilities services. In considering health and health care, access to health care is of major importance. Such access is often measured in terms of insurance and a medical home (a usual source of health care). Additionally, access to preventive health services such as timely screenings are also key social determinants of health.

Health Insurance

Based on PIR information retrieved for SY 2008-2009 through SY 2014-2015, in each school year, there were a substantial number of children who did not have health insurance. This was particularly true at the beginning of the enrollment period, where, as recently as 2015, fewer than 50% of HS children had health insurance at the beginning of the enrollment period (Figure 19). This was also true for 2010 and 2013. For EHS children, however, insurance coverage at the beginning of the enrollment period was much higher, with the lowest percentage in 2013 at just under 70% and the highest at 100%.

Figure 19. HS and EHS Children with Health Insurance – Beginning and Ending of Enrollment Periods: 2009-2015



The percent of HS children with health insurance coverage rose by the end of the enrollment period, for all reported years except 2012. Health insurance coverage at the end of the enrollment period was highest for HS children in 2009, when close to 90% of children had insurance coverage. For 2015, 80% of HS children had health insurance at the end of the enrollment period. For EHS children, as with health insurance coverage at the beginning of the enrollment period, there were higher percentages with health insurance coverage at the end of the enrollment periods when compared to HS children with coverage. The lowest ending health insurance coverage for EHS children was in 2013, at just under 70%. In 2015, 95% of EHS children had health insurance coverage at the end of the enrollment period (Figure 19). Overall, EHS children may have greater access to health care, given that a larger proportion of them have health

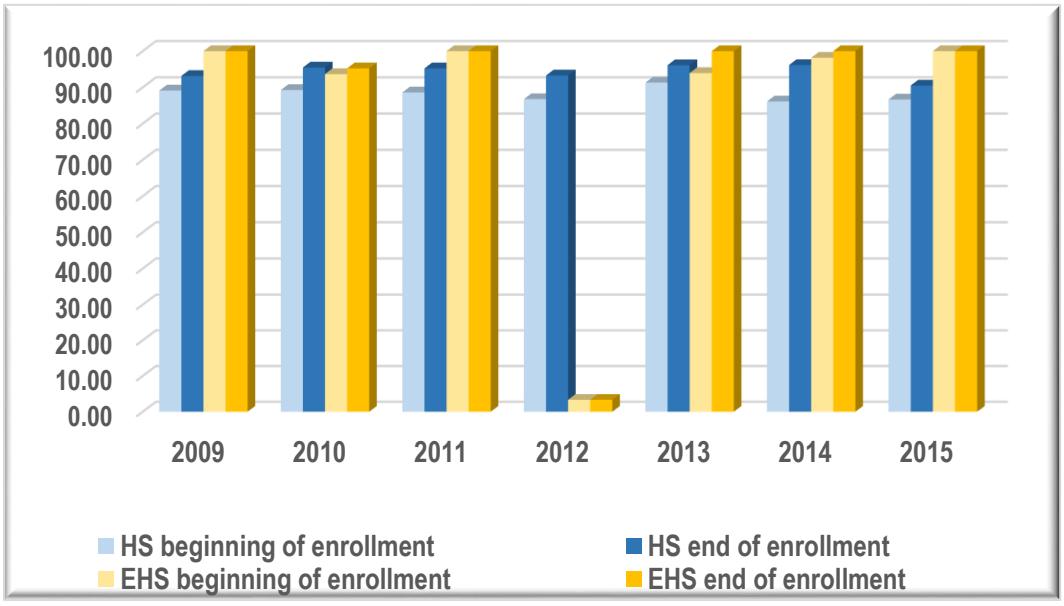
insurance coverage than HS children.

Health Screenings and Medical Treatment

As previously mentioned, health insurance and a usual source of health care are important factors in an individual's or family's ability to access health care. This access to care has implications for children with respect to having a medical home, receiving timely health screenings, and receiving needed medical treatment or services. What follows is a brief description of the status of HS/EHS children with respect to having a medical home, having current immunizations, and getting needed screenings and related medical services.

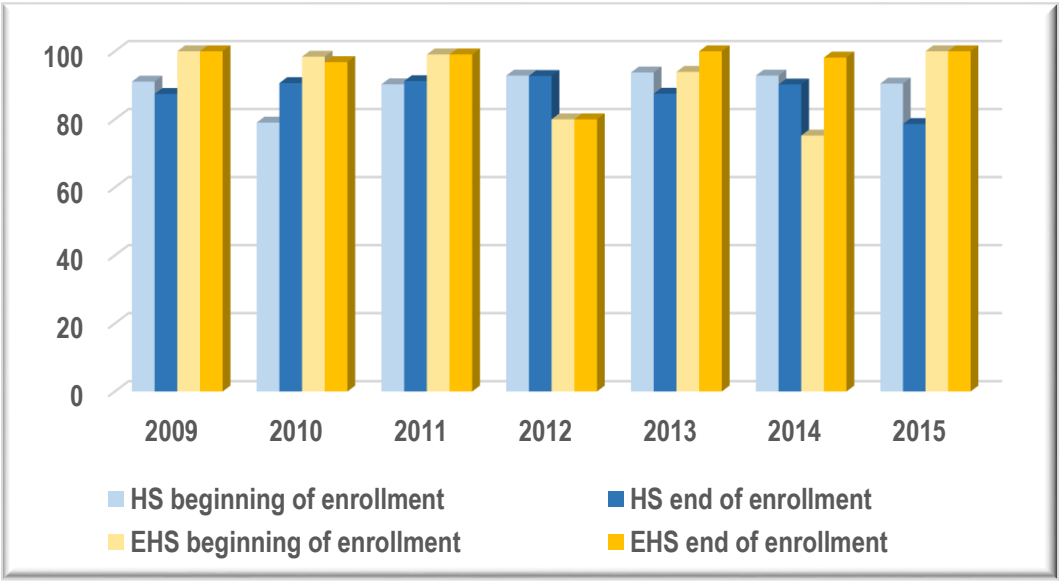
Medical Home - A medical home, or a usual source of medical care, is also an important element of health and health care within the context of the social determinants of health. With the exception of 2012, 90 to 100% of EHS children over the period of 2009 to 2015 had a usual source of medical care (medical home), both at the beginning and end of the enrollment periods (Figure 20). The EHS percentage for 2012 suggests that there might have been an error in the information reported in the PIR. For HS children, over 80% had a medical home at the beginning of the enrollment periods noted. Additionally, for all years included, the percentage of HS children with a medical home increased to 90% or higher at the end of the enrollment periods (Figure 20).

Figure 20. HS and EHS Children with a Medical Home – Beginning and Ending of Enrollment Periods: 2009-2015



Immunizations – Timely and up-to-date immunizations are very important, particularly for HS/EHS children. During the period 2009 through 2015, all EHS children were current with their immunizations at the beginning of the enrollment period for four of seven years (Figure 21). In 2012 and 2014, just below 80% of EHS children were current with their immunizations at the beginning of the enrollment period. For all years except 2010, over 80% of HS children were current with their immunizations at the beginning of the enrollment period. With the exception of 2015 (when just under 80% of HS children were current with their immunizations), between 90% and 95% of HS children were current with their immunizations at the end of the enrollment period, 2009-2015 (Figure 21).

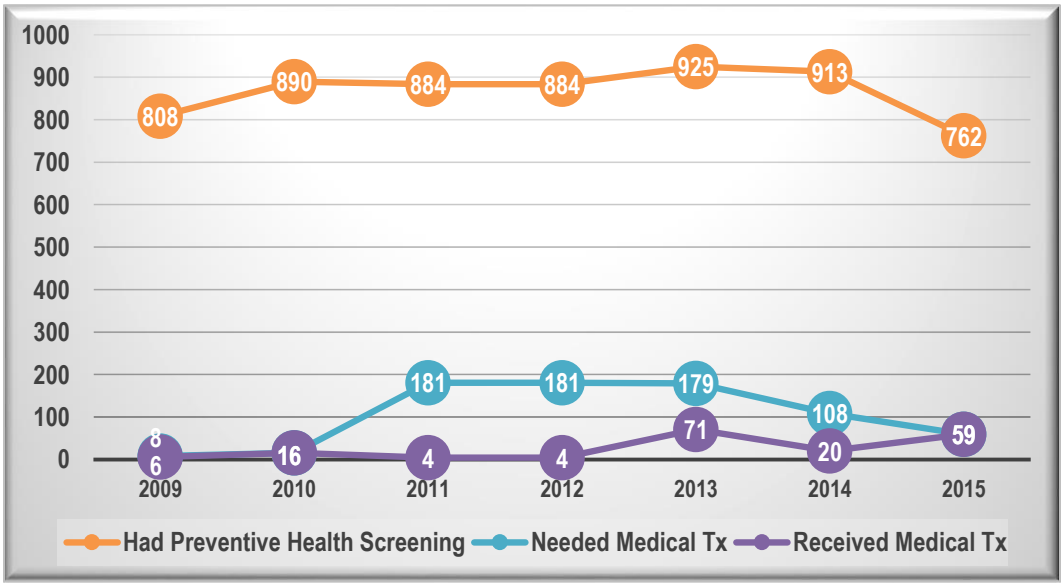
Figure 21. HS and EHS Children with Current Immunizations – Beginning and Ending of Enrollment Periods: 2009-2015



Health Screening and Medical Treatment – The HS program requires health screenings as part of the application process. An important aspect of the screening process is determining whether children are in need of medical treatment. Once the need for medical treatment has been determined, the HS program works to provide support for HS families to secure identified medical treatment. Figure 22 captures information on the number of HS children screened, the number identified as needing medical treatment, and the number who received medical treatment. What can be observed is that the number of children screened, both in terms of actual numbers as well as proportionally, was lowest in 2015. The number of children screened represents only 79% of all children who were served by the program at some time during SY 2014-2015.

With respect to health screening, Figure 22 provides a visual representation of the number of HS children, over the past seven years (2009-2015), who received timely health screenings. For the seven years represented, fewer than 100% of HS children received timely health screenings, with percentages screened ranging from a low of 80% to a high of 96%. While Figure 20 also shows that most of the HS children identified as needing medical treatment received such treatment in 2009, 2010, and 2015, the majority of children identified as needing medical treatment during 2011 through 2014 did not receive the medical care needed. The most challenging years were 2011 and 2012, when 20% of children screened needed medical treatment, yet fewer than 5% of children identified as needing medical treatment received the needed care (Figure 22), a 95% gap in needed medical treatment and received medical care. Since one-fifth of the HS children were not screened in 2015, it is unclear whether the number needing medical treatment would have increased if a larger proportion of children served had been screened.

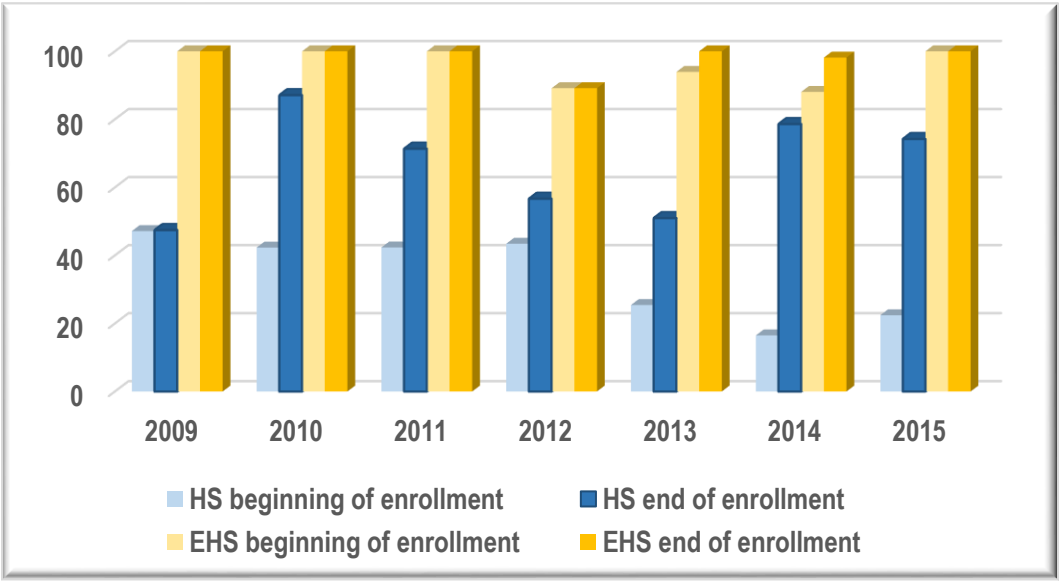
Figure 22. HS Children Receiving Health Screening – Identified as Needing and Receiving Medical Treatment: 2009 – 2015



Dental Screening and Services

Additionally, health services also include a determination of a dental home, oral health screening, and an assessment of dental treatment needed and received. Figure 23 shows that for 2009-2011, and 2015, EHS children all had a dental home at the beginning of the enrollment periods. Also, all EHS children had a dental home at the end of the enrollment periods for 2009-2011, 2013 and 2015. Only in 2012 did under 90% of EHS children have a dental home.

Figure 23. HS and EHS Children with a Dental Home – Beginning and Ending of Enrollment Periods: 2009 – 2015

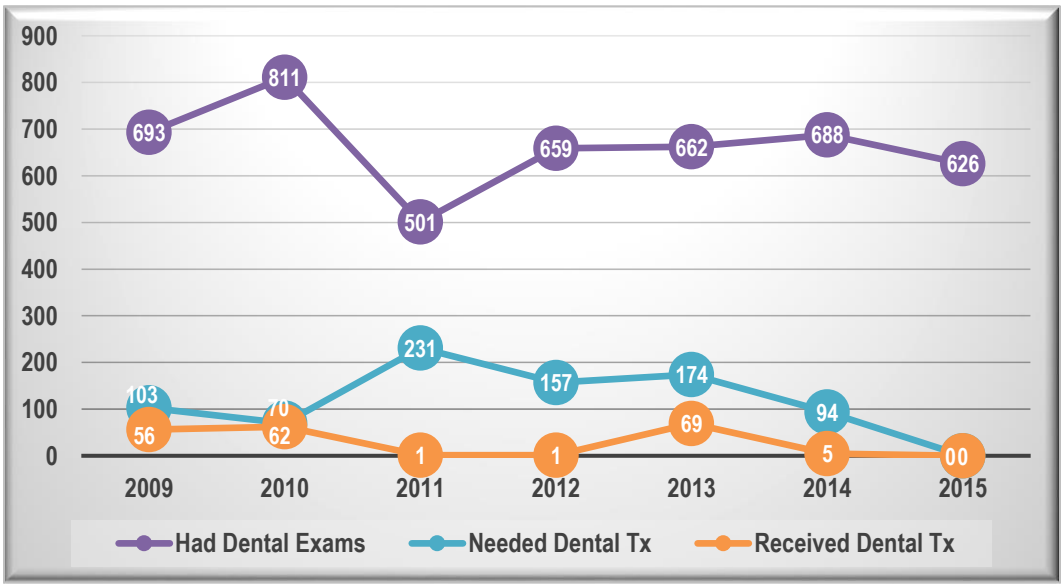


By contrast, for HS children, for beginning enrollment periods for 2009 through 2015, the percent with a dental home ranged from under 20% to just over 40%. Additionally, Figure 23 depicts marked increases in the percent of HS children with a dental home at the end of the enrollment periods, though the overall trend for the observed periods is inconsistent. The percent of HS children with a dental home at the end of enrollment periods depicted was as high as just over 80%, but also as low as just over 40%. Most recently, by the end of the 2015 enrollment period, over 75% of HS children had a dental home. These data show a stark contrast between HS children with a medical home and HS children with a dental home, confirming a need in the area of dental homes for HS children. This gap has implications for HS children's access to health care, particularly dental health services.

Given the information provided with respect to the proportion of HS children without a dental home (Figures 23), it is not surprising that fewer children received professional dental exams than received medical screenings (Figure 24). In some instances, specifically 2014 and 2011, the gaps are over 200 and 300 children receiving a professional dental exam, compared to a timely health screening. In 2010, most or all of the children identified as needing dental treatment received such treatment (Figure 24). That was the only year when over 80% of children needing dental treatment received such treatment. By contrast, from 2011 through 2014, the percent of children needing dental services who received treatment ranged from 2% to 40%, indicating a significant

gap in the receipt of needed services (Figure 24). An anomaly can be noted in Figure 24 for 2015 as no cases of dental need nor dental treatment were reported. This may represent an error rather than the absence of the need for dental treatment for HS children receiving dental exams in 2015. This could also have implications for data collection and reporting processes and may offer an opportunity for improvements in these areas.

Figure 24. HS Children Receiving Dental Exams – Identified as Needing and Receiving Dental Treatment: 2009-2015



Information garnered from focus group sessions support and help elucidate the PIR data with respect to challenges with dental health services. With respect to gaps in the receipt of needed health screenings and services, several HS focus group participants noted challenges in this area. Some examples of the challenges shared are noted below:

> *Okay, we have a deadline, I would say, that we have to complete our speech and hearing, our dental, our physicals. Right now, school almost done and we still doing physicals and we supposed to done that months ago. Months. But because of the clinic always changing their Pediatrician or they need a Pediatrician, we are getting lab appointments… So that keeping we back to meet our mandate like we need to. So when the Feds come, it looking bad on us, because the clinic ain't giving us our needs on time. Before, a couple years back, they use to block out slots for Head Start only, where they see the Head Start children only for a certain time. Then eventually, they will squeeze in the public. Now, they ain't doing that. They look like they want to see the Head Start children with the public. Like for dental also. They had two clinics. The last Governor, he close down the dental clinic in _____. Since that close down, we go to _____. Everybody there to _____; the whole public. So we hardly doing dental too. So is only when they could come is when we going get an appointment. It's not just*

a constant thing where okay our Head Start children we will go on that flow. It's not like that. So that's our biggest issue for Health. We don't keep up with the physical and the dental. [HS Middle Managers & Line Staff Focus Groups, 2014, 2015]

Our issue for health is just the Clinic; the physicals and the dentals is our issue. We don't have a problem with speech and hearing. It only have one audiologist, but she does work with us. She does work with us. But it's dental, being that they cut that clinic in East, the West Clinic seeing everybody from East and West. So it's hard for we [sic] to get our space to get in to do Head Start only. So that's just our issue; physicals and dentals. [HS Middle Managers & Line Staff Focus Groups, 2014, 2015]

I would love to see more dentists and more doctors. Maybe if we could have those in place as part of the staff, then we wouldn't have some of the problems that we have. Because right now with dental, we are not getting to see the majority of them, because it's only one dentist at _____ that sees children and she only see twenty of our Head Start children. Maybe, she give us a Monday or she may squeeze within the rest of her other children for that day. So they are not getting the dental services that they need. [HS Middle Managers & Line Staff Focus Groups, 2014, 2015]

Along these lines, the experiences and challenges for the EHS program are similar in some regards, but also qualitatively different in others, as captured in the quote below from an EHS key informant interview.

We work closely with the FHC [Frederiksted Health Care]. Because the majority of our parents they have Medicaid and that is their only option for them to go to. We work closely with them, we actually also have an MOU with them and two times per year the dentist aspect of the health center actually comes here and they set up shop here and they do dental screenings for the children because it's also a Federal requirement. [EHS, Key Informant Interview, 2015]

Mental Health Services

The mental health screening process and mental health services offered are described in the Department of Human Services 2012 re-funding grant application (USVI DHS HS Program DRS, 2012). The Skill Streaming Behavioral Assessment (SSBA) tool, used for initial screening, is completed by parents and scored by DHS mental health staff. As with other health information, the screening should be completed within 45 days of the child's entry in the HS program. There are mental health staff employed by the HS program and these individuals interface with parents to review the results of the SSBA and discuss with parents the services provided by the staff. In addition to engaging parents, the in-house mental health staff also visit the various HS centers to discuss with classroom staff concerns that they may have. When appropriate, these individuals also make home visits (USVI DHS HS Program DRS, 2012).

The re-funding grant application further describes the referral process, noting that when referrals are made, the in-house mental health staff are expected to respond within five days. These referrals are sometimes forwarded to the DHS Psychological Services Manager, who is responsible for providing counseling and consultation services to children and parents. Finally, in instances where the scope of the services needed are beyond what can be provided by the designated in-house staff, referrals are made to the Division of Mental Health, Alcoholism and Drug Dependency Services within the local Department of Health or to community, non-profit entities that provide counseling services (USVI DHS HS Program DRS, 2012).

Though the 2012 re-funding grant application speaks to the approach taken to address mental health needs for HS children and families, there was consistency in information shared by focus group members and key informants regarding challenges associated with addressing mental health needs for HS program participants. The quote below clearly describes the context of the challenges.

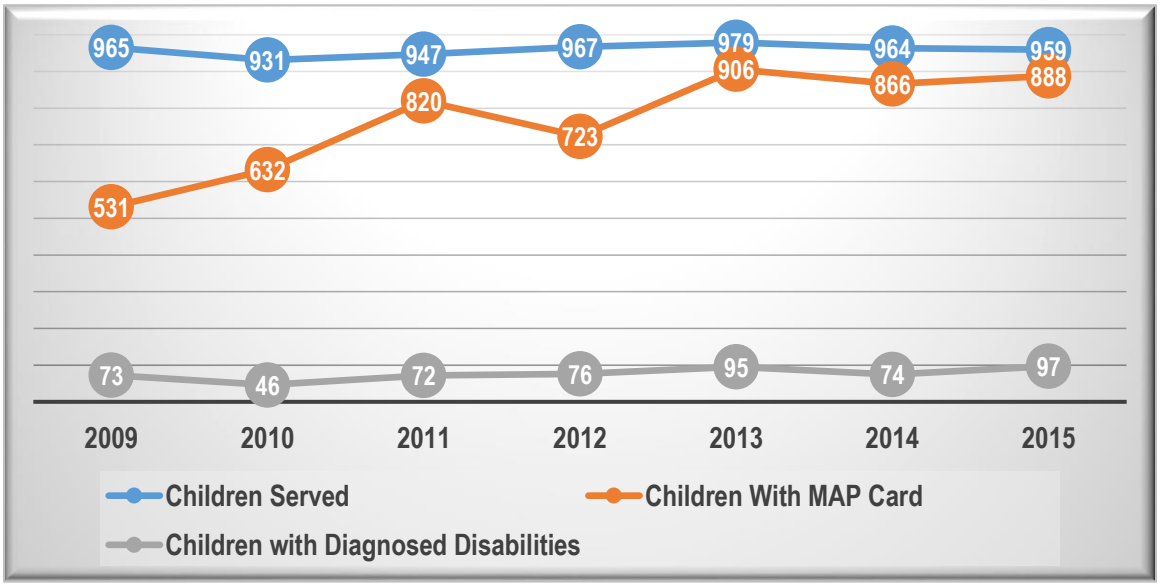
> *… the areas I know need improvement is mental health and being able to link with, like, DOH; we don't have any kind of relationship with them right now when it comes to providing services for our 3-5 year olds; so that's a challenge – receiving mental health (MH) services; and I think that's the cry of everyone in the Territory – receiving MH services for our children. We do have an in-house psychologist … but that outside link – it is just not there. [HS Key Informant Interview, 2014]*

Disabilities Services

The HS program guidelines require that 10% of enrolled children are to be children with disabilities. In its 2012 re-funding grant application, the HS program indicated that it had difficulty meeting this requirement for various reasons (p. 13). Essentially, the VIDE assesses HS children for disability determination. There are instances when the determination made by VIDE is different from determinations made by the Part C, Birth to 3 program (DOH) and some children entering the HS program classified as having a disability, are assessed by VIDE as not meeting the criteria for being identified as having a disability. This is borne out in Figure 25, which captures the number of HS/EHS children with diagnosed disabilities. Based on the information presented, there was only one year – 2015 – when the number of children with diagnosed disabilities exceeded 10% of the children served. In 2013, the percentage of HS/EHS children diagnosed with disabilities was 9.7%. For all other years, enrolled students with disabilities was substantially lower than 10%.

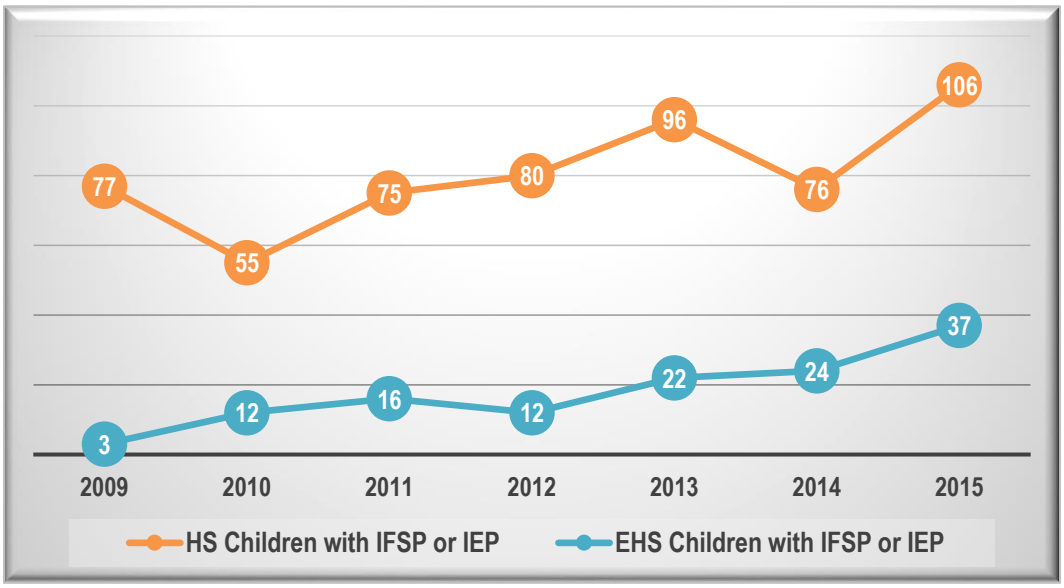
The noted discrepancy in the figures for the number of enrolled children with disabilities and the number of enrolled children with IFSP's or IEP's may represent a backlog in the completion of IFSPs and IEPs for children with disabilities or may represent errors in reporting information for the PIRs. This discrepancy also has implications for data collection and reporting and provides an opportunity for improving data collection and reporting processes.

Figure 25. Selected Characteristics - HS and EHS Children: 2009 - 2015



In addition to information on diagnosis, Figure 26 provides information on the number of children in HS/EHS who had Individualized Family Service Plans (IFSPs) or Individualized Education Plans (IEPs). This information is provided by the program, allowing for a comparative analysis between the HS/EHS programs with respect to this requirement. For most years, the target of providing HS services to at least 10% of children with diagnosed disabilities was not met (Figure 26). Specifically, for the HS program, the number of children with IEPs ranged from a low of 55 in 2010 to a high of 106 in 2015. Children with IEPs represented between 8% and 11% (2015) of the cumulative enrollment for the program for the given years. For the EHS program, with the exception of the first year of operation when the enrollment of children with disabilities was approximately 8%, the percent of enrolled children with disabilities exceeded the required 10%, and was as high as 34% in 2015 (Figure 26).

Figure 26. HS and EHS Children with an IFSP or IEP: 2009-2015



With respect to health, the HS/EHS programs seek to ensure that all children will have insurance, medical and dental homes, and will be up to date with their immunizations and health screenings. ***The data presented health services and access to health services reveal that, particularly for HS children, there is much opportunity for improvement in the area of the social determinants of health associated with health and health care***.

Education and Development Tools/Approaches

This section captures information on the curriculum used by the HS/EHS programs as well as how students' progress in various areas is assessed and documented.

The Curriculum

The HS/EHS programs in the US Virgin Islands utilize the HighScope Preschool Curriculum (HSPC) – HS, and the HighScope Infant-Toddler Curriculum (HSITC) – EHS. These curricula are research-based and many studies document the effectiveness of the curricula (USVI DHS HS Program DRS, 2012). Targeted to children ages birth to five years of age, HighScope is "… an educational system that combines theory with practice and is supported by child development research and educational evaluation (USVI DHS HS Program DRS, 2012, p. 19)". The curriculum is designed for children from diverse ethnicities and socio-economic backgrounds and is also appropriate for children with or without special needs. With a view to helping children succeed in school, the HSPC provides opportunities for children to develop

necessary school-readiness skills and heighten their cognitive, socio-emotional, and physical development.

The HSPC focuses learning on eight content areas which align with dimensions of school readiness identified by the National Education Goals Panel (http://govinfo.library.unt.edu/negp/reports/child-ea.htm): 1) approaches to learning; 2) social and emotional development; 3) physical development and health; 4) language, literacy, and communications; 5) mathematics; 6) creative arts: 7) science and technology; and 8) social studies. HS children's progress in these eight content areas is measured by teachers, using the HighScope Child Observation Record (COR).

More recently, the Administration for Children and Families has recommended a new framework for children ages birth to five. Specifically, the emphasis of the new framework is on "key skills, behaviors, and knowledge that programs must foster in children ages birth to five to help them be successful in school and life (ACF, 2015a, p. 1; https://eclkc.ohs.acf.hhs.gov/hslc/hs/sr/approach/pdf/getting-started.pdf)". The framework includes five central domains: 1) approaches to learning; 2) social and emotional development; 3) language and literacy; 4) cognition; and 5) perceptual, motor, and physical development. The five central domains are used as the infant and toddlers domains. However, there are preschool domains subsumed under central domains 3 and 4: 3a) language and communication; 3b) literacy; 4a) mathematics development; and 4b) scientific reasoning (ACF, 2015b; https://eclkc.ohs.acf.hhs.gov/hslc/hs/sr/approach/pdf/ohs-framework.pdf). The new framework provides a seamless approach to early learning, grounded in ongoing research in the area of early childhood learning.

In reporting the progress of HS children, DHS-GVI captures children's progress in six areas: creative representation, initiative, language and literacy, mathematics and science, movement and music, and social relations. Though the six areas do not mirror the eight content areas of focus for the HSPC, the six areas encompass the eight content areas in that mathematics and science, two separate content areas, are consolidated in the COR observations. Additionally, movement and music encompass the content areas focused on physical development and health, as well as creative arts. Tables 7, 8, and 9 show the progress for children enrolled in the HS program for the three most recent school years. Information is presented for the Territory and for each district.

Assessment

As noted above, there are eight areas of development around which the HSPC is built. These are also the areas used for the assessment of children's developmental progress. The COR, used to assess HS children's progress on the HSPC, includes 34 questions linked to the eight areas of development, as well as an additional two items that are used specifically with students who are English Language Learners (ELLs). Tables 7 – 9 summarize the overall performance of HS students on the COR for SY 2013-2014 – SY 2015-2016. For each school year, the overall Territorial performance is provided, followed by the performance of HS students in the St. Croix District and then the performance of HS students in the St. Thomas-St. John District. Student performance is reported in six broad areas: creative representation, initiative, language and literacy, mathematics and science, movement and music, and social relations. Scores range from a low of "0" to a high of "5".

School Year 2013-2014

Table 7 reveals that HS students performed lowest in 1) language and literacy and 2) mathematics and science. This holds for all assessment periods and for HS students across the Territory and in each district. Further, in the St. Thomas-St. John District, HS students' performance was lower than that of HS students in the St. Croix District in both areas. Recognizing that COR scores can range from a low of "0" to a high of "5", these data suggest that some children may be leaving HS without the requisite foundation to be successful in Kindergarten and beyond.

Table 7. SY 2013-2014 COR Assessment Results: Territory and Districts

TERRITORY	ASSESSMENT 1	ASSESSMENT 2	ASSESSMENT 3
Creative Representation	2.42	3.34	4.01
Initiative	2.59	3.51	4.19
Language and Literacy	**2.18**	**3.08**	**3.77**
Mathematics and Science	**2.15**	**3.08**	**3.79**
Movement and Music	2.68	3.57	4.26
Social Relations	2.48	3.40	4.09
TERRITORY AVERAGE:	2.36	3.28	3.97
ST. CROIX			
Creative Representation	2.47	3.46	4.22
Initiative	2.63	3.61	4.35

ST. CROIX			
Language and Literacy	**2.28**	**3.22**	**3.98**
Mathematics and Science	**2.30**	**3.28**	**4.06**
Movement and Music	2.72	3.67	4.42
Social Relations	2.60	3.56	4.31
ST. CROIX AVERAGE:	2.45	3.42	4.18
ST. THOMAS-ST. JOHN			
Creative Representation	2.35	3.21	3.75
Initiative	2.55	3.40	3.99
Language and Literacy	**2.06**	**2.92**	**3.51**
Mathematics and Science	**1.98**	**2.86**	**3.46**
Movement and Music	2.64	3.46	4.06
Social Relations	2.35	3.22	3.82
ST. THOMAS-ST. JOHN AVERAGE:	2.26	3.12	3.71

School Year 2014-2015

Table 8 reveals a similar pattern of performance for HS students in the academic areas of: 1) language and literacy and 2) mathematics and science. As in SY 2013-2014, HS students again performed lowest in these two areas. This holds for all assessment periods and for all HS students across the Territory and in each district. Further, HS students in the St. Thomas-St. John District performed not only lower than HS students in the St. Croix District in both areas, but the performance of HS students in the St. Thomas-St. John District at the end of the school year was close to the performance for St. Croix District HS students at the midpoint of the school year.

The consistency of the lower performance for HS students in the St. Thomas-St. John District may warrant a closer look at the classroom dynamics in the St. Thomas-St. John District, to include staffing of the HS classrooms as well as parental involvement levels and student attendance data.

Table 8. SY 2014-2015 COR Assessment Results: Territory and Districts

TERRITORY	ASSESSMENT 1	ASSESSMENT 2	ASSESSMENT 3
Creative Representation	2.63	3.43	4.02
Initiative	2.83	3.62	4.22
Language and Literacy	**2.32**	**3.16**	**3.79**
Mathematics and Science	**2.35**	**3.17**	**3.83**
Movement and Music	2.91	3.66	4.29
Social Relations	2.73	3.51	4.12
TERRITORIAL AVERAGE:	**2.56**	**3.37**	**3.99**
ST. CROIX			
Creative Representation	2.89	3.66	4.23
Initiative	3.03	3.81	4.39
Language and Literacy	**2.58**	**3.41**	**4.03**
Mathematics and Science	**2.68**	**3.50**	**4.12**
Movement and Music	3.10	3.89	4.47
Social Relations	2.99	3.76	4.32
ST. CROIX AVERAGE:	**2.82**	**3.63**	**4.22**
ST. THOMAS-ST. JOHN			
Creative Representation	2.31	3.14	3.74
Initiative	2.59	3.38	3.98
Language and Literacy	**1.99**	**2.85**	**3.47**
Mathematics and Science	**1.94**	**2.75**	**3.45**
Movement and Music	2.68	3.37	4.04
Social Relations	2.41	3.20	3.86
ST. THOMAS-ST. JOHN AVERAGE:	**2.24**	**3.04**	**3.69**

School Year 2015-2016

Table 9 captures data for SY 2015-2016. The areas of highest performance are music and movement, initiative, and social relations. As with the COR data presented for the two prior school years, language and literacy and mathematics and science were again the two areas in which students' performance was lowest. Further, Table 9 reveals that the performance of HS students in the St. Thomas-St. John District was not only lower than that of HS students in the St. Croix District in both areas, but the performance of HS students in the St. Thomas-St. John District at the end of the school year is much lower in these two areas than in the other four areas assessed by the COR. ***This consistency of the lower performance for HS students in the St. Thomas-St. John District warrants closer examination.***

Table 9. SY 2015-2016 COR Assessment Results: Territory and Districts

TERRITORY	Assessment 1	Assessment 2	Assessment 3
Creative Representation	2.52	3.30	3.83
Initiative	2.73	3.53	4.06
Language and Literacy	2.29	3.08	3.62
Mathematics and Science	2.23	3.08	3.70
Movement and Music	2.77	3.58	4.17
Social Relations	2.62	3.44	4.01
TERRITORY AVERAGE:	2.47	3.28	3.85
ST. CROIX			
Creative Representation	2.56	3.41	3.96
Initiative	2.79	3.63	4.19
Language and Literacy	2.37	3.21	3.80
Mathematics and Science	2.36	3.25	3.92
Movement and Music	2.86	3.71	4.29
Social Relations	2.71	3.58	4.18
ST. CROIX AVERAGE:	2.56	3.42	4.02
ST. THOMAS-ST. JOHN			
Creative Representation	2.47	3.16	3.66
Initiative	2.67	3.38	3.90
Language and Literacy	2.17	2.89	3.39
Mathematics and Science	2.06	2.84	3.39
Movement and Music	2.67	3.41	4.00
Social Relations	2.52	3.26	3.78
ST. THOMAS-ST. JOHN AVERAGE:	2.35	3.09	3.62

Some teachers, particularly in the St. Thomas-St. John District, described how the language barrier impacts students' understanding of instructional materials and also gave examples of how the language barrier impacts students' performance on the COR, particularly because of a lack of understanding or familiarity with certain vocabulary words.

The overall performance of HS children on the COR indicates that there is much room for improvement in all areas. In addressing this aspect of children's performance, HS personnel in key administrative positions may want to consider the information provided on staffing of HS classrooms, particularly qualitative data from teachers describing challenges of meeting the academic needs of their students, given the paperwork and reporting burdens that they deal with regularly.

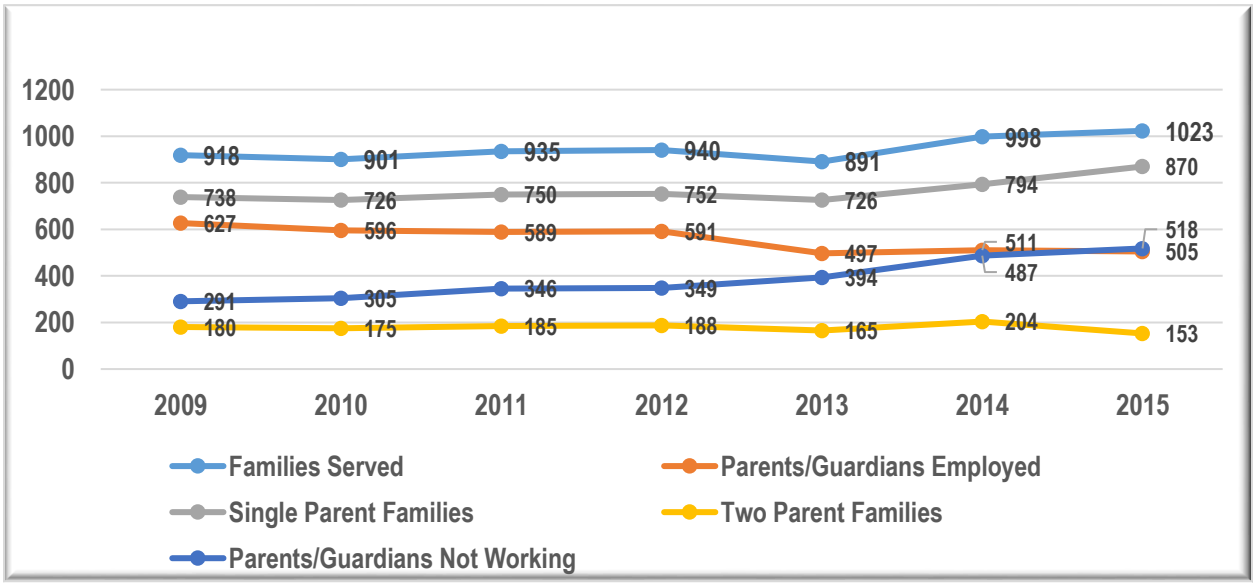
Family and Community Partnerships

As conceived, HS/EHS are programs for the whole family. This is one of the characteristics that distinguishes the HS/EHS programs from other human services programs. Additionally, there is a strong focus on engaging the community to support HS/EHS families. This section of the report provides a brief description of HS/EHS families and the programs and services that are available to them. Additionally, information is provided on collaborations and community partnership that are in place to help support the HS/EHS programs.

Family Characteristics

Figure 27 captures family characteristics, to include family composition – single and two-parent families; employment and unemployment status of families, and the educational level of HS parents. With respect to family composition, Figure 27 shows that most HS/EHS families are single parent families and there has been a trend of the number of single-parent families increasing. The opposite trend can be observed for HS/EHS families that are employed. From 2009 through 2012, in approximately 60% of HS/EHS families, at least one parent or guardian was employed. There was a decline in 2013 (56%) and that decline continued and remained at this level in 2014 and 2015 (51%).

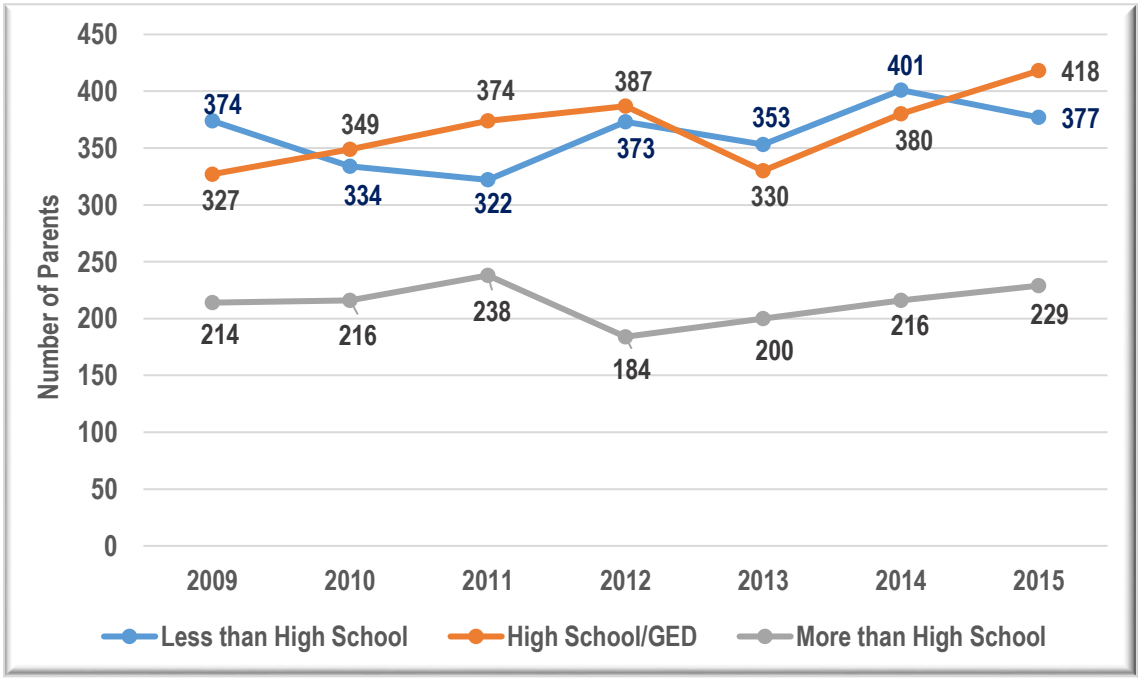
Figure 27. Selected Characteristics of HS/EHS Families: 2009-2015



With respect to educational attainment, for most of the years represented, fewer than 40% of HS parents had earned a High School diploma or a GED certificate (Figure 28) and approximately 33% of HS parents did not have a high school diploma. This speaks to the vulnerability of families and children, given the limited employment opportunities and earning power available for persons without a high school diploma, a minimum requirement now for most jobs.

Given the information shared with respect to HS students' performance on the COR, particularly in the academic areas of language and literacy and mathematics and science, there is a potential opportunity for the program to support parents in increasing their educational attainment so that they are better able to assist their children academically.

Figure 28. Educational Levels of HS Parents and Guardians: 2009-2015



Family Services

As a program geared to the entire family, HS provides a number of services to families over the course of the school year. Table 10 captures a listing of services available to families and the number of families who received or participated in the noted services for SY 2008-2009 – SY 2014-2015.

Table 10. HS Families Receiving Services: 2009 - 2015

SERVICE	2009	2010	2011	2012	2013	2014	2015
Adult education – GED; college selection	49	70	33	39	33	6	73
Parenting education	58	33	67	26	90	13	22
Health education	11	12	104	27	41	7	18
Housing assistance such as subsidies, utilities, repairs, etc.	62	27	34	37	6	2	64
Job training	36	31	20	19	12	3	38
English as a second language (ESL) training	24	11	11	18	7	2	32
Substance abuse prevention or treatment	0	0	28	24	14	0	0
Mental health services	7	9	12	3	22	1	11
Child support assistance	16	4	2	3	14	0	2
Domestic violence services	1	2	4	0	24	1	9
Child abuse and neglect services	0	0	2	1	23	0	4
Emergency/crisis intervention such as meeting immediate needs	5	9	9	4	6	4	4
Relationship/marriage education	0	1	0	0	1	2	2
Assistance to families of incarcerated individuals	0	0	0	0	0	0	2
At least one of the above listed services	**211** (23.0%)	**183** (20.3%)	**215** (23.0%)	**229** (24.4%)	**163** (18.3%)	**32** (3.2%)	**215** (21.0%)

Source: Head Start Program Information Reports, 2009 - 2015

A few noteworthy observations can be made from a review of Table 10, to include: over the years, fewer than one in four families accessed one of the many services available; the two service areas reaching the least number of families are assistance to families of incarcerated individuals and relationship/marriage education. Over the seven year period, fewer than 10 families received services in these two areas. The general umbrella of education and training services reached the most families over the seven year period. Specific services under this umbrella included adult education, focused on GED services and/or college selection; parenting education; health education; housing assistance; job training, and ESL training. Yet, given the information provided on the educational level of HS parents, there is both a need and an opportunity to expand services in the area of adult education for HS parents and guardians.

Overall, this information provides an opportunity for program personnel to assess family services provided as well as to determine the extent to which the substantial difference in the percent of families accessing services in FY 2014 may be a reflection of reporting errors or reductions in the range of services provided. Additionally, staff may want to utilize the

consolidated data in Table 10 to discuss areas for more focused family services and prioritization of family services.

In addition to services, parents and guardians are encouraged to actively participate in the HS/EHS programs, since they are programs for the "whole family". During Parent Conversation sessions, parents shared with members of the research team what HS being "for the whole family" meant to them. The recurring theme was that they were welcome in the HS classrooms at any time and welcome to participate in various HS activities. The nature of this welcoming climate is captured in the quotes below from some of the HS parents.

> *Well, to me it means like if I drop my son, I don't have to just leave right away. I could sit there for as long as I want. I could read books. They even give me like a volunteer title. You are just there. You could come any time. I could drop by and whenever I drop by I could stay there. Like they wouldn't tell you, no, you can't come in the classroom or anything like that. … Sometimes his grandmother she wants to come and read books and they don't say you can't come and read a book. You could come any time and read a book. They welcome you. [HS Parent Conversations, 2015]*

> *Well, for me, not only for the children, because I'm very much involved in it. And it's like well, when they go to the elementary school, but in the elementary school you can't really go and check on your child and be a parent like in class. And the Head Start is more family-oriented, because fathers are welcome to come; grandmothers. The family members are welcome to come and stay in the class and see what's going on in the class. And see like interaction between the children; what they're learning; how the teachers, you know – so it's like more family really. That's how I see it as more family, you know, like having that interaction with the class other than just dropping your child off to school and then maybe waiting for a parent conference or something. [HS Parent Conversations, 2015]*

> *Well, with all the get-togethers and conferences and little outings we actually are participants of it … there is stuff for us to do with the children. It's for the whole family. The whole family could participate. My daughter she just make me want to come to see what's going on. That's why I come to these activities. [HS Parent Conversations, 2015]*

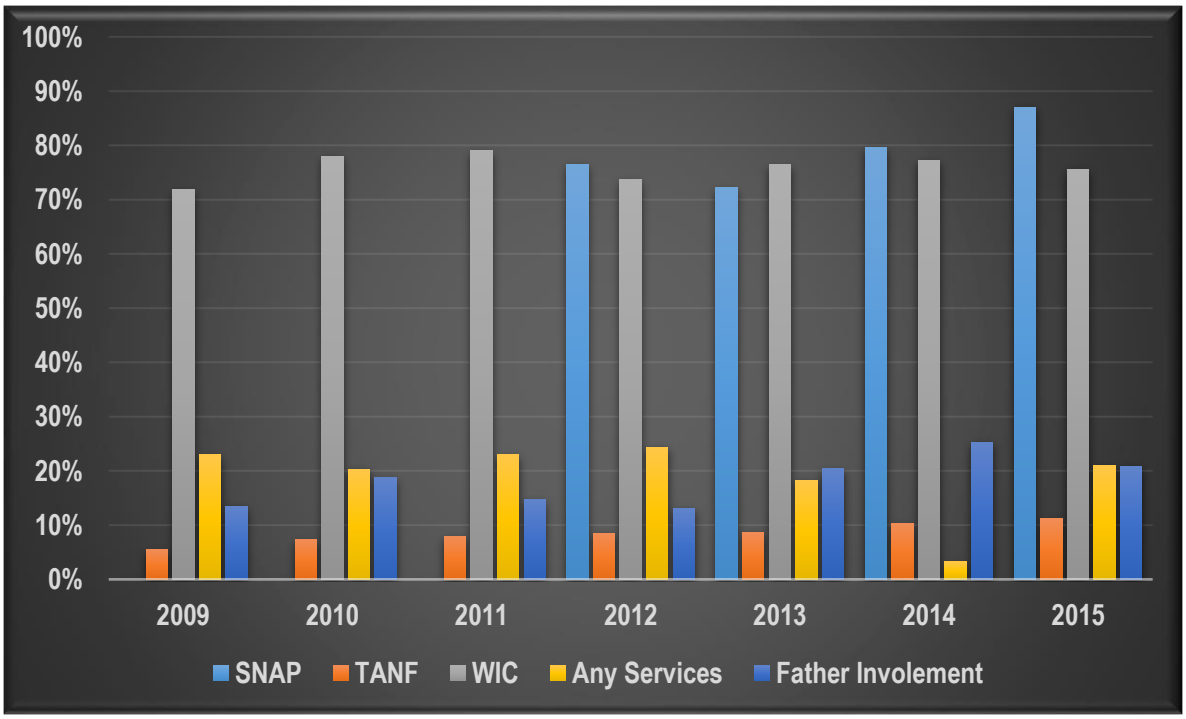
The HS/EHS staff also discussed the importance of HS/EHS being for the whole family. For the staff, the theme that emerged was that the HS program is geared to meeting the needs of both the children as well as the parents/guardians. In describing what this means, one HS middle manager shared the following:

> *We work with the whole family. So while that child is in Head Start, even though the parent isn't, the child is in the classroom, we have Social Service, Parent Involvement Aids who work with the parents in terms of what their goals are and how we could help them to meet their goals as Social Services. We do home visits to the parents' home. So we see how the child interact in the home. We visit the home. We might go to the home and you realize well okay. There are needs that the parent don't even know about and you work with the parents in goals … [HS Middle Managers Focus Groups, 2014, 2015]*

Father Involvement

A final area with respect to family engagement that is noteworthy is the effort to include fathers or father-figures in activities with HS/EHS children. Figure 29 shows that over the seven year period, there have been increases in the attendance of fathers or father-figures in activities organized to involve them. From 2009 to 2012, fewer than two in ten fathers or father-figures participated in activities organized for them and their children. However, in the last three years, 2013 – 2015, at least one in five fathers or father-figures participated in these activities, with 2014 having the highest level of involvement, with one in four fathers or father-figures participating in planned activities (Figure 29).

Figure 29. HS/EHS Families Receiving Select Services and Father Involvement: 2009-2015



Father involvement is an area that is viewed as a success for the HS program, as evidenced by quotes provided by HS program personnel. Father involvement is captured in Figure 29, since the PIR includes "father involvement" under the 'services' section of PIR reporting categories. Though the numbers do not necessarily reflect unduplicated counts, the involvement of fathers and father figures in HS activities was identified as a key success of the HS program. In describing this success, one key informant shared:

Another success is our parent engagement piece and being able to involve the fathers, especially the male figures. We started a campaign about 6 years ago when we started pushing father engagement and we expanded it to say male engagement, because sometimes it might not just be the father; it may be a grandpa; it may be the uncle who is that child's father figure. So we started that and it's taken off until now we are filled to capacity whenever we have fatherhood workshops and seminars and conferences. [HS/EHS Key Informant Interviews, 2014, 2015]

As previously mentioned, the information in Figure 29 does not distinguish whether participating fathers represent a range of fathers or the same fathers attending multiple activities targeted to fathers and father figures.

This is another area that provides an opportunity for program personnel to be more intentional about how father involvement is assessed – potentially tracking both the number of fathers participating in various activities as well as capturing unduplicated information about these participants, to be able to gauge and report on the percentage of fathers and father figures the PIR summary data represent.

Collaboration Agreements and Community Engagement

In its quest to provide a high quality program for children and families, HS has established both informal and formal intra and interagency partnerships, as summarized in Table 11. Some partnerships are described as "informal" since there were no formal, signed agreements anchored to the identified entities. For the agencies captured in Table 11, this includes the Department of Justice (DOJ), the Department of Health's Family Planning Unit, and the Virgin Islands Housing Authority (VIHA). Signed MOAs were retrievable for all other agencies referenced in Table 11.

Table 11. Head Start Inter and Intra Agency Partnership Agreements

Collaborator/Partner	Inter-Agency	Intra-Agency	Purpose
TANF-JOBS Program		●	To provide education, training, work experience and OJT to HS families; To assist HS families with employment; To provide orientation to HS staff on JOBS program
SNAP		●	To assist families with healthy and nutritious meals
Division of Children and Family Services Foster Care		●	To provide young children who are in foster care with high quality early childhood education; Enroll high risk families in HS program
Medical Assistance Program		●	Support HS parents in processing medical assistance eligibility
DOE – Special Education	●		Provide re-evaluation services, as needed; Ensure most

Collaborator/Partner	Inter-Agency	Intra-Agency	Purpose
			appropriate placement of special education students
DOE – Superintendent's Office	●		To assist with registration for Pre-K transition; ensure accurate placement of ESL students
DOH – Family Planning	●		To support planned parenthood initiatives
DOH – Infants and Toddlers	●		To assist with identification of and services to children with disabilities
DOH – MCH-CHSCN	●		To provide specified hearing tests and speech screening
DOH – WIC	●		Focus on nutrition services and education; Coordinate services to better meet nutritional needs of HS participants; share measurement information on HS clients with HS
Department of Homeland Security	●		To assist families with temporary and permanent residency
DOJ – Paternity and Child Support	●		To assist with child care support
HS/EHS	●		To make referrals to the HS program; Provide training HS staff and Policy Council on EHS program
Frederiksted Health Care, Inc.	●		To serve as medical home for HS enrollees and their families; provide identified health screenings
VI Housing Authority	●		To assist families with housing and home ownership

Source: DHS-GVI HS Program DRS Re-funding grant application: Phase Two (DHS, 2012c)

In addition to the above-referenced formal and informal partnerships, the HS program, in its 2012 re-funding grant application, presented a plan for the implementation of the Parent, Family, and Community Engagement (PFCE) Framework, described as a research-based approach to program change that serves as "a roadmap for progress in achieving the types of outcomes that lead to positive and enduring change for children and families (DHS, 2012b, p. 55)". One of the major purposes that the HS program articulated for moving to adopt the PFCE Framework was to stimulate renewed interest in collaboration from family and community members. It was anticipated that this renewed interest in collaboration would lead to increased family participation in HS programs and services. (See Appendix IX for a synopsis of the PFCE Framework.) However, beyond the description of the collaborators and the inclusion of MOAs and MOUs in the re-funding grant application appendices, there were no reports available that directly addressed the impact of collaborations on the operations and/or outcomes of the HS program. This is an area where an examination of the impact of the adoption of the PFCE could potentially assist HS leaders and managers in optimizing parent, family, and community engagement in the HS program to strengthen the program for participants.

Collaboration is also achieved through the work of the Governing Board, the Policy Council comprised of parents and community representatives, the Parent Committees, and Island Councils. The Policy Council has broad authority and review over program goals, policies (including the establishment of enrollment criteria), the hiring and termination of staff, budgeting, and fundraising. There are no staff members on the Policy Council. A listing of the members of the Governing Board and Policy Council (available to the core research team) can be found in Appendix X.

The next section of the report provides a description of the TANF program. As was done to facilitate description of the HS/EHS programs, the research team utilized secondary data captured in federal TANF reports to organize the TANF program description that is presented. However, data were readily available from http://www.acf.hhs.gov/programs/ofa/programs/tanf/data-reports and, as previously noted, permission to access these data were not needed.

THE TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) PROGRAM

The DHS-GVI operates the Temporary Assistance to Needy Families (TANF) program within the Division of Family Assistance, adhering to the broad framework of Title I – Block Grants to States for Temporary Assistance for Needy Families. TANF is authorized by the Social Security Act, as amended by "… Section 5501 of the Balanced Budget Act of 1997 (PL 105-33) and Sections 402(a) and 403(a)(1)(A) …" (DHS, 2015, p. 4). DHS-GVI addresses the requirements of the TANF legislation through the administration of the Family Improvement Partnership Program (DHS, 2009; 2015).

Program Information

Overview

There are five (5) primary goals of the Family Improvement Partnership Program:

1. To provide assistance for needy families so that children may be cared for in their own homes or the homes of relatives;
2. **To end dependence by needy parents on government subsidies by promoting job preparation and job placement**; (emphasis added)
3. To reduce the incidence of out-of-wedlock or unwanted pregnancies through family planning, marriage and parental responsibility;
4. To decrease incidences of family violence; and,
5. To encourage the formation and maintenance of two-parent families.

As previously mentioned, the information presented to describe the TANF program was extracted from data reports developed by the Administration for Children and Families, Office of Family Assistance, available at http://www.acf.hhs.gov/programs/ofa/programs/tanf/data-reports. Additionally, information based on CARIBS, the case management database used by the program, was provided by program personnel. In describing the TANF program in the USVI, information is first provided on the number of average TANF participants over the past six years. This is followed by information on the demographic characteristics of the adult and children program participants. The description of program recipients (enrollment) is followed by information which describes the staffing and organization of the TANF program. This is followed by information on programs and services, more specifically, work experiences and work activities of adult TANF clients. The description of the USVI TANF program ends with funding information, for FY 2011 through FY 2015.

Enrollment

For calendar years (CY) 2010 through 2015, the average monthly number of TANF recipients ranged from about 1500 in 2010 to just under 1100 in 2015, representing a 29% decline in average monthly recipients from 2010 to 2015 (Figure 30). Figure 30 also shows that over the same period, there was a decline of approximately 33% in the average number of children as well as the average number of families. For FY 2010 – FY 2015, average monthly participation reflects a similar trend, though the decline is lower, at 25%, overall, and approximately 28% for children and families (Figure 31).

Figure 30. Average Monthly TANF Recipients by Category: CY 2010-2015

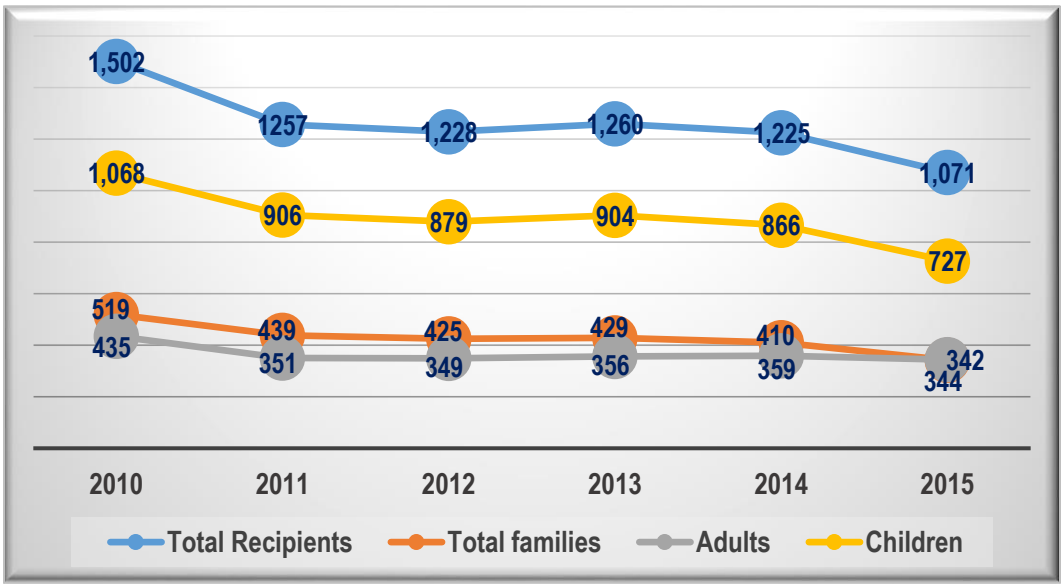
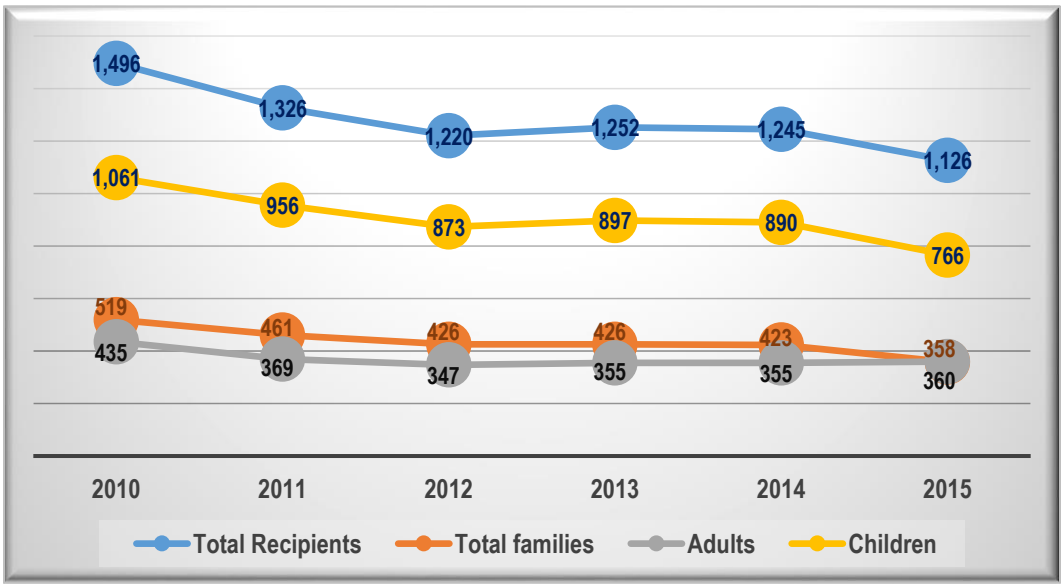
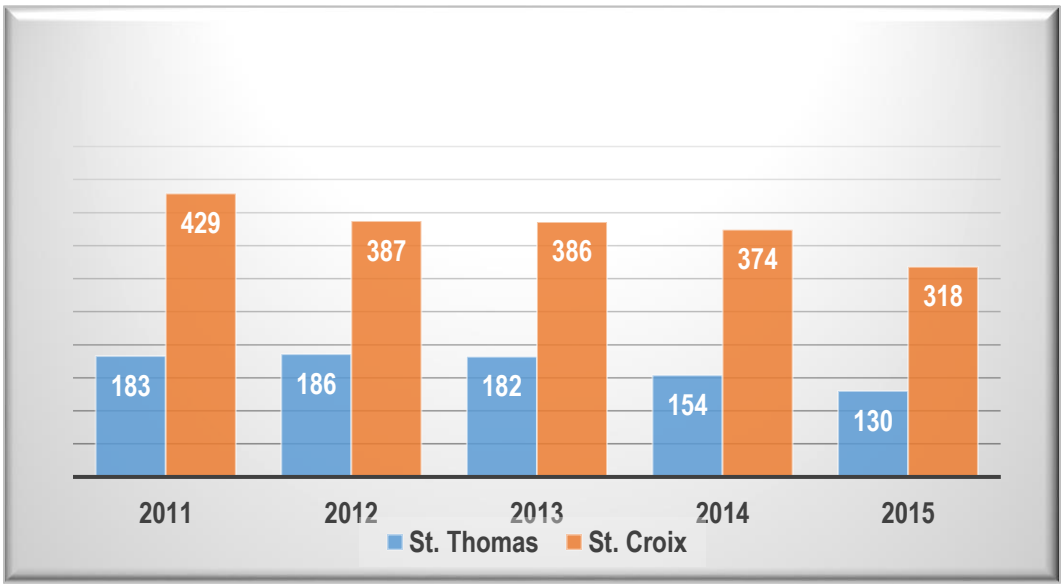


Figure 31. Average Monthly TANF Recipients by Category: FY 2010-2015



Information on program participants is also provided based on the district in which participants reside. Figure 32 shows that the majority of TANF recipients reside in the St. Croix District, representing at least a 2:1 ratio. The decline in TANF recipients observed in Figures 30 and 31, is also reflected in Figure 32. Specifically, Figure 32 shows the decline in the number of TANF recipients, by district, with a sharper decline in the St. Thomas-St. John District from 2011 to 2015 (29% decline). For the St. Croix District, there was a 25% decline in TANF participants from 2011 to 2015.

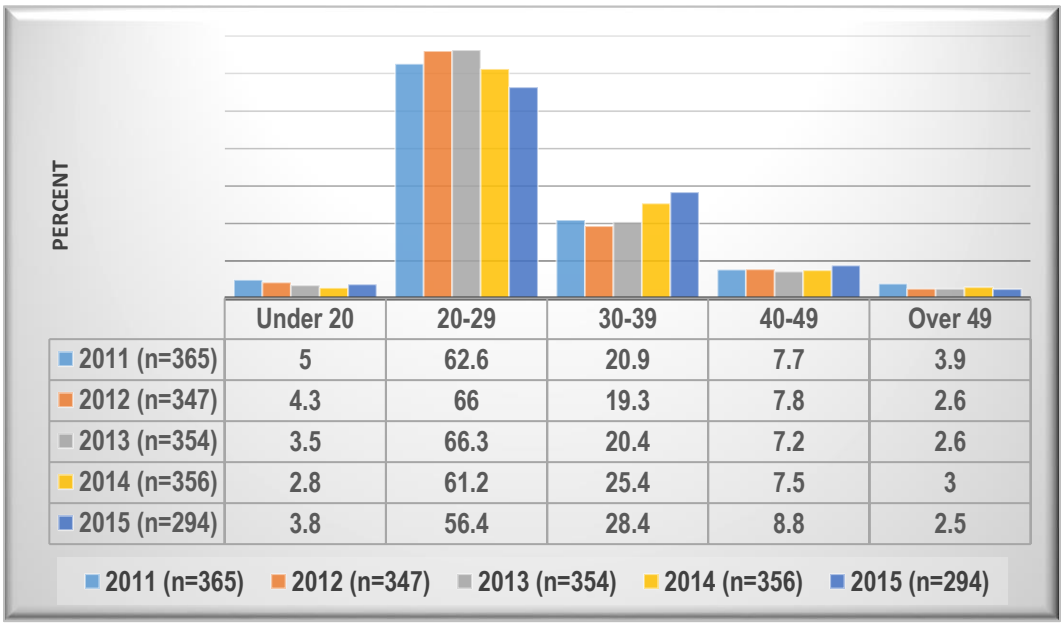
Figure 32. TANF Adult Recipients by District: FY 2011 – 2015



Source: USVI TANF Program personnel, September 2016

Figures 33 – 43 provide demographic information about TANF recipients. The largest proportion of adult recipients were between the ages of 20-29. For 2014 and 2015, while there was a slight decline in the proportion of recipients in the 20-29 age group, there were increases in the proportion of recipients in the 30-39 age group (Figure 33). For the five years for which data are presented, adults 49 and older represented the lowest proportion of TANF recipients, while the number of teen recipients remained at five percent or below (Figure 33).

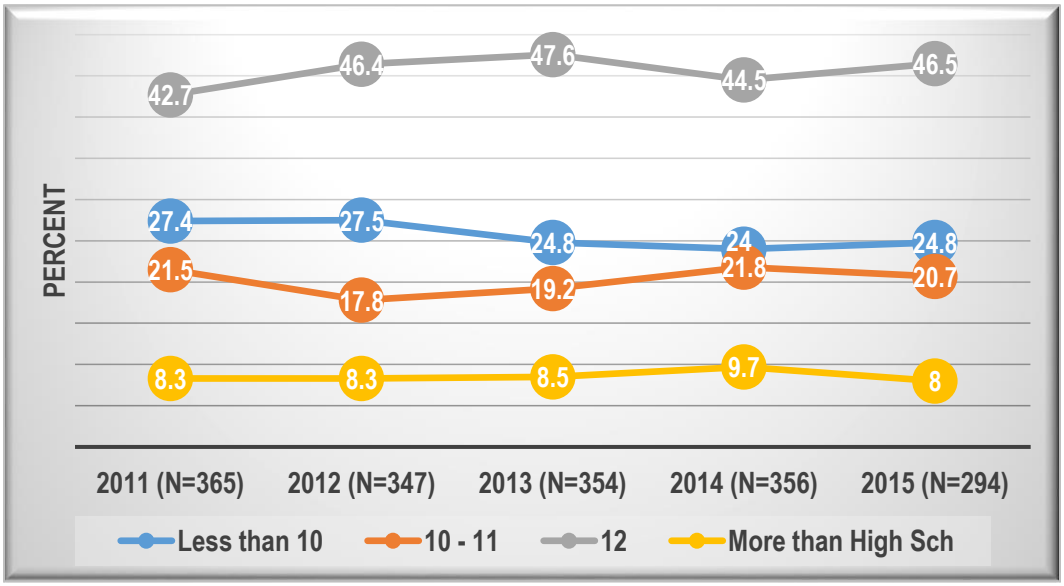
Figure 33. TANF Adult and Teen Recipients by Age: FY 2011 – 2015



	Under 20	20-29	30-39	40-49	Over 49
2011 (n=365)	5	62.6	20.9	7.7	3.9
2012 (n=347)	4.3	66	19.3	7.8	2.6
2013 (n=354)	3.5	66.3	20.4	7.2	2.6
2014 (n=356)	2.8	61.2	25.4	7.5	3
2015 (n=294)	3.8	56.4	28.4	8.8	2.5

Figure 34 captures educational levels of TANF recipients in the USVI for a five-year period. For the period, on average, one in four TANF recipients had less than a 10th grade education, while less than 1 in 10 had more than a high school diploma. For all five years, fewer than 50% had earned a high school diploma. The educational levels of TANF clients differ in some important ways from those of the general USVI population (Table 3, p. 14), which shows that while 31% of the general population had not earned a HS diploma, for the period noted in Figure 34, TANF clients without a HS diploma ranged from 44 – 49%.

Figure 34. TANF Adult Recipients by Educational Level: FY 2011 – 2015



When considering education beyond high school, for the general population, about four in 10 residents had some college experience, while as noted previously, on average, fewer than one in 10 TANF recipients has had any college experience. The implications of the level of education on job preparedness and the opportunity for TANF clients to secure employment is highlighted by the following quotes shared in focus group sessions with TANF personnel and employers who participated in work activity opportunities for TANF recipients.

Employers addressed the issue of education from the standpoint of the limiting nature of not having the requisite level of education, the opportunity that this provides for key stakeholders to collaborate to provide opportunities for training and education, and the importance of helping TANF clients recognize the need to go beyond the bare minimum, as far as educational preparation.

As we mentioned earlier, … trying to see how you could refer them for GED because like this employer next to me mentioned that she was about to give a participant a job and could not because she did not have her GED or diploma. So you know and I could imagine how discouraging that was for that person who had hope. You know. So if they can get their trainings and referrals to get a diploma that would be helpful. [Employer Focus Groups, 2016]

Some of them come with us have never had any sort of training or any sort of background in the working. And I think if those other agencies would provide some sort of training and development for them, a lot of them don't even have the basic, whether it's a GED or even a High School Diploma. … But it's just that, you know, my thing, you don't meet the minimum requirement. Now, if they would have, you know, the TANF Program would have been able to partner with Education, with Division of Personnel, or whomever, that could provide that services for her, so that right now what we did yesterday, is, the Manager actually contacted the GED Program to see how we can get her in the Program. [Employer Focus Groups, 2016]

… So I truly would like to see them get what they need and see a TANF worker to the, I don't want to call it end, but they should truly be that they gain employment. But not employment that would keep them in poverty. So saying that GED, that's not it. You said they get to go to college, but the GED can't be it and the entry level position can't be it … [Employer Focus Groups, 2016]

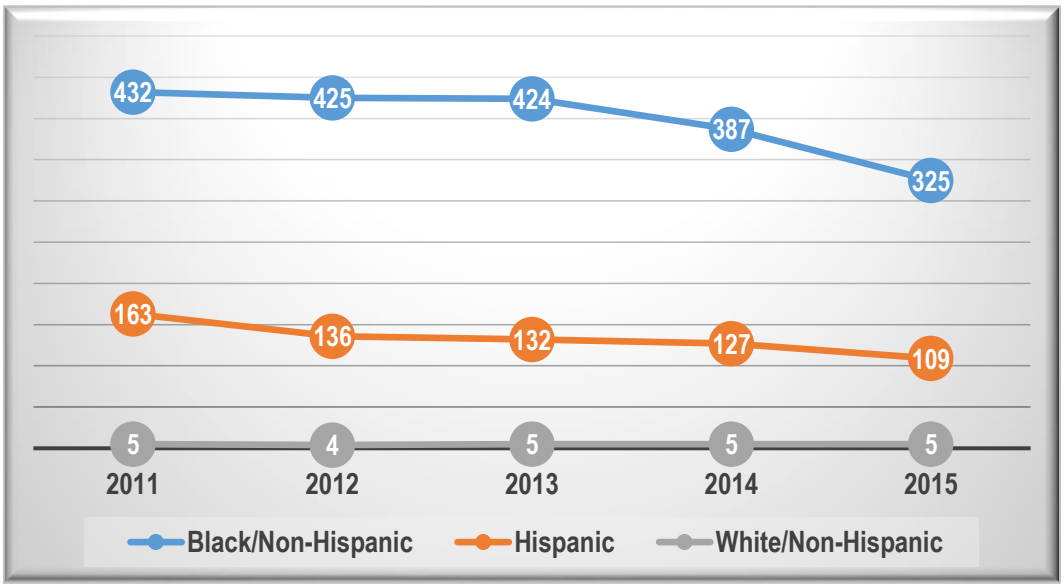
Staff also emphasized the importance of education and training and the implications for employment for TANF recipients.

It's a combination. But mostly on the client side. For example, we have issues with them as far as placing some of them, not complying. When I say placing, placing in the sense that their education level might be too low. [TANF Staff Focus Groups, 2014, 2015]

I think one of the biggest problems with our clients is education. And that is something that prevents them from really doing well when they are placed on their job sites. [TANF Staff Focus Groups, 2014, 2015]

Figure 35 shows that, during the period FY 2011 – FY 2015, for every year except FY 2011, approximately three of every four TANF participants were Black/non-Hispanic and fewer than two percent, White/non-Hispanic. For each of the five years for which data are reported, there is missing information on race/ethnicity for a small number of participants. These data suggest that there is not an overrepresentation of Black/non-Hispanic residents in the TANF program, as the overall population of Black/non-Hispanic persons in the US Virgin Islands is approximately 76% (USVI Census, 2010).

Figure 35. TANF Adult Recipients by Race/Ethnicity: FY 2011 – 2015



Based on data received from the USVI TANF program personnel, the overwhelming number of adult TANF recipients are female (Figure 36). Male adult recipients represent less than three percent of adult recipients for all years for which data are reported. It should be noted that the USVI TANF program has a stipulation that two-parent families do not qualify for TANF benefits. Thus, unlike the distribution of TANF adult participants by race/ethnicity, there is an over-representation of single female headed households in the TANF program, as the percent of family households headed by a female, with no husband is 23% (USVI Census, 2010).

Figure 36. TANF Adult Recipients by Gender: FY 2011-2015

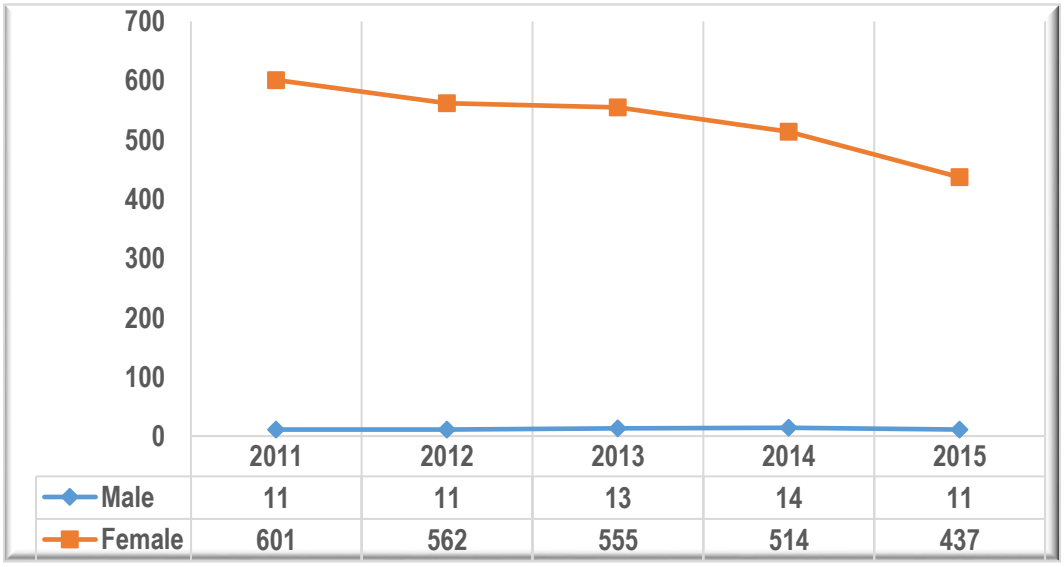
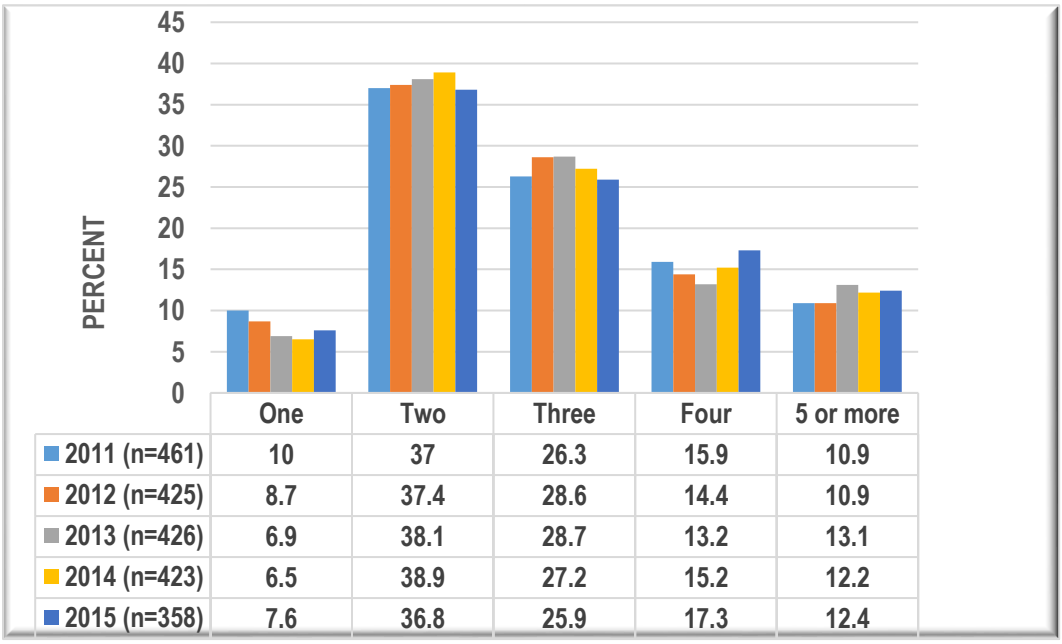


Figure 37 captures information on the composition of TANF families based on the number of recipients in families in the TANF program. For the majority of families (62-67%), there are two or three recipients. For approximately one in five families, the number of TANF recipients was either one or five or more.

Figure 37. TANF Families by Number of Recipients: FY 2011 – 2015



	One	Two	Three	Four	5 or more
2011 (n=461)	10	37	26.3	15.9	10.9
2012 (n=425)	8.7	37.4	28.6	14.4	10.9
2013 (n=426)	6.9	38.1	28.7	13.2	13.1
2014 (n=423)	6.5	38.9	27.2	15.2	12.2
2015 (n=358)	7.6	36.8	25.9	17.3	12.4

Figure 38. TANF Families by Number of Child Recipients: FY 2011 – 2015

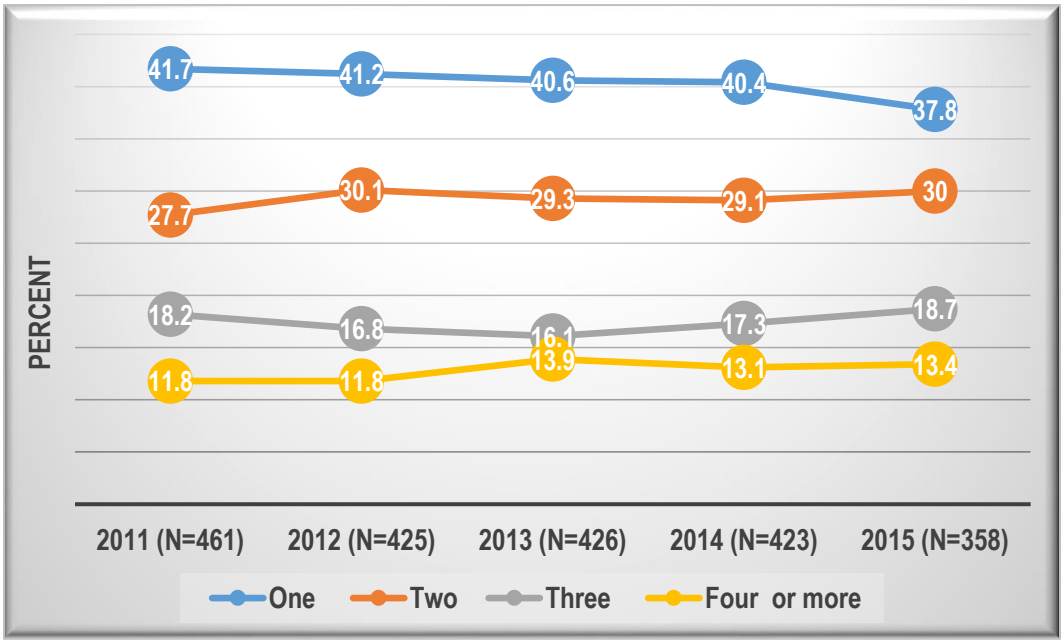


Figure 38 provides further information on the composition of TANF families in terms of the percentage of child recipients. For all families receiving TANF benefits, about two in five represent families with only one child, while three in 10 represent families with two children. For all years for which data are presented, fewer than two in 10 families had four or more child recipients. The majority of TANF child recipients reside in homes with a parent (Figure 39). Fewer than 5% of children receiving TANF benefits reside with a grandparent. Another perspective on family composition is provided by Figure 40 which classifies TANF families as "one parent" or "no parent" families. As can be noted, the preponderance of TANF families in the USVI are one parent families.

Figure 39. TANF Recipient Children by Relationship to Head of Household: FY 2011 – 2015

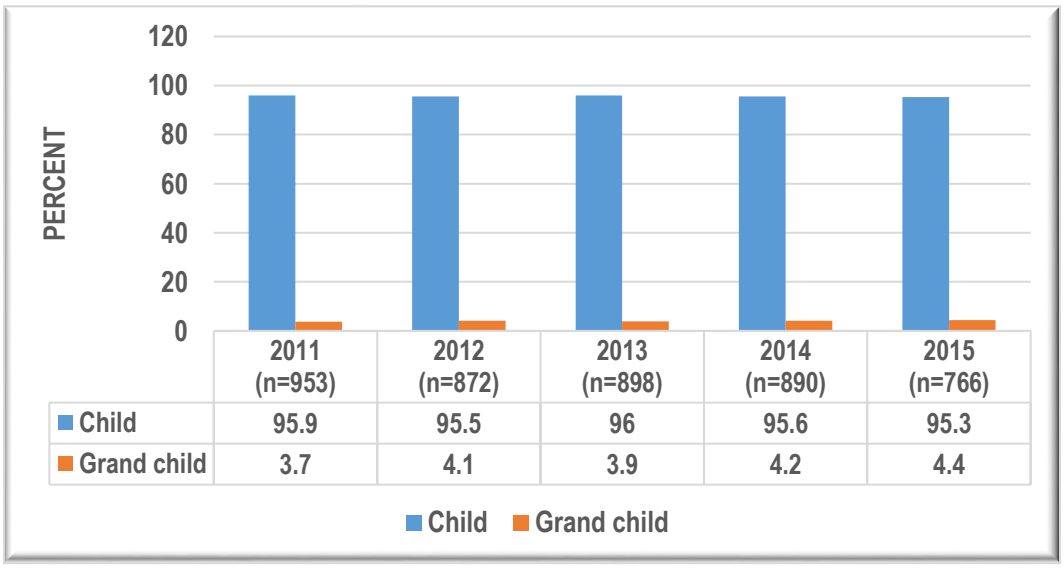
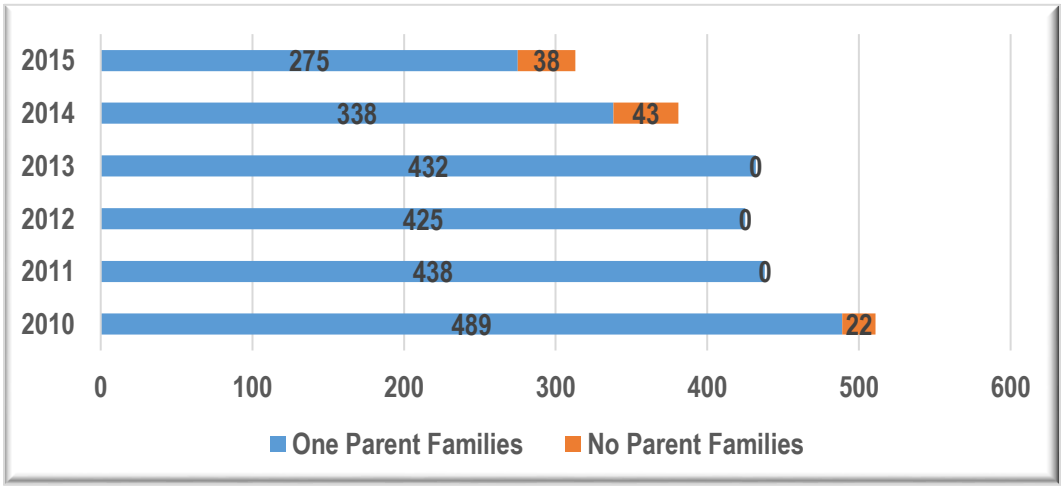
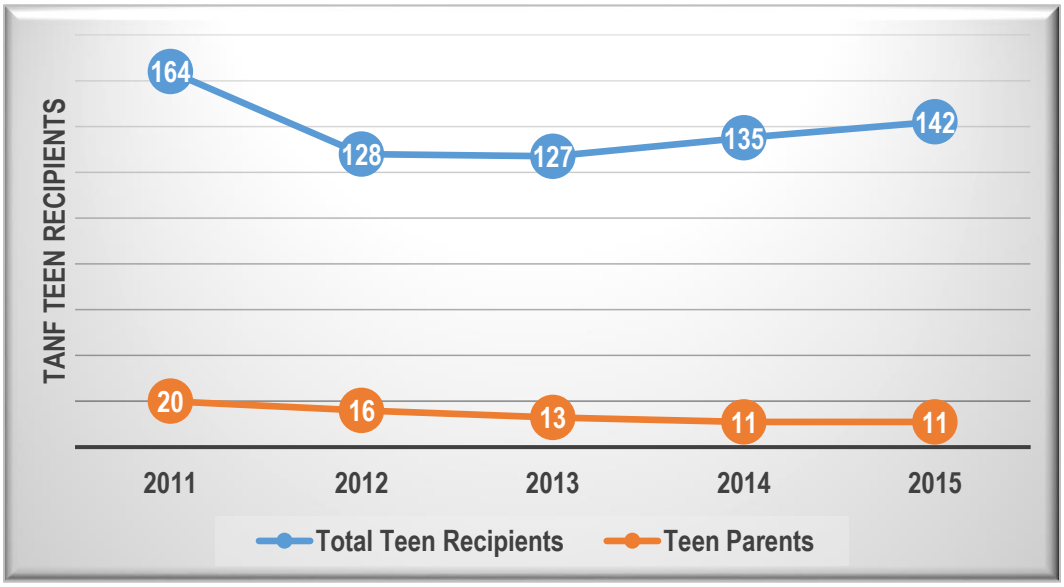


Figure 40. Caseload Data on Family Composition of TANF Recipients: CY 2010 – 2015



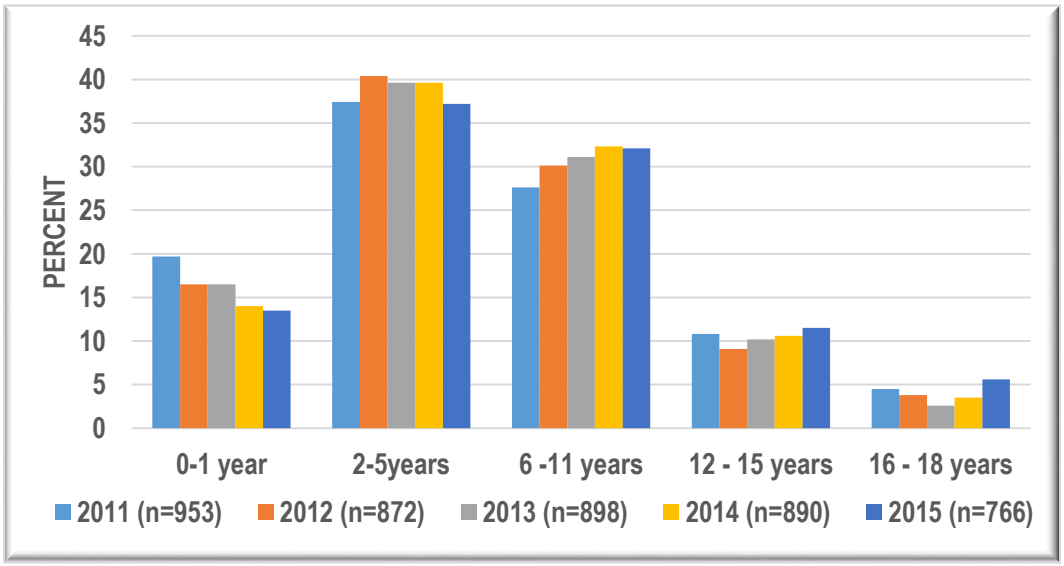
Figures 41 - 43 provide information on teen and child TANF recipients in the USVI. When compared to Figures 30 and 31, there is an increase in teen TANF recipients, from 2013 to 2015. While the proportion of teen recipients hovered between 10 and 11% for 2011-2013, that percentage rose to 13% in 2014-2015. Both the number and proportion of teen recipients who are also parents show a decline from 2011 to 2015 (Figure 41).

Figure 41. TANF Teen Recipients and Teen Parents: FY 2011 – 2015



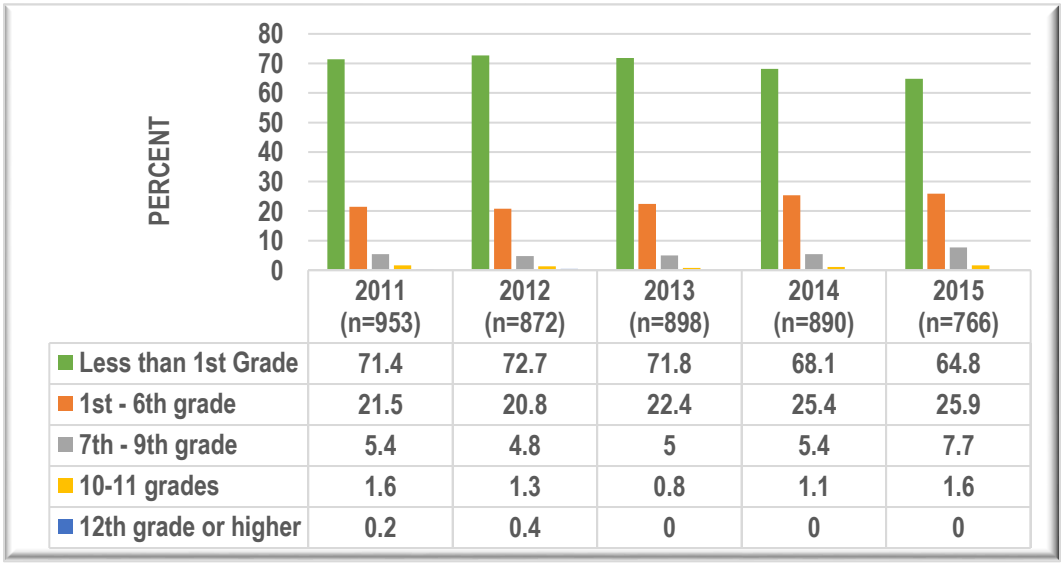
The majority of TANF recipients in the USVI are child recipients. For the five fiscal years for which data are provided, children represented 72% of all TANF recipients for all years except FY 2015, when that proportion dropped to 68%. The largest proportion (37 – 40%) of child recipients is in the pre-school age range, specifically, ages 2-5 (Figure 42). This is followed by elementary age children (6-11 years of age), representing between 27 and 33% of child recipients. Figure 42 also shows that the proportion of children under the age of one receiving TANF benefits shows a decreasing trend over the five-year period.

Figure 42. TANF Child Recipients by Age Group: FY 2011 – 2015



On average, for SY 2011 through SY 2015, nine in 10 child TANF recipients were at the elementary level or below (Figure 43). Of these, approximately seven in 10 were below first grade in terms of school enrollment, while just under one in four were enrolled in elementary school. Based on the age distribution of TANF child recipients (Figure 42), and the educational levels of child recipients (Figure 43), childcare would likely be an area of need for many of these families, particularly within the context of the work experience adult TANF recipients are required to have.

Figure 43. TANF Child Recipients by Educational Level: FY 2011 – 2015



	2011 (n=953)	2012 (n=872)	2013 (n=898)	2014 (n=890)	2015 (n=766)
Less than 1st Grade	71.4	72.7	71.8	68.1	64.8
1st - 6th grade	21.5	20.8	22.4	25.4	25.9
7th - 9th grade	5.4	4.8	5	5.4	7.7
10-11 grades	1.6	1.3	0.8	1.1	1.6
12th grade or higher	0.2	0.4	0	0	0

Program Staff and Qualifications

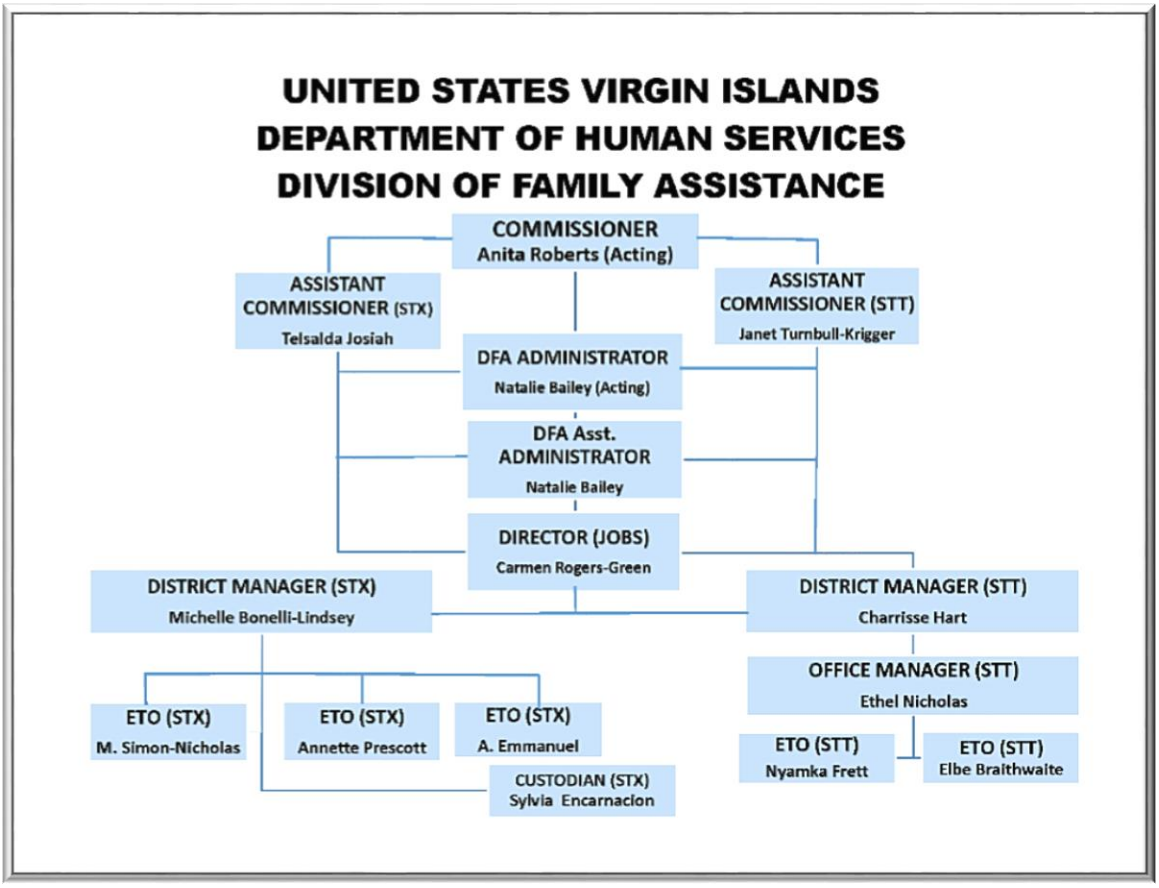
The TANF program in the USVI is currently staffed by 10 persons, with four providing or supporting the provision of direct services in the St. Croix District and four providing or supporting the provision of direct services in the St. Thomas-St. John District. The Director of the Job Opportunities and Basic Skills program (JOBS), though based on St. Thomas, provides territorial oversight of the JOBS program. The Acting Administrator of the Division of Family Assistance, based on St. Croix, has territorial responsibility for the TANF program, and other programs under the auspices of the Division of Family Assistance. There are no TANF offices on St. John. There is one staff vacancy on St. Croix – that of a social worker. Staff have been in the program for an average (mean) of 11.33 years (median 10 years), and all staff have at least a Bachelor's degree; additionally, four of nine have earned a Master's degree. Employment and training officers (ETOs) shared that their caseloads range from 60 to 80 clients.

A review of the TANF program organizational chart (Figure 44) shows that program sits within the Division of Family Assistance and is headed by an Administrator who reports directly to the Commissioner of the Department of Human Services. At the time the scan was completed, the TANF program had an Acting Administrator, a Director of the JOBS program and two district managers. Each district manager supervises the ETOs in the respective district. As previously mentioned, VI-TANF program has 10 professional staff members. The streamlined staff poses challenges for the program, as shared by staff during focus group sessions. The quotes below captures the essence of the challenges described.

> *… In the past when it [TANF program] initially came in, it was working, now it's not. And what we are doing differently as opposed to what was doing in the past, in the past we had dedicated social workers. We had more staff and to me the program was more structured then than it is now. [TANF Staff Focus Groups, 2014, 2015]*

> *And lack of personnel is our biggest issue. In the past we used to have social workers, now we have none. Because the way how it was set up, when the client would come into the JOBS office and apply for benefits. They would first see a social worker, who would assess all their issues, deal with them from that level, make sure they were issue free and then refer them to us … Now … we are placed with the burden of trying to both do social work and training and we are not licensed Social Workers. [TANF Staff Focus Groups, 2014, 2015]*

Figure 44. Organizational Chart – USVI TANF Program



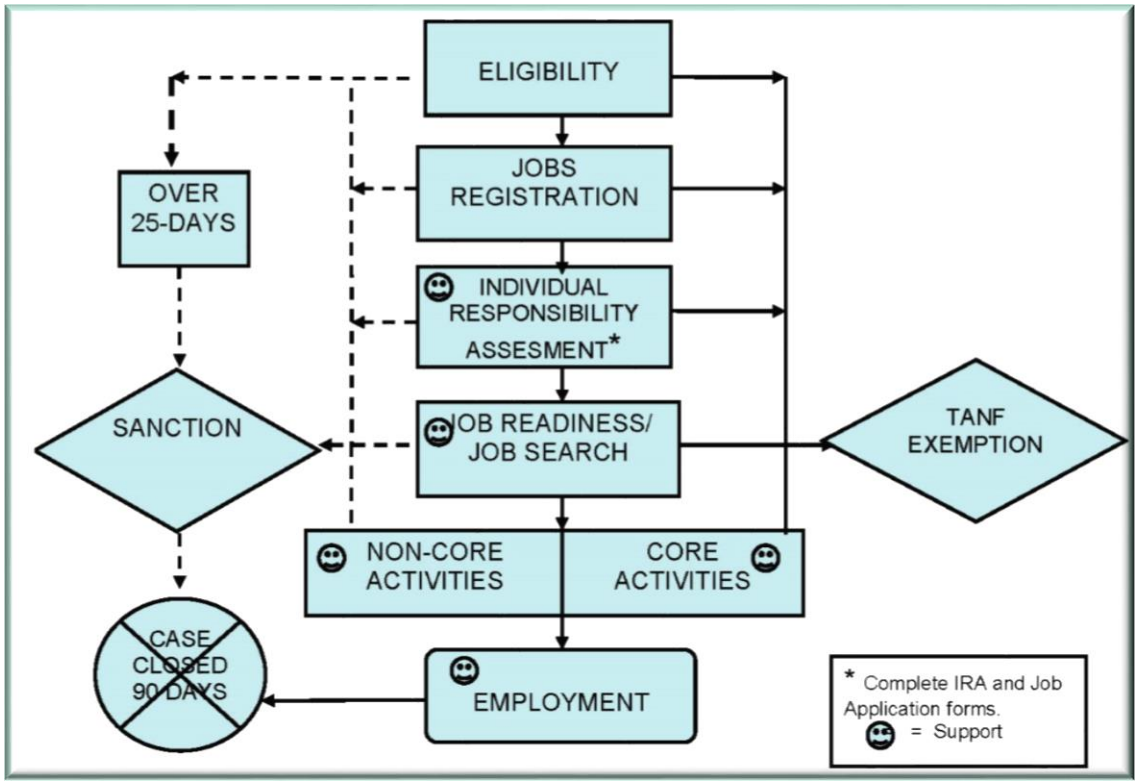
Programs and Services

The TANF program is essentially a cash benefit program. As mentioned in the overall description of the TANF program, services are provided to TANF recipients through the Family Improvement Partnership Program (FIPP), administered by the DHS-GVI (DHS, 2015a). In the 2015 VI-TANF State Plan, support services to TANF recipient are delineated:

- ✓ Job participation [to address the ultimate goal of the program – participant self-sufficiency];
- ✓ Assessment [to determine adherence to the VI TANF WVP] (DHS, 2015b);
- ✓ Support services [outlined in the VI TANF WVP] (DHS, 2015b);
- ✓ Training, employment, and job retention in the eldercare workforce [an active focus of the VI TANF program, in adherence to the Affordable Care Act] (DHS, 2015a);
- ✓ Coverage of burial costs for TANF family member; and,
- ✓ Exemption from the Territory's participation rate, if certain conditions exist.

The overall flow of the TANF program, from eligibility determination to employment is captured in Figure 45. Once eligibility has been determined, the TANF recipient has 25 days to begin the work experience process. Failure to do so could lead to sanctions and eventual removal from the TANF program. Eligible individuals are referred to the JOBS program where each is assessed for job readiness and each completes an individual responsibility plan (IRP) (DHS, 2015b). Employers participating in work activities must be certified by the VI Workforce Investment Board (DHS, 2009).

Figure 45. US Virgin Islands TANF Program Flow

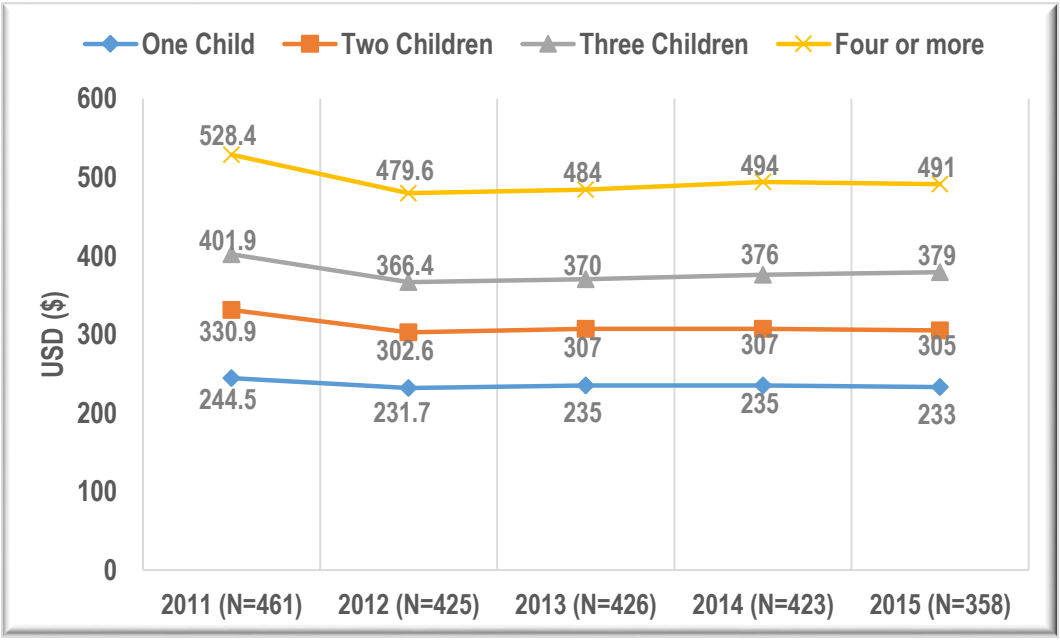


Source: Virgin Islands Work Verification Plan

Cash benefits to families are determined by the number of family members that are eligible for this benefit. [See Appendix XI for a copy of the Income Maintenance Payment Chart.] In its 2015 VI TANF State Plan, the DHS enumerated the four purposes of providing cash stipends to TANF recipients: 1) ending dependency on government subsidies by promoting job preparation and job placement; 2) reducing the incidence of out-of-wedlock or unwanted pregnancies by promoting family planning; 3) decreasing incidences of family violence; and 4) encouraging the formation and maintenance of two-parent families (DHS, 2015a, p. 15). Figure 46 captures

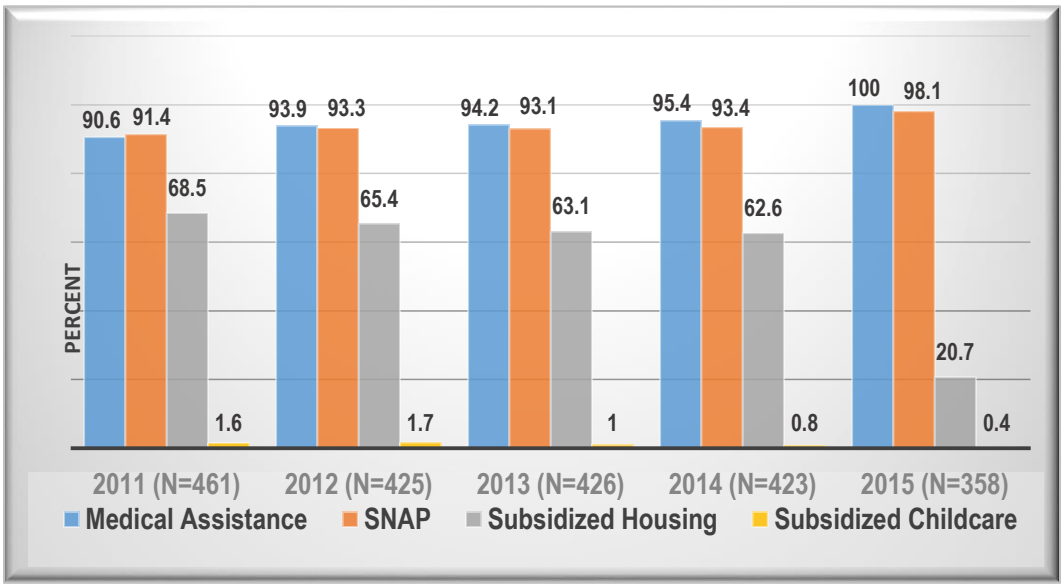
information on the average monthly cash benefits families received, over a five-year period. What is clear from the graphic is that the largest average decline occurred in cash benefits to families of four or more, while the smallest average decline occurred in cash benefits to families with one child.

Figure 46. Average Monthly Cash Benefits by TANF Family size: FY 2011 – 2015



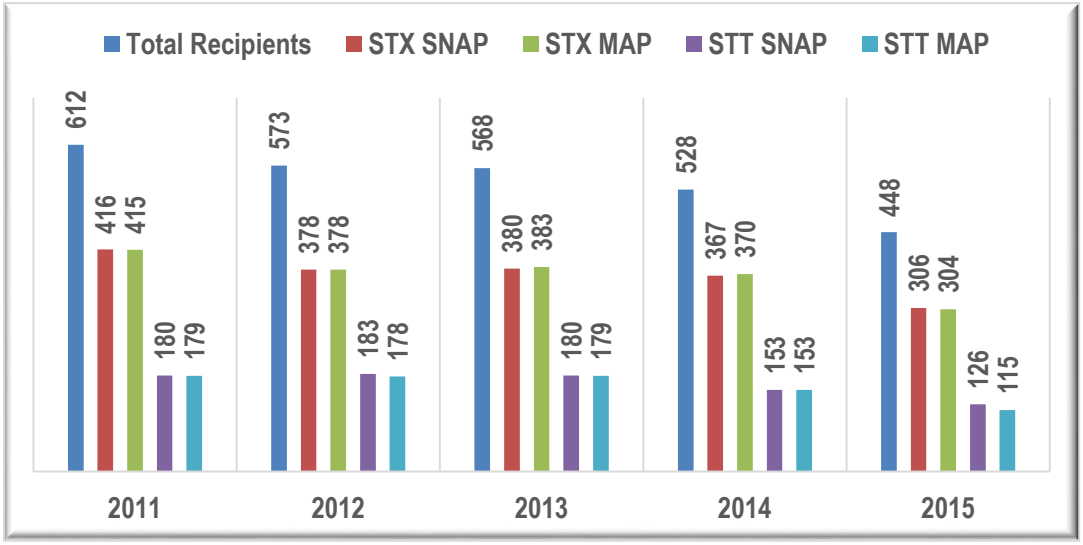
Like HS/EHS program participants, TANF program participants/recipients also receive services from other public assistance programs. In particular, information is available to document TANF recipients' access to the medical assistance program (MAP) – local Medicaid, subsidized nutrition assistance program (SNAP), subsidized housing, and subsidized childcare (Figure 47). For all years for which data are provided, over 90% of TANF recipients also received MAP and SNAP benefits: approximately 91% in 2011, but virtually 100% in 2015. Figure 47 also shows that for FY 2011 through FY 2014, approximately two in three TANF recipients received subsidized housing. However, that proportion dropped drastically in FY 2015 to just 21%. The research team was unable to determine whether the discrepancy represented a significant change in the program that year, or whether the discrepancy represented a reporting error. Over the five fiscal years for which data are provided, on average, fewer than two percent of TANF recipients accessed subsidized childcare.

Figure 47. TANF Recipients Accessing Public Assistance Programs: FY 2011 – 2015



Though the number of TANF recipients show a decreasing trend from FY2011 through FY2015, the proportion of TANF recipients in each district that accessed additional public assistance through the SNAP and MAP programs was relatively stable throughout this period. Figure 47 captures this information and reveals that for the five fiscal years for which data are provided, between 96 and 99% of TANF recipients in the St. Croix District accessed SNAP and MAP benefits. For TANF recipients in the St. Thomas-St. John District, between 84 and 99% accessed SNAP and MAP services. These data point to TANF recipients' need for additional support services. (See Figure 32 for the total number of adult TANF recipients by district.)

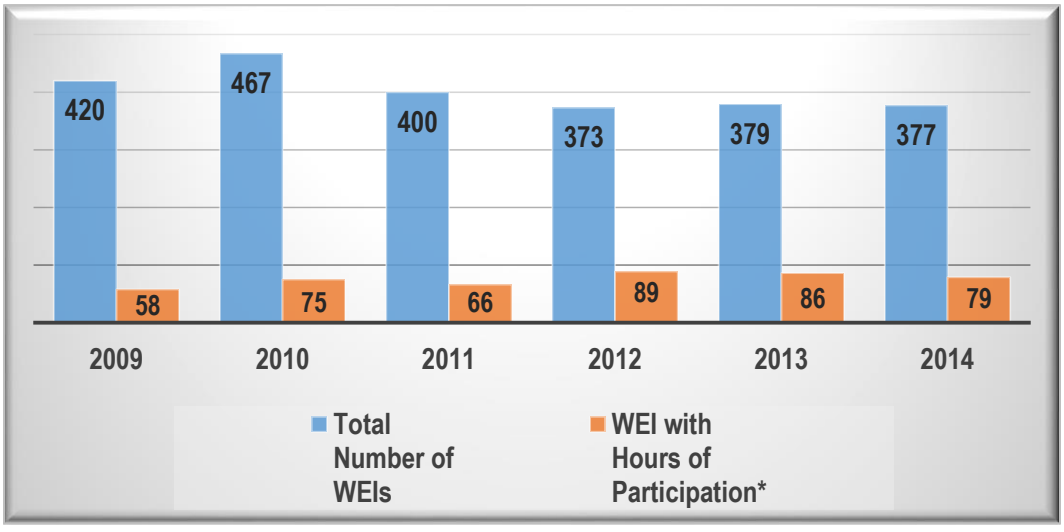
Figure 48. TANF Recipients Accessing SNAP and MAP by District: FY 2011 – 2015



As noted previously, Figure 45, USVI TANF Work Flow, references job readiness/job search and core and non-core activities. Based on the VIWVP, core activities include unsubsidized employment, self-employment, subsidized employment, work experience, on-the-job training (OJT), job search and job readiness assistance, community service, and vocational education training. Non-core activities include job skills training directly related to employment, education directly related to employment, and satisfactory attendance at secondary school. Both core and non-core activities are recognized as "countable work activities" (DHS, 2015b). [See Appendix XII for sample JOBS brochures provided to TANF recipients.]

Figures 49-51 provide information on TANF recipients' participation in work activities. Information was available for FY 2009 through FY 2014 and are therefore the fiscal years represented in the work activities information presented. Figure 49 provides information on the number of TANF recipients, identified as work-eligible individuals (WEIs), who had hours of participation in work activities. According to the VIWVP, a work eligible TANF recipient is defined as "… an adult (or minor child head-of-household) receiving assistance under TANF or a separate State program or a non-recipient parent living with a child receiving such assistance (usually a child-only case) …" (DHS, 2015b, p. 24). The definition provides exclusionary categories, to include a non-citizen, whose immigration status precludes her/him from receiving assistance; a minor who is a parent but not a head of household, or an adult receiving Social Security Disability Insurance (SSDI) or adult assistance – Aid to the Aged, Blind, or Disabled (AABD).

Figure 49. Number of Work-Eligible Individuals (WEIs) with Hours of Participation in Work Activities: FY 2009-2014



In considering the number of WEIs who participated in work activities for the six-year period under review, Figure 49 reveals that the majority of work-eligible TANF recipients did not participate in work activities in any year. Though there was some increase in the proportion of WEIs who actually participated in work activities – in FY 2012 – FY 2014, as compared with FY 2009 – FY 2011, for all years, fewer than one in four WEIs actually participated in work activities.

During focus group sessions, TANF staff shared challenges associated with placing TANF recipients in work activities. Some of the challenges described are captured in the quotes below.

> *We prepare them and everything; even for our volunteer program. It's unfortunate, but* ***there is a negative stigma associated with our clients that keeps them back also****. I mean and there is no way in our relationships to not identify because they know we are calling from TANF, we are setting up the interviews and whatever.* ***So they'll know well this is a TANF person and they all, we have seen it over and over and over. They are treated differently than if they had just walked off the street and tried to apply for that job or volunteer on their own*** *… They would still be receiving TANF, but if they did it on their own as opposed to us doing it, it's a big difference in how they are treated. It's a big, big and that also kills their self-esteem, how the discrepancies between the regular staff and TANF staff. [TANF Staff Focus Groups, 2014, 2015] {Emphasis added}*
>
> *… We try to work through the Block Grant Program, the Child Care and Block Grant Program and you know, we have to wait on slots, just like the public and that also is a hindrance especially to those who recently gain employment. You know. They need this childcare in order to go to work and it's really been an uphill battle in terms of that. We used to be able to give Childcare and Regulatory Services monies to service our clients, but once again, we are not able to anymore. So we have a waiting list now. Our waiting list is separate and apart from their regular waiting list, but it's a waiting list nonetheless. [TANF Staff Focus Groups, 2014, 2015]*
>
> *The EDC companies have a mandate to provide training and/or job opportunities for our TANF recipients. They are not pulling their weight. [TANF Staff Focus Groups, 2014, 2015]*
>
> *… We have issues with them as far as placing some of them, not complying. When I say placing, placing in the sense that their education level might be too low. We have some clients who are not bilingual. They only speak Spanish. That's a next challenge. We have some others who have behavioral issues; mental issues. Social issues and those are the major barriers that they face and we have others to. Child care is also a major issue. Transportation and the child care we try to address, but at times, child care can still become an issue if they decide they don't want to utilize the services we have and utilize the service of a family member who down the road, eventually decide, okay I can't watch your child. So therefore now, they can't go to the training. [TANF Staff Focus Groups, 2014, 2015]*

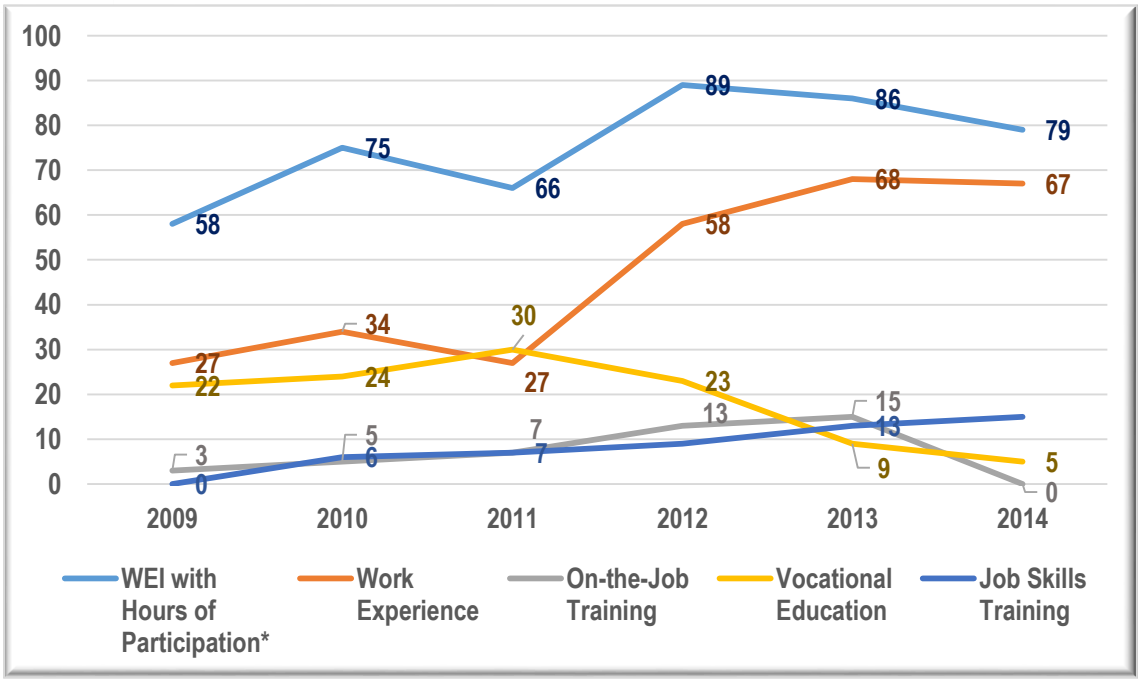
The research team also conducted focus group sessions with employers who have provided TANF recipients work experience opportunities. The employers shared their experiences with TANF recipients and the work experiences gained at their establishments. As the quotes that

follow reveal, employers had mixed experiences with TANF work experience/work training participants. One of the overarching themes that emerged through employers' discussion of their experiences with TANF participants was the counselor/mentor/encourager role that most of the employers assumed in working with TANF recipients. Several employers emphasized the need to afford "second chances" to the recipients.

> *You know I see one, oh I getting off of welfare in April. I don't know what I going do. I say … go to Labor and see what Labor can do for you so when welfare done, when you done with program, you'll be able to get in you understand to some school… But somebody else in here need to be encouraging them in that way. We have a lot of good people out there who on the JOBS program you know. If they really be encouraged by someone they will go farther. [Employer Focus Groups, 2016]*
>
> *So, I've seen where TANF employees, they have been placed and shown their ability to perform the task they were given and did not have the opportunity, given hope that we'll hire you and never got hired. So, some of them, their spirits are broken where they didn't get that opportunity and had to seek, try to seek other employment elsewhere. So you know if they can only be placed sometimes at places where there's opportunities for them, that would give them hope. [Employer Focus Groups, 2016]*
>
> *I spend a lot of time with my TANF worker. I don't let them have too much time alone. The reason for that, is truly, if I don't, the orientation portion of onboarding an employee is so important … So with TANF workers, because we are aware already that the person may have some challenges. Off the bat we already know… I do a lot of life skills teaching. I communicate with that TANF worker like a social worker every day… We engage them because no two days are alike… [Employer Focus Groups, 2016]*

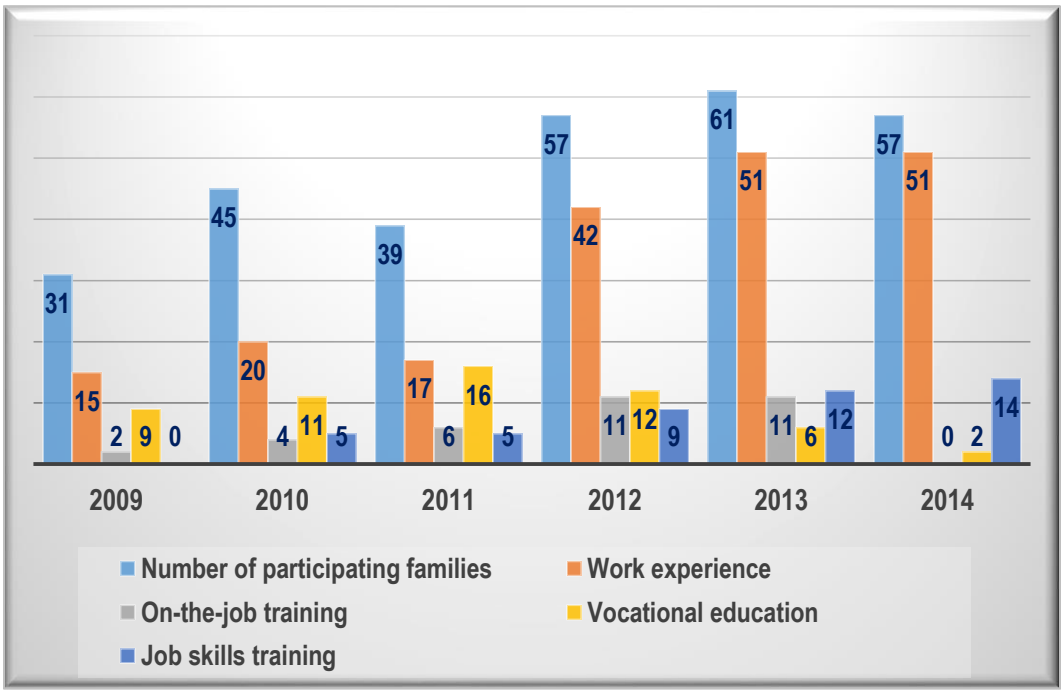
Figure 50 provides more details with respect to the types of work activities WEIs were engaged in during the period under review. There was a marked increase in the average monthly number of WEIs who were engaged in work experienced activities, with the average number increasing from 27 in FY 2009 to 67 in FY 2014. Of the other three work activity categories, OJT, vocational education, and job skills training, on average, fewer than 15 WEIs participated in OJT and job skills training activities. Additionally, the average number of WEIs participating in vocational education was around the same as those participating in work experience activities in FY 2009 through FY 2011. The trend shifted from FY 2012 through FY 2014, with continuing declines in the average number of WEIs who participated in vocational education activities, compared to those who participated in work experience activities for the same period. [See Appendix XIII for the forms that vendors/employers must complete to document the attendance and performance of TANF clients engaged in work activities.]

Figure 50. Average Monthly Number of WEIs with Hours of Selected Work Activities: FY2009 - 2014



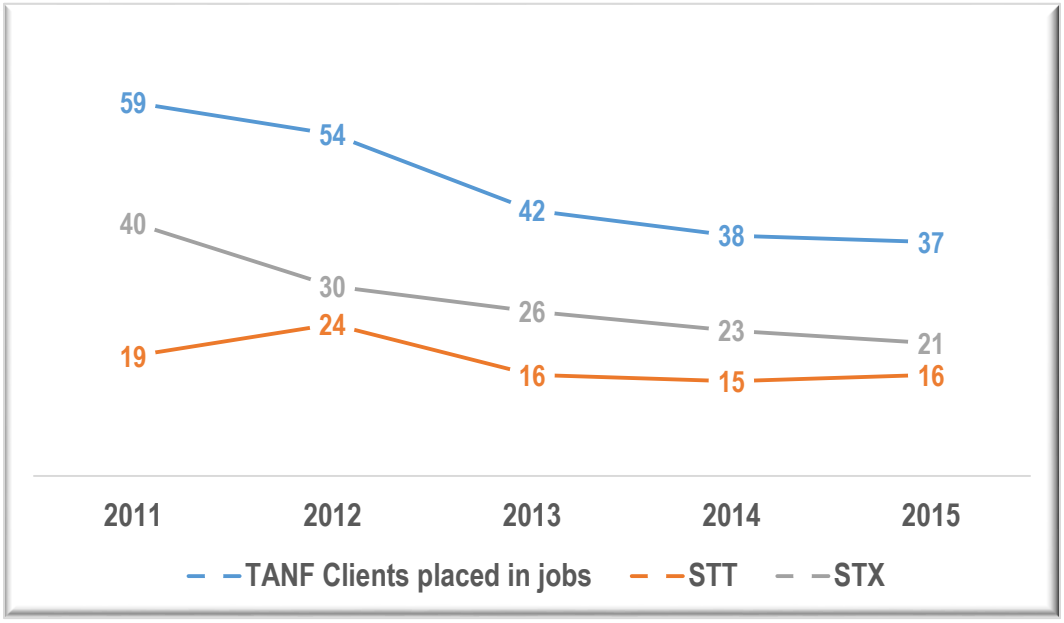
In addition to tracking the average monthly number of WEIs who engaged in selected work activities and the number of hours of engagement (Figure 50), the TANF program is also required to track the average monthly number of WEIs engaged in work activities counted as meeting the *all families work requirement* (Figure 51). Though there was an increase in the number of families participating in selected work activities, when comparing FY 2009–FY 2011 with FY 2012–FY 2014, Figure 51 shows that fewer than 20% of WEIs participated in any type of work activity. Of those participating in some type of work activity, the majority were engaged in work experience activities and job skills training. The information provided in Figures 49 – 51 indicate that there is much room for improvement in the area of work-related activity engagement for WEIs in the VI TANF program.

Figure 51. Average Monthly Number of WEIs Engaged in Work by Selected Work Activities Counted as Meeting the All Families Work Requirement: FY 2009-2014



Since one of the goals of the TANF program is self-sufficiency, it is important to provide information on the capacity of the VI TANF program to place TANF recipients in jobs. Based on information provided by TANF program personnel, Figure 52 provides a graphic representation of TANF recipients placed in jobs during FY 2011 through FY 2015. The overall trend is a decline in job placements from FY 2012 to FY 2013, and then a plateauing in FY 2014 and FY 2015. Again, based on the overall number of WEIs in the program for the years under review, there remains much room for improvement with respect to the placement of TANF recipients in jobs.

Figure 52. TANF Recipients Placed in Jobs – Territory and Each District: FY 2011-2015



Job placement was also an area of challenge that TANF staff discussed during focus group sessions. Some of the challenges experienced are captured in the quotes below.

> *So it's you are not really seeing the client going out there and getting jobs. They are not prepare a lot of them to go out there and take care of their families. And it's sad. [TANF Staff Focus Groups, 2014, 2015]*

> *But they (employers) haven't been hiring them. They have not… They have been exploiting our clients. End of discussion. Exploiting them. They give you throughout the month: 'They performing well'. The rave reviews on all of them. We'd really like to keep them. When will you be able to? Well you know, I ain't, I ain't going be able, I ain't know when I will be able to, I don't think I going be able to hire them. [TANF Staff Focus Groups, 2014, 2015]*

In addition to perspectives from TANF staff, employers who have engaged TANF recipients in work experience opportunities discussed both positive and negative experiences with hiring of TANF participants.

> *I've had excellent and I've had bad. I've had employees who just never showed back up; no matter if you reach out. You know you say okay, I wouldn't even call the office… Give you a second chance… You know. So again, I actually have had excellent TANF workers that have grown and who haven't grown have learned from their experience and want to actually go back to school or go further on, learn something that they never did or gain confidence in themselves to go for work. So I've had the bad and I've had the good. And the good to me outweighs the bad. [Employer Focus Groups, 2016]*

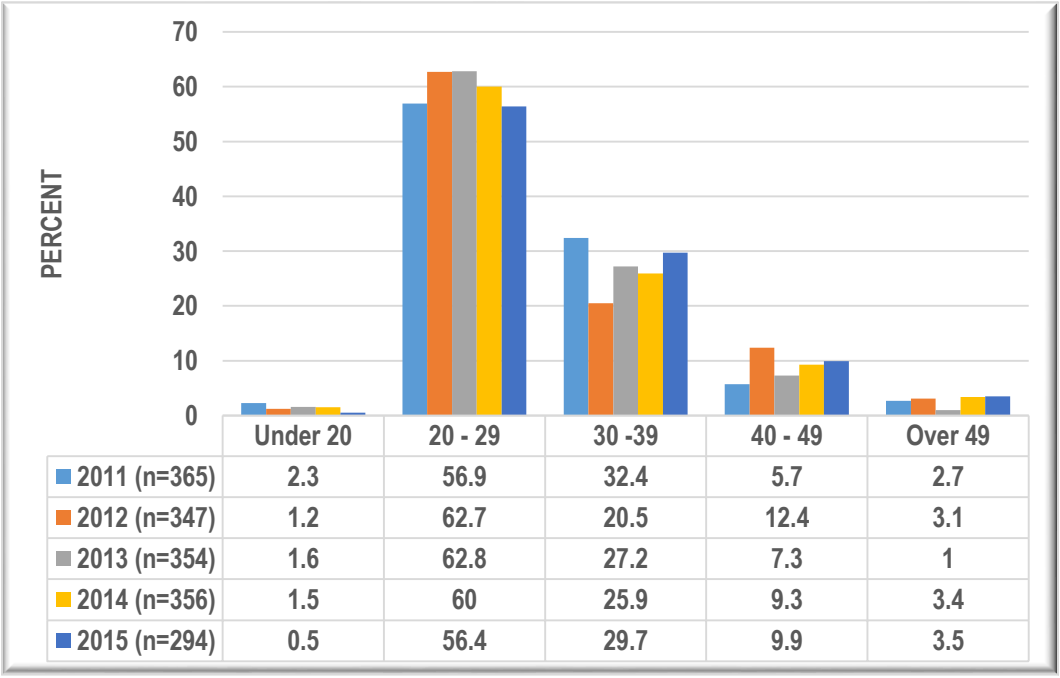
> *They love to be on the phone and I stressed that. I said cellphone is a no-no. If you are going to take a 15-minute break, yes you could be on your phone. But once you are*

around the children, because a parent -- anybody could walk in and say, they don't know if you are a trainee… I mean, what are you doing on a cell phone and you taking care of people children and they don't understand that. That's the problem. The cellphone is a problem. [Employer Focus Groups, 2016]

I mean, I guess for me like I said and for our agency, we really benefitted from the Program and it is something that I look forward to seeing if we can continue… You know being able to sit across the table with somebody who has been on the program … and to tell them, you have a Government job you know? … and to know that they were able … to prove themselves that yes … I can be that asset. I can be that employee who comes here on time, leaves, if I have to stay late, I'll do that. I'll be that ideal employee for you. So, that part for me is very rewarding… But it's very rewarding, seeing that; that they truly want to be off the program … But you know you have some who say, they'll tell me, I really don't want to work. You know, I've had people tell me honestly up front and I've said, I appreciate that. [Employer Focus Groups, 2016]

Figures 53 and 54 provide information on TANF adult cases closed by age group and TANF family cases closed by reason for closure. Figure 53 shows that the largest proportion of TANF cases closed during FY2011 through FY 2015 were for adult TANF clients between 20 and 29 years of age. TANF clients aged 30 – 39 had the next highest proportion of closed cases. Fewer than five percent of cases were closed for TANF clients under 20 and clients over 49 years of age.

Figure 53. TANF Adult Closed Cases by Age Group: FY 2011 - 2015

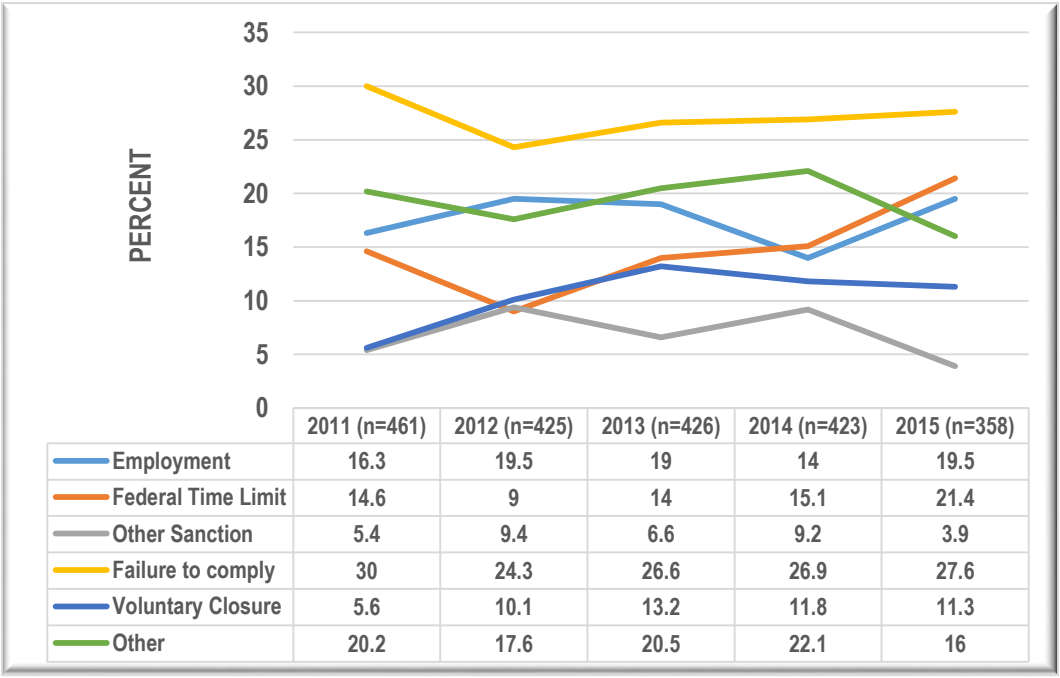


	Under 20	20 - 29	30 -39	40 - 49	Over 49
2011 (n=365)	2.3	56.9	32.4	5.7	2.7
2012 (n=347)	1.2	62.7	20.5	12.4	3.1
2013 (n=354)	1.6	62.8	27.2	7.3	1
2014 (n=356)	1.5	60	25.9	9.3	3.4
2015 (n=294)	0.5	56.4	29.7	9.9	3.5

A perusal of Figure 54 reveals that for one in three VI TANF families, cases were closed because of failure to comply or because of some other sanction. While some cases were closed

because of employment, on average, these case closures represented fewer than two in ten families. On average one in ten cases was voluntarily closed. With the exception of the failure to comply category, Figure 54 reveals that the category "Other" was the reason most often noted for family case closures.

Figure 54. TANF Family Closed Cases by Reason for Closure: FY 2011 - 2015



	2011 (n=461)	2012 (n=425)	2013 (n=426)	2014 (n=423)	2015 (n=358)
Employment	16.3	19.5	19	14	19.5
Federal Time Limit	14.6	9	14	15.1	21.4
Other Sanction	5.4	9.4	6.6	9.2	3.9
Failure to comply	30	24.3	26.6	26.9	27.6
Voluntary Closure	5.6	10.1	13.2	11.8	11.3
Other	20.2	17.6	20.5	22.1	16

Funding

Like the HS program, funding for the USVI TANF program comes from two sources – a federal grant and local government matching funds. There is a 25% funding match required for the TANF program. As noted in Table 11, funding for the TANF program has been relatively stable, at $3,554,000, with a local match of $1,420,000. There was one deviation in FY 2015, as reported in the Executive Budget for FY 2016, which provides information on actual funding awards for the previous FY (2015) and the projected award for the budget year (2016). The local match amount of $1,224,227 was a projected number in the FY 2015 Executive Budget. Though similar information was received for the other fiscal years, the information from the Executive budgets available on the DOF website was used as the official budgets for the Executive branch. Based on all information received, the GVI met the required 25% match for FY 2013 – FY 2015, but not for FY 2011 and FY 2012.

Table 12. Estimated funding levels for the USVI TANF Program: FY 2011 – FY 2015

Fiscal Year	Federal Award	Local Match
2011	$ 919,872	$ 80,000
2012	$ 916,152	$ 80,000
2013	$3,554,000	$1,420,000
2014	$3,554,000	$1,420,000
2015	$3,672,681	$1,224,227

Source: Government of the Virgin Islands Executive Budgets: FY 2011 – FY 2016

DATA PROCESSES

The second aim of the environmental scan was to assess the data processes currently ongoing within HS/EHS and TANF service sites. This aim was a priority for the research team given that the outputs of the environmental scan are to be used to inform the development and implementation of research projects within the human services system in the USVI.

The research team addressed this aim primarily through the qualitative data collection process, including the review of secondary sources, and content analysis of transcripts generated from key informant interviews and focus group discussions. Questions regarding data collection processes were posed to executive staff, middle managers, supervisors, line staff, and teachers. What is presented next provides a snapshot of the data processes described by study participants as well as what was gleaned from secondary sources provided to the research team.

Data Collection Requirements and Processes - HS/EHS

Information garnered from key informant interviews and focus group sessions revealed that, on a daily basis, there is a large amount of data collected by HS/EHS personnel, particularly at the classroom level. All data collection described represent data needed primarily to comply with Federal or local mandates. The data requirements for the HS/EHS programs were described in some detail, beginning with the application package that parents/guardians must complete for prospective HS/EHS enrollees. The next two sections provide more details on these data collection requirements and processes. Additionally, themes that emerged with respect to data collection requirements and processes are presented as well as quotes that capture the voices of program

personnel with whom the research team met.

The types of data collected by HS/EHS programs in the USVI fall into four broad categories: student data, teacher data, parent data, and program data. Student data include COR assessments (three times a year), attendance, health information, anecdotal notes from home visits, referral notes from teachers, and meal consumption data. Teacher data include information on credentials and professional development activities. Parent data include parent interest surveys, parent volunteer hours, case notes on the Family Partnership Agreement (a document that captures goals developed by HS parents/guardians, with assistance from HS staff), and referral notes from HS staff members assigned to particular families. Finally, program data address compliance issues – essentially all data elements reported in the program description (PIR data) that do not fall in the student, teacher or parent data categories. Data are gathered and stored both manually and electronically.

Based on programmatic requirements, various data are collected at the teacher level, the middle managers level, and also at the Program Administrator/Director level. For the HS program, programmatic data are captured in the Child Outcome, Planning & Administration database (COPA), a web-based management and reporting software for early childhood and community services (http://mycopa.com/). As described by the vendor, this software enables HS programs to go from "enrollment" to the PIR. The USVI HS program has been using this system since 2009, providing required data for PIR reports (*HS Key Informant Interview, 2014*). The EHS program utilizes the CAP60 to capture its programmatic data (*EHS Key Informant Interview, 2015*). The Community Action Program60 (CAP60) is a data management system developed for use by non-profit organizations and allows for customization and meets federal reporting requirements of the HS/EHS programs (http://cap60.com/).

HS/EHS program data include demographic data on HS/EHS families. All participants must complete program application forms, submit supporting documents and meet specific eligibility criteria in order to enroll their children in the HS/EHS programs in the USVI. Completed paper forms are batch-entered into the databases (COPA and CAP60) managed by designated staff. Classroom observations are completed by lead teachers and submitted weekly to the Education managers. VIDE personnel work with HS personnel to provide training on the administration of the Learning Accomplishment Profile-3 (LAP-3) test. The LAP-3 test is completed by HS teachers with

4-year olds prior to transition to kindergarten. Scoring of the LAP-3 is external to the HS program and test results are provided directly to VIDE. There is ongoing communication between key personnel in VIDE and the HS program at DHS regarding how the LAP-3 assessment information can be utilized by both VIDE and the HS program.

Operational data are managed by administrative staff, to include the individual charged with maintaining the data processes in the EHS program. Additionally, health information for HS/EHS children, from health and dental screenings and subsequent medical and dental treatment are also collected and uploaded to the data systems for each program.

On a daily basis, teachers are required to complete observations of the students in their classrooms, to be able to assess each child's growth and development in key areas of the COR. Teachers described this process as time-consuming and noted that they observe 4-5 children each week. These observations are recorded manually and related anecdotal records are kept on each student. Teachers are also tasked with tracking attendance (including tardiness and absences), which has implications for meal reimbursements, but also for documenting whether the program has satisfied attendance thresholds in each classroom and each Center. Meal counts must also be tracked and this is done for both children and adults who eat meals during the school day. All data are transmitted to the HS/EHS central offices for entry into the data management systems. Teachers do not enter any data directly into the COPA or CAP60.

With respect to academic assessment, teachers are also required to collect COR data three times a year – September, February, and May. These data are transmitted to the HS/EHS central offices for entry into the data management systems. Both programs noted that there is usually only one individual assigned to support data entry. For HS children who are transitioning to Kindergarten at the end of given school year, teachers administer the LAP-3 two or three times a year. These data are turned over to VIDE and are not entered into the COPA system.

Other programmatic data described by HS middle managers as being collected comprise referral data, to include referrals for housing, SNAP, mental health and other health issues, education (for CDA or GED), and employment (DOL); case notes on families; children's illnesses; transportation issues; and skill-streaming data. Information on staff training and staff credentials are also collected and entered into COPA. Middle managers indicated that they have direct access to COPA and enter case notes and other information directly into COPA themselves.

Data are also collected on parent engagement and parent interests, through a parent interest needs assessment, administered towards the beginning of each school year. These data are initially collected manually and then batch entered into the COPA system.

Data Collection Issues, Challenges, and Opportunities – HS/EHS

Though the HS/EHS programs have data management systems in which to enter programmatic data, neither program enters programmatic data "live". Rather, programmatic data are collected manually and entered in batch mode. Due to staffing challenges – one individual for data entry for the HS program, and inconsistency of staff available for data entry for the EHS program – there are often delays in the batch entry of data. This lack of personnel resources associated with data processes was a recurring theme in key informant interviews as well as focus group discussions with teachers and HS middle managers. Staff spoke of lengthy delays in receiving feedback, if any is received at all. The following quote provides a sense of the challenges faced by program personnel.

> *But I asked the question at one point of someone in the office. I said, I've never seen the results from the skills streaming and I've been doing it every school year. What happened to the results? And this is what I was told, that by the time it gets back to the office … we almost at the end of the school year. Because that one particular person has so many different tasks to do other than what they actually doing in the job that they cannot get back to us with the data. And that's basically what it is. [HS/EHS Teachers Focus Groups, 2015]*

Another issue and challenge that was raised, particularly by HS/EHS teachers, related to the manual collection of data, particularly COR data that are used for the three periodic COR assessments over the course of the school year. A recurring theme was the inordinate burden that the data collection represented and the need to develop strategies to be able to provide the instruction needed by students, while still addressing data collection associated with the assessment requirements of the HighScope curriculum. The magnitude of this challenge is captured in the quotes that follow, from HS/EHS teachers.

> *We have the COR; the Child Observation Record. We have to do it three times a year. Then we have the LAP-3. We have to do it three times a year. Then we have Skill Streaming. Then we have, that is done 45 days within the child entrance into the program and then we have -- with the COR -- it's a lot, a lot a lot of work. We have to be, we are in the technology age, but we still in the Stone Age. We have to be writing manually, whereas the program has a computer based program that would have made it so much easier for us. So much. [HS/EHS Teachers Focus Groups, 2015]*

> *Yes. You have no **hope**. You don't have a life because you have to walk with your stuff and*

you can't even do your thing at home because you have all this pile of COR—all this pile of this to do. [HS/EHS Teachers Focus Groups, 2015]

I asked about it yesterday to the meeting and especially for the LAP-3, because it's a lot of writing. Like my center have 16 children going on. So that's 16 I have to do LAP-3 on. Last year had like 18…. in addition to the COR. So this is a lot of writing. [HS/EHS Teachers Focus Groups, 2015]

During focus group discussions, teachers voiced their desire to record their information, particularly COR results electronically. Several noted that they were looking forward to having Wi-Fi internet access in their classrooms so that they would be able to upload COR observations and receive feedback on their children's overall growth and progress timely.

From an administrative perspective, one HS/EHS administrator shared a data collection challenge that is essentially a personnel or capacity issue, a recurring theme with respect to data collection issues and challenges.

… The data entry at some point was going very well because we had our own data entry clerk. But we had hired her just to get CAP60 up and running. Then we let her-her term was over- and she went to go work for Queen Louise Home. It's time-consuming and we really don't have the time to sit and input all of this data. So that is a big barrier for us-is just the time. The time and the ability to find time to keep this information up to date in the system. [HS/EHS Key Informant Interview, 2015]

Data Collection Requirements and Processes – TANF

Compared to the HS/EHS programs, the TANF program's daily data collection requirements are not as extensive. Data collection for the TANF program begins when a prospective TANF participant completes an application for eligibility consideration. Prospective TANF clients are initially seen by Certification Specialists who serve as intake persons for a wide range of human services programs offered through the VI DHS. Based on information provided by the applicant, the Certification Specialist refers the applicant to the JOBS program where he/she is seen by an Eligibility Specialist, to assess eligibility for enrollment in the TANF program. This process, as described by both TANF personnel and TANF recipients can be lengthy, since data must be shared with the DPCS by the mother applying for benefits.

The Division of Paternity and Child Support (DPCS) in turn provides information back to the Department of Human Services so that a final determination can be made regarding the applicant's eligibility. The entire process can take between 30 and 45 days. In describing the data collection process, there seems to be differences across districts. For example, the sharing of

information with DPCS was described differently across districts. In one district, the applicant was described as the individual who had to go to DPCS to submit the requisite forms and respond directly to questions from a DPCS representative. In the other district, the staff described taking the information directly to DPCS. In both districts, the DPCS review and final disposition of the application is shared directly with JOBS personnel, who then takes action regarding the activation of the case, or takes no action, if DPCS determines that the prospective applicant has not met requirements relative to information on the absent parent(s). Application information includes demographics on the applicant, as well as information on family composition, to include number of children, age of children, information on savings accounts, and child support being received. Data on TANF recipients are captured in the Client Application Recertification Issuance Benefit System (CARIBS). ETOs, District Managers, the Director of JOBS, and the Acting Administrator have access to CARIBS.

ETOs are also required to document the provision of services to their assigned TANF clients in instances where they have made referrals and the clients are receiving services. The service provider received forms on which they must document the number of hours that services provided; this includes counseling services. ETOs are also required to document their daily meetings with TANF clients assigned to them as part of their caseloads (TANF Staff Focus Groups, 2014, 2015).

ETOs update TANF recipient information in CARIBS when family composition changes, to include when a minor child turns 18. Other information captured in CARIBS includes work activity hours as reported and verified by employers. These data can be provided bi-weekly or monthly. ETOs are required to update client information in CARIBS monthly. A consultancy firm, hired by DHS, extracts data from CARIBS for uploading to the Final TANF Data Reporting System (FTDRS) file layout provided by ACF and submitted quarterly (DHS 2009). Additionally, employers provide evaluation information on recipients' performance during their work activity experience. The work activity experiences are generally for a period of three months. This can be extended with the same employer for an additional three months, as shared in focus group discussions with TANF staff.

ETOs are also required to document, in CARIBS, job search efforts of TANF recipients as well as attendance at work activities.

Data Collection Issues, Challenges, and Opportunities – TANF

In discussions with TANF personnel, there were no specific data issues or challenges shared. However, in addressing the tracking of TANF recipients' placement in jobs and the tracking of placement in work experience activities, the staff acknowledged that there is no mechanism in place to capture such data and readily provide reports. Staff noted that they have contact information for the persons serving as immediate supervisors for TANF clients placed in work experience activities. However, when queried regarding a database with such information, it was revealed that the data are not captured in this manner. As a way of streamlining the placement process and evaluating the work activity component of the TANF program, beyond the anecdotal information shared with the research team, there is an opportunity to develop such a database that can be used to proactively plan work experience "fairs" or "expos" that would include potential employers and TANF clients. Prospective employers could be provided with an orientation sessions during the "fairs" and "expos" and this could be an opportunity for sharing of "win-win" experiences from both employers and WEIs.

With respect to data collection opportunities, members of the research team experienced significant delays in accessing financial information regarding the funding level for the TANF program, both in terms of local funds as well as federal funding levels. This suggests that fiscal information may not be readily available or accessible to program personnel. Such data could be shared with program personnel, at least annually.

The research team also noted inconsistences in the counts of TANF recipients in data extracted from the federal links and data for the same years provided by TANF personnel. The data provided by local personnel were generated by consultants who manage CARIBS. This inconsistency can be viewed as an opportunity for the implementation or expansion of existing data collection quality control checks, with respect to numbers of TANF recipients by district and the extraction of data from CARIBS to the FTDRS file layout for quarterly submission, as described in the Virgin Islands Work Verification Plan (DHS, 2009).

DATA UTILIZATION

A third aim of the environmental scan study was to identify critical issues related to data utilization within the HS/EHS and TANF programs in the US Virgin Islands. This section of the report presents the findings related to this aim.

Environmental Scan study participants shared that both the HS/EHS programs and the TANF program have many compliance requirements. As such, much of what was revealed to the research team regarding data utilization addressed compliance requirements, particularly with respect to reporting requirements. Yet, some program personnel shared that they use and/or would like to use data to better serve their clients. The information in the subsequent sections provide more specific information on how different personnel in the HS/EHS programs utilize data. In addition to the summary descriptions, supporting quotes are also included.

Data Utilization - Head Start/Early Head Start

The reporting requirements of the HS/EHS programs include development of monthly, quarterly, and annual reports to the local and federal governments. In addition to using data to meet reporting requirements, HS/EHS personnel also use data to assess program quality, determine student growth, identify areas of need that require assistance from external entities (referrals for children and parents/guardians), tracking parental involvement (including father involvement), assessing parental interest and satisfaction, assessing operational needs, such as conditions of facilities, and overall program success.

With respect to assessing program quality or success:

> *We also have a large number of parents volunteering in HS and we have seen it grow from – we measure it by dollars because we assign a dollar figure to every hour that parents volunteer; so we've gone from around $60-$70 thousand dollars about five years ago; this year we capped it at $210,000 worth of in-kind services. So we consider that a success as well, having those parents involved in the children's educational life, more and more. [HS/EHS Key Informant Interviews, 2014, 2015]*

> *We track success-one, through attendance. Because the goal is to have-for each child to maintain attendance of 85% and up. So we track it based on attendance. We track it based on kids in whether or not at the end of the year have met their goals. All the families have goals. The teachers have goals. So we view all the parents-whatever goals they have-they create a Family Partnership Agreement where whatever goals they establish for themselves and their children so we review those contracts-so to speak-those agreements every 3-6 months to see where they are with their goals. [HS/EHS Key Informant Interview, 2014, 2015]*

Assessing parents' interests, satisfaction and involvement:

We do have a family needs assessment every year for parents, asking them: What services can we provide for you this year? What trainings can we provide for you this year? And the top vote-getter every year for the past three years, I think has been 'stress management'. [HS/EHS Key Informant Interviews, 2014, 2015]

One of my main ways I use our data is to track parent involvement with the facility which is always low. So I start of the year by doing surveys, I send out surveys to all of the families to see what happens with interest to try to get them to attend events and socializations. The turnout is always extremely low. They it starts out strong and then toward the year it gets low… [HS/EHS Key Informant Interviews, 2014, 2015]

Student growth and development:

And with the LAP-3 what it does is, it help you know whether, we do it twice a year; the LAP-3. It's in the beginning of the year, we see the part, like where the level at now and then the end of the year, that helps you to know whether you have them prepared for kindergarten. Because it's only those that's going on to kindergarten does the LAP-3. [HS/EHS Teacher Focus Groups, 2015]

… Data from HighScope is extremely important because then you are able to gauge where the kids are developmentally-you know-appropriate for the age, and where they are at. … we still have to pick the low scores even though the scores might not be low we still have to pick the lowest to show that is the score we are going to work on. The data is also very important as far as tracking school readiness for the children—the whole goal—it's school readiness. [HS/EHS Key Informant Interviews, 2014, 2015]

Determining external assistance/support needed:

From my understanding, some of the information that the data that you take, you, would help you to find out if the child has a let's say, they need a referral … you could also use that information for that. [HS/EHS Teacher Focus Groups, 2015]

Assessing operational issues/needs:

I use data to track any concerns within the facility. … And we had—based on tracking incidents—a couple months ago, we had a outbreak of contagious illnesses within the center and just from little cases happening here and there we realized there was a certain rise in impetigo and hands-foot-and-mouth disease so tracking incidence reports to see how many children are injured to see if it is coming from a certain classroom, a certain teacher, a certain time of day, you can keep breaking things down as much as possible even to looking at the menu tracking during lunch time if there's a certain type of food that if the children do not seem to be eating a lot maybe we need to take that off the menu and do something else. [HS/EHS Key Informant Interviews, 2014, 2015]

Meeting reporting requirements:

… The attendance record is very important for a couple of reasons; for COPA for one thing. Head Start wants to know that children are coming to the centers on a regular basis. They are coming on time. And also the attendance is very important for FDA. They want to know that they giving a thousand dollars and how much "x" number of dollars per child per day to have

breakfast, lunch, snack and they want to make sure that money is not going to waste because Johnny is not coming to school every day or every other day or two days. That's money that they are sending, but not getting used because that child is not having a meal or three meals per day. [HS/EHS Teacher Focus Groups, 2015]

You see. I don't think any of the information that we collect is in vain so to speak. Yeah so, the attendance is another important set of information that we collect, because it does go into COPA and it does get reviewed for other things, like how much money we might get next year or you know, how much money they need to give us from FDA for food. A number of children might not drink milk. So they might need soy and that number needs to be counted … FDA has to give us money for soy milk or some children may not be able to have soy milk. They might have to drink, lactose free and I think a couple of children are coming in this year doing PediaSure and that is something that came about just recently because again about taking the count for lunch and attendance and the number of children not drinking soy or milk and they have to have the PediaSure… [HS/EHS Teacher Focus Groups, 2015]

Data Utilization Issues, Challenges, and Opportunities – HS/EHS

The primary issues and challenges associated with data utilization for the HS/EHS programs relate to timeliness of the availability of data and the format in which data are collected and stored. Though HS/EHS programs have data management systems, there is inconsistency with which all program data are timely entered into the systems. Additionally, all program data are not entered in the system and key personnel, such as teachers, do not have access to the data systems. Some teachers shared that they do not receive feedback on lesson plans submitted, so they do not have a sense of whether there are improvements needed, in terms of modifying lesson plans to better meet the needs of their students. Additionally, teachers shared that delays in receiving COR and Skills Streaming results make it challenging, and sometimes, not possible to modify lesson plans to address student needs evidenced by COR scores. As some teachers noted:

But I asked the question at one point of someone in the office. I said, I've never seen the results from the skills streaming and I've been doing it every school year. What happened to the results? And this is what I was told, that by the time it gets back to the office … we almost at the end of the school year. Because that one particular person has so many different tasks to do other than what they actually doing in the job that they cannot get back to us with the data. And that's basically what it is. [HS/EHS Teacher Focus Groups, 2015]

And I think that is also because there is like probably just one person. I am not sure if they changed it, but I know it was only like one person entering all this information. You have to remember there are like nineteen classrooms, times twenty children, and thirty-two, four, three, two, one… You know? [HS/EHS Teacher Focus Groups, 2015]

One HS/EHS administrator shared that the lack of needed personnel to keep the data system current negatively impacts ready utilization of data that have been collected, since data

collection, at this time is manual. The participant shared that data utilization would increase if data were stored electronically, making the generation of various reports much more efficient.

Data Utilization -- TANF

One of the primary ways in which data are used in the TANF program is to determine applicants' eligibility for TANF benefits. Once an applicant is accepted in the TANF program and becomes a TANF recipient, data are used to assess compliance with program requirements. Each ETO has a caseload and is responsible for providing support to all persons on that caseload. One of the key areas of responsibility, which necessitates the use of data, is the ETO's role in the development of an Individualized Responsibility Plan or IRP for each assigned client. The IRP is the mechanism through which each TANF recipient develops goals that she/he wants to achieve towards attaining self-sufficiency/employment. In the development of IRPs, the ETOs work with clients to identify their areas of strength and areas needing improvement to increase the likelihood that TANF recipients will be successful in gaining employment. For example, in focus group sessions, TANF staff mentioned working with clients on developing résumés, developing specific lists of tasks that need to be accomplished, such as securing child care and transportation, to be able to get to job sites timely and consistently.

Once TANF recipients are placed in work activities, the employers and ETOs use data from attendance and performance evaluation reports submitted to address areas of non-compliance with their clients. During focus group discussions, TANF staff noted using data to determine appropriate educational and /or training opportunities for TANF clients; to determine the need for services such as child care and transportation, and to inform the development of budgets for prioritization of how funds would be utilized. Staff acknowledged that data from employers on the number of TANF clients hired over the years would be useful information to have.

Finally, as with the HS/EHS programs, data are utilized to meet reporting requirements. Specifically, data are captured on countable work activities, hours engaged in work, and work-eligible status (DHS 2009). These data, as noted previously, are captured in CARIBS and used to document program progress in the area of core and non-core work activities. Data in CARIBS are reviewed, and after quality control checks, are uploaded to the FTDRS quarterly by a consulting firm (DHS 2009).

Data Utilization Issues, Challenges, and Opportunities – TANF

Unlike HS/EHS personnel, TANF personnel did not share specific data utilization issues or challenges. Rather, the majority of TANF personnel indicated that they could readily access program data using the CARIBS data management system. Focus group sessions with TANF personnel and employers who provide work experience opportunities to TANF participants revealed three data utilization opportunities. First, TANF personnel expressed a need for collaborators to have a better understanding of their role in supporting TANF recipients. As such, TANF staff could use data to provide information that would educate collaborators on ways in which TANF recipients could be better served. Second, during focus group sessions with employers, several mentioned that information noting the strengths and challenges of TANF recipients assigned to their organization would be beneficial. This information could be used to help employers better understand and support TANF recipients. This, then, provides another data utilization opportunity for the TANF personnel, specifically, the sharing of summary information highlighting the skillsets of TANF recipients with prospective employers. Third, TANF staff noted that data are not captured on the employment status of clients who have exited the program. Capturing such data would provide another opportunity for data utilization to document whether the TANF program has been successful in moving recipients to self-sufficiency.

PRIORITY PROGRAMMATIC ISSUES

The final aim of the environmental scan study was the identification of priority programmatic issues. As the research team considered and discussed the priority programmatic issues, there was a recognition of the need to ensure that the voices of the members of both the Department of Human Services personnel, as well as members of the **A**lliance for **R**esponsive **I**nvestment in **C**hildren's **H**ealth: US Virgin Islands (A RICH VI), be reflected. The team recognized that the data collected during the 15-month period of the environmental scan study were essential to the selection of priority programmatic issues. Therefore, the sections that follow describe the issues and priorities that emerged from data collection activities, Partnership meeting discussions, and the understanding of the HS/EHS and TANF programs.

Priority Programmatic Issues -- Head Start/Early Head Start

At various stages of the environmental scan study, the research team shared progress updates with the Research Partnership, A RICH VI. The first update was provided in September 2015, when members of the research team provided preliminary findings at a Partnership meeting, and shared with Partners the framework for presenting study findings. At that time, data collection was about 25% complete, so only very preliminary information was shared, with highlights given from the work of the Data Committee and the various Workgroups.

The next update to the Research Partnership took place in April 2016, when data collection was approximately 75% complete. This allowed the research team to share with the Research Partnership a substantive presentation of key findings. Additionally, the research team was assisted by the HS consultant to the project, who guided a group activity where Partners, working in three groups, identified key issues for possible research consideration. After each group generated issues, based on the presentation of preliminary findings and the discussion led by the HS consultant, Partners were asked to place a marker next to the issues that were most important to them. The issues that were generated at the April 2016 Partnership meeting are noted below, with the three receiving the most "votes" for importance noted first. The sub-bullets represent other issues generated that are related to the top three primary issues. The remaining issues are presented in no particular order.

- **How to better engage parents [#1]**
  - Involvement of parents in keeping their children healthy; i.e., food etc.
  - A better understanding of the needs of parents
  - A better understanding of the health resources needed by HS/EHS parents and other family members
- **Increase the number of service providers, specifically pediatric dentistry (emphasis on STX) [#2]**
  - Why private providers not integrated into MAP program
- **A better understanding of the people not served by HS/EHS [#3]**
- Barriers to serving more children with special needs
- Quality of COR as an instrument for assessment
- Long term outcomes for children within the program and beyond
- Effective use of data for quality management and feedback
- Assessment of access to child health evaluation needs
- Need to know how data supports governing board and policy council decisions
- Improve quantitative data

- Integration of data in support of health care and dental care

Further work on the priority issues identified at the April 2016 Partnership meeting occurred at a special Partnership meeting in July 2016. The purpose of that meeting was two-fold: first, to provide the Partners with an even more extensive and comprehensive presentation on the HS/EHS findings of the environmental scan study, and second, to get buy in from Partners on the translation of each priority issue into a proposed research question. Again, at that meeting the HS consultant, working with the research team, made presentations to the Partners on research questions that reflected the essence of the top three priority issues identified at the April meeting. Discussions ensued and there was overall consensus from the Partners that the proposed research questions aligned with the top three priority issues that had been articulated.

The core research team, along with the HS consultant and Project Officer met regularly to further refine the proposed research questions, addressing issues such as approaches to carrying out the studies, generation of possible sub research questions, and how to ensure that the proposed research projects were doable within the remaining timeframe for the overall project. It was also critical that the research projects addressed priority issues identified by the Partners. Subsequent to these discussions and meetings, another Partnership meeting was held in September 2016 that focused exclusively on the proposed HS/EHS research projects. At that meeting, a comprehensive summary of findings on the HS/EHS portion of the environmental scan was provided within the framework of the four specific aims of the project. This was followed by further elaboration on each of the three proposed HS/EHS research projects. Partners were divided into three working groups and, once again, agreement was sought and received on the refined research questions for each proposed research project. Working groups began developing action plans for "next steps" to move each research project forward. At the end of the meeting, there was consensus from Partners to move forward with the following proposed research projects:

1. Using science to engage parents in the academic progress of Head Start children in the US Virgin Islands: A Pilot Study;
2. Understanding the factors that contribute to a call for an increase in the number of health care providers to serve Head Start clients in the US Virgin Islands; and,
3. From eligibility to wait list to enrollment: Factors related to determination of program eligibility and selection for the USVI Head Start program.

In addition to the priority issues noted above, the research team identified some additional priority issues that should be of particular interest to the HS/EHS leadership and to policy makers in

the USVI and ACF as consideration is given as to how best to support HS/EHS in the US Virgin Islands.

Adequate/Appropriate staffing in HS/EHS: Both HS and EHS personnel raised the staffing issue. First, it was clear from HS/EHS teacher focus group sessions that the majority of HS classrooms are not adequately staffed. In some instances, teachers reported being the only instructor in a class of 20. Given the prescribed teacher-student ratios, this is an area that requires urgent attention. A related priority issue is the need to look closely at ways to attract persons to become HS/EHS teachers or assistant teachers. Many of the teachers who participated in focus group discussions indicated being teachers in the program for over 20 years, with some having as many as 29 years of service. Second, the data clearly show that there is a need for additional staff to support data entry in the HS program. The lack of staff in this area was shown to have implications for timely turn-around of data to teachers, and more importantly, for the utilization of data for data-driven decisions that have the potential to improve outcomes for program participants – particularly, HS children. For EHS, there is a challenge in attracting and retaining key, skilled personnel. Again, as with HS teachers, because of program requirements, it is critical to attract and retain credentialed staff. There may be a need to collaborate with other agencies to find ways to address the staffing issues that both the HS/EHS programs are facing, and are likely to continue to face, if strategies are not identified to yield long-term solutions.

Ability to document impact/success of HS/EHS programs: Both HS/EHS administrative staff and teachers noted that there are no systems in place to track the success of HS/EHS children, once they have left the HS/EHS programs. This is an area of great concern to program personnel, as they believe very strongly that the HS/EHS programs positively impact children's later academic performance. Yet, both in key informant interviews and focus group discussions, program personnel acknowledged that, at this time, only anecdotal data are available to make statements about the programs' success. There is a strong desire for more systematic data. Exploration of how such systematic data could be captured and used to document the success of HS/EHS in the USVI is warranted.

Limited provider pool for timely response to referrals: Though one of the three priority issues emanating from the work of the Partners relates to service providers, the focus of that issue is on pediatric dentistry. Yet, there is a broader need to be addressed. The issue of limited providers to

meet mental health needs for persons across the Territory has been documented. For the HS/EHS programs, this is an unmet need that has major implications for the children in the program, as well as the families of HS/EHS children. There has been increased violence in the USVI and this has touched several HS children, such that three (3) classrooms had to be closed due to violence occurring either in, or in very close proximity to, the classrooms. In addition, program personnel shared with the research team that many of the HS/EHS families deal with violence, either in the homes, or associated with family members. The high levels of stress have increased the need for mental health services for HS children as well as family members. The availability of these services is limited, and sometimes, very slow to be provided. Again, this is a need that warrants careful review by key leaders in DHS-GVI, in collaboration with health care facilities and health care providers in the Territory.

Age and condition of HS facilities: The HS program has been in operation in the US Virgin Islands for five decades. Participants shared in key informant interviews that the condition of HS facilities is one of the major challenges for the program. A recent success shared was the construction of a 10-classroom Center on the island of St. Croix. However, participants noted a myriad of challenges with older facilities and indicated the need for upgrades to most of the existing facilities. Given this clearly articulated program need, as expressed by study participants, this is another area that warrants urgent attention, particularly to ensure that all facilities are in compliance with program requirements to meet health and safety standards.

Computer and Internet Access in Classrooms: The provision of computer and internet access for HS teachers is a priority area that emerged from the focus group discussions with HS teachers. As shared previously, the manual recording of COR data is a major burden on teachers, a sentiment echoed by the majority of teachers. Teachers expressed their interest and desire to use the technology, including those who have been teaching for over 25 years. Teachers are eager to use the technology in order to be more efficient in the recording of their observations, but, more importantly, to be able to get overall feedback on students' performance so that they could better tailor lessons to optimally meet their students' academic needs. This is an area for consideration by the HS/EHS leadership and may be a crucial step towards increasing data-driven decision making for the HS/EHS programs in the USVI.

Data Availability, Quality, and Reliability: Given that one of the overarching purposes of the work of the Partnership is to build capacity for research on human services programs in the USVI, the issue of data availability, quality, and reliability is one of vital importance. These factors have implications for the utilization of data, not only by researchers, but also by policymakers and program personnel. The research team found that, in certain instances, it was difficult to access data, though staff were forthcoming about the collection of data and seemed willing to share data. Yet, in reviewing data provided for reporting purposes (PIR data, specifically), there were inconsistencies in the information reported in different sections of the reporting form. This priority issue provides a great opportunity for program personnel and policymakers to reexamine existing policies and procedures regarding data collection, data entry, storage, and reporting. There may be opportunities to develop or enhance quality control processes that govern the verification of data completeness, accuracy, and timeliness.

Priority Programmatic Issues -- TANF

As described earlier in this report, updates on the environmental scan were provided at Partnership meetings in September 2015 and again in April 2016, when the study was approximately 75% complete. At the April 2016 Partnership meeting, after the presentation highlighting findings on the TANF program in the USVI, Partners, with guidance from TANF consultants who joined the meeting by teleconference, identified priority programmatic issues. The top three priority issues are noted in bold print, with related issues sub-listed. Additional issues identified are also presented in bulleted form.

- **Assess reasons that [TANF] program does not work; do complete rebirth (revamping)-including clients' readiness for the program [#1]**
  - Identify the skills of the clients that can be improved upon
  - How can we share with clients of the program our mission and vision?
  - How to offer a wider range of courses to clients
- **Individual responsibility plan: how to measure outcomes to ensure clients move from dependency to self-sufficiency [#2]**
  - Knowledge of intake and follow up of self-sufficiency goals
  - What does self-sufficiency mean to the client?
  - What factors adversely affect progress and success in self-sufficiency?
  - Staff training needs to help clients understand and reach goals of self-sufficiency

- What are holistic needs of the client that can be better tailored for self-sufficiency?

- **What is the success rate of the clients? Are they being offered jobs at public or private agencies? [#3]**
  - How to encourage and positively reach out to employers both public and private to provide work
  - What expectations do public and private agencies have of our TANF clients?
- What after care is available after TANF ends (support to month 63 on TANF)
- Repurpose JOBS work support stipend for GED
- Determine reasons that service providers do not hire clients after program

As with the HS/EHS priority issues, further work on the TANF priority issues generated at the April Partnership meeting continued at the July Partnership meeting and at a special October 19, 2016 Partnership meeting. This meeting was dedicated solely to translating the priority TANF issues into a researchable question for further study. During the October 2016 meeting, TANF consultants led a discussion of the priority issues after the research team had made a presentation highlighting TANF findings from the environmental scan study.

During the discussion, the TANF consultants shared a case study of work that they had been engaged in at a site on the US mainland. In presenting the case, parallels were drawn to some of the issues and challenges that the TANF clients and staff at the case site were grappling with and some of the similarities to the TANF program in the USVI. There was a robust discussion around the case study and Partners asked questions to clarify what a proposed pilot study would mean for TANF clients as well as TANF staff. At the end of the discussion, Partners agreed with the proposed research question and TANF staff and leadership present articulated their commitment to the proposed pilot study. TANF personnel subsequently met with the research team and consultants to discuss specifics of the proposed pilot study. So, as with the HS/EHS September meeting, Partners reaffirmed their support for the TANF pilot project, entitled: An enhanced approach to goal planning for USVI TANF clients—Impact on client and family outcomes: A Pilot Study.

In addition to the issues delineated above, there were other priority programmatic issues identified by the core research team based on qualitative data collection. These issues are summarized below.

Policy that TANF benefits are suspended if TANF recipient gets any paying job (no matter whether the level of compensation allows for "self-sufficiency"): This issue was raised by several TANF recipients who participated in Conversation Hour sessions. Recipients noted that in instances where they have gotten "part-time" employment, with compensation, the receipt of pay has automatically resulted in them losing their TANF cash benefits, since they no longer qualify as having zero income. The recipients expressed frustration, noting that compensation from part-time employment cannot cover their expenses. What this has led to, essentially, is that TANF recipients do not seek part-time employment. This is an important issue for the program to address, particularly, given the ultimate goal of self-sufficiency.

Of particular note is a 2010 study done for the Bureau of Economic Research in the USVI which noted that the self-sufficiency standard for the US Virgin Islands is dependent on family composition (VI BER, 2010). Self-sufficiency wage levels are determined and presented for various family compositions. For illustrative purposes, the self-sufficiency wage levels for a family composition with one adult and one child is provided for each district. For St. Croix, the adult would need to earn $14.70 an hour or $30,572 annually, if the employer were providing health insurance benefits; if health benefits were not provided, the adult would need to earn $17.52 an hour, or $36,441 per annum. For the St. Thomas-St. John District, with employer health benefits, the adult would have to earn $16.28 an hour, or $36,853 per annum; if health insurance were not provided, the adult would need to earn $19.10 an hour, or $42,453 per annum (VI BER, 2010).

More recently, in a study done to assess the impact of the proposed minimum wage increase in the USVI (VI BER, 2016), updated figures were provided for self-sufficiency for a family composition of one adult and one child, specifically, $17.72 per hour, or $36,853 per annum. These numbers assume that the employer is providing health benefits. In the USVI, beginning January 2017, the minimum wage will be $9.25 an hour, and increased to $10.50 an hour by January 2018. The self-sufficiency standard for the US Virgin Islands is an area that provides an opportunity for review of some of the requirements of the TANF program in the US Virgin Islands, particularly if some of the requirements are state-based, rather than federal mandates.

Paternity and child support requirements relative to personal information about child's or children's father(s): This issue was raised by both TANF personnel and TANF recipients. In the USVI, to be eligible for TANF benefits, an applicant must complete a required form from the DPCS within

DOJ. The information required is information that would allow DPCS to locate the absent fathers and work to collect (eventually) child support that would feed back into the TANF program, in support of the cash benefits that TANF recipients received. The challenges associated with this requirement were described differently by the TANF recipients and the TANF staff. For the staff, they noted that sometimes, there is an issue of intimidation by the absent parent for personal information to be provided to DPCS, or actual instances where the mother does not have the information that has to be reported – full name; social security number; last known address, or other contact information.

For the TANF recipients, the issues described were more along the lines of a father, who was providing support for his child, had to be noted on the form, when the mothers felt that they should not have to report information on a father already providing some level of support. That situation sometimes led to friction between the mother and the father who was providing some level of support. It was unclear to the research team whether the level of support being provided by one father (if someone had children with more than one individual) would be at the level that would have been determined by the courts as the appropriate level of support. Nonetheless, the TANF recipients felt that some level of support was better than none, and did not feel that that individual should be subjected to the reporting requirement.

> *I think the only thing that really need changes (with respect to the TANF program) is the fact that you have to be placing all your children them father on the Program, when some are being a father and some is not. (TANF Client Conversations, 2016)*

> *That's like for Welfare, the woman tell me that all children have to be on Welfare. That's what she, that's what she told me. But to me, I don't think that's fair because my first child father there in jail. The second one there and the third one is here. If I only wanted to put the last one on it, what would happen? All of we have to come off? To me that don't make no sense. If you looking for help, you looking for help for the children that need help; not the children that don't need no help. Right or wrong?*

Lack of systematic approach for communicating with potential TANF employers: This issue emerged during focus group sessions with employers who provide work experience opportunities to TANF recipients. In general, employers described that there were no overall or targeted sessions with them to describe the TANF work experience requirements. In many instances, employers noted that they were approached by the TANF recipient who indicated the need for the work experience activity. There was also a sense from employers that active screening or efforts to match TANF recipients to work experience opportunities were limited. Employers expressed an openness to

more structured approaches to the participation process.

> *The only think I would say though for me I think would be a plus is … that their Specialist visit the site and actually see what the participants are doing as well… That's where I think having the Specialist actually come to the sites. I'm not saying every week, but maybe just once a month. You know, they come through and they kind of see well okay, what it is that, again, me as the employer, am I doing what I'm supposed to do according to what, you know, what I'm required to do as an employer as well as seeing what, are their participants truly you know, are they there? Is the information that they are submitting, is it accurate? Because people, it's a form. [Employer Focus Groups, 2016]*
>
> *That's why I come back to the whole thing about the visits. Because then that way, that could be an opportunity. Even if we can't do a formal setting like this, but when you go to the sites, you have an opportunity to talk to the managers. You have an opportunity to talk to the participants and see for yourself that really and truly, what why you send her before today.*
>
> *… So, you know, come together and let's talk about it. How can we improve so and so?*
>
> *… Even my case, I need that kind of help. … Right. Because not all of us can do.*
>
> *Because of our schedules, doing this may not be practical. It's a good thing. It's a good idea, but can we do this every month? Probably not. I don't know. You know, but if you come to the site, you are in our setting. You know what I'm saying? So it's easier for us to have that; again a five minute chat. Yeah. You know she's working out. He's not working out or he is or you know, we are having some challenges. What do you think? That sort of thing. Because sometimes the participants are saying one thing to the program specialist and then they are saying something else to us. Because I've seen that too. [Employer Focus Groups, 2016]*

Perception of Attitude of TANF employers toward TANF clients: This was an issue that resonated with both TANF staff and TANF recipients. The research team was also able to address this issue indirectly with employers, during focus groups sessions. TANF staff felt very strongly that many employers have a general negative attitude toward TANF recipients with respect to placement in work experience activities. The research team heard about employers who kept TANF recipients for the standard three-month work experience, even renewed their time, but at the end, would not hire them. Other experiences were that some employers do not want to afford TANF recipients an opportunity to get work experience because of pre-conceived ideas of how these persons were likely to function in the work place. Interestingly, TANF clients also spoke of some of the negative experiences they had during their work experience activity. In two instances, these experiences were with local government agencies.

> *A next thing, too, like when you go out to training, where you go to train, some of the workers them, like knowing that they have help, would leave all the work to you. They would like step back and you see most of them there just talking and laughing up and you there with all of their work you doing and – it does be crazy. [TANF Client Conversations, 2016]*

The only thing I didn't really like too much is that … they wasn't making it easy. They wasn't making it easy for me to transition to work permanently … that does be the hardest part when it in a Government Agency, it's not what you know. It's who you know. So even though you on the TANF program and you been volunteering with them for "x" amount of time, if their friend come in to apply for the job, they going push for their friend rather than push for the person who been there and who actually have the experience. [TANF Client Conversations, 2016]

Because this issue was raised very strongly by TANF staff and TANF clients, the research team queried employers who had provided work activity opportunities to TANF recipients about their experiences with TANF participants completing work activity hours at their places of business. There was a wide spectrum of employer experiences with TANF recipients. Some employers were extremely complimentary about the TANF participants who worked within their establishments, while others raised concerns with respect to work habits, ranging from constant use of mobile phones, to tardiness, and absences. The quotes below provide a flavor for what employers shared with the research team.

So I've had good and I've had bad. There was one individual, like I said before. She know she had small children and two weeks she didn't show up. I had to be the one calling. Where are you? We got her in a meeting. Spoke to her about that; her attendance. She had the know-how, the knowledge, but she didn't really apply herself and you know; we were willing to work with whatever problem she was experiencing to work with her to help her along the way. [Employer Focus Groups, 2016]

Now, I have a problem because some of them are going on the job training sites and they need their twelve grade education. And that's one thing I would say, you training and you are not going to go nowhere without your diploma. And that's something that I think that JOBS should be looking into rather than just sending them to train. The training ain't going go nowhere. You understand? Because if you don't have the diploma … You can't get the job. [Employer Focus Groups, 2016]

Though these latter issues will not be the focus of the research project that the team will be undertaking, these are areas that may provide opportunities for the TANF team, and the larger DHS team, to consider ways in which the overall TANF program could be improved to better serve the needs of TANF recipients and increase the likelihood that, upon exiting the program, the individuals will be closer to achieving self-sufficiency than when they entered.

Data Availability, Quality, and Reliability: As mentioned in the discussion of this priority issue with respect to HS/EHS, data availability, quality, and reliability are also critical with respect to the TANF program. The need to have data that are available, accessible, of high quality, and reliable for use by researchers who are interested in conducting research on the TANF program in the USVI is

vital. This issue became apparent to the research team during the analysis of administrative data to describe the TANF program. Discrepancies were observed in the numbers received from tables generated from the CARIBS data system and tables retrieved from the federal website which captures TANF data from all jurisdictions receiving federal funding for TANF programs. Again, this issue provides an opportunity for the TANF staff, as well as the leadership of the DHS-GVI to consider reviewing and strengthening existing quality control systems to enhance data quality, completeness, reliability, and timely availability to optimize data utilization for program improvement, policy development, and research efforts.

SUMMARY AND DISCUSSION

The purpose of the environmental scan was to describe the Head Start (HS) and Temporary Assistance to Needy Families (TANF) services and programs offered in the USVI; assess data processes currently ongoing within Head Start and TANF service sites; identify critical issues related to data utilization within Head Start and TANF programs in the USVI and identify priority programmatic issues to help shape the formulation of research projects within the HS/EHS and TANF programs in the USVI. Utilizing the CBPR framework to guide the project, A RICH VI partnership members were involved in planning, data collection, and analyses of focus group discussions, key informant interviews, conversation hours, and extensive review of administrative data, and secondary data sources to develop a comprehensive description of the programs and related services offered in the USVI. Using the findings of the environmental scan, partnership members came together in an iterative process to identify and prioritize key programmatic issues that were subsequently developed into proposed research projects, a major goal of the cooperative agreement with ACF that provided the funding for this endeavor.

UNDERSTANDING THE SCOPE, ASSETS AND DATA NEEDS OF THE HUMAN SERVICES SYSTEM IN THE TERRITORY

Head Start/Early Head Start

Extensive data collection revealed both strengths and vulnerabilities impacting the HS/EHS programs in the USVI. Across the spectrum of the human service system, there is deep understanding of the value of this much-needed program and associated services, in the territory. Many expressed their satisfaction with the services provided, the quality of the services provided and the important role the HS/EHS programs play in improving the lives for vulnerable populations. Yet, there was also an acknowledgement of gaps that exist, particularly in the area of referrals for the HS program.

In 2015, HS served children in classrooms across the territory, while EHS functioned out of two locations on the island of St. Croix. Local HS/EHS program enrollment operates at maximum capacity (HS=894; EHS=124) each year. Program administrators were very proud of the progress made in ensuring that children with disabilities accounted for at least 10% of enrollees. Overall, the local HS/EHS program personnel expressed sincere interest in meeting the needs of their clients – children, pregnant women, and families, yet encounter some challenges. Both HS/EHS programs

experience long wait lists. Staff shortages and staff turnover that often result in high child-staff ratios and concomitant inability of staff to provide needed instruction were identified as a major issue. Thus, data collection, though a significant component of the program implementation and sustainability, unintentionally assumes a low priority, except as it relates to compliance requirements. One consequence of the lack of time to conduct quality data collection and timely data processing is that teachers have limited opportunity to use data as much as they would to inform instructional decisions and improve educational and developmental outcomes as intended by the implementation of the HighScope curriculum. Therefore, HS may not be meeting the needs of children enrolled in the program. One of the primary goals of HS/EHS is to get children ready for transition to kindergarten. An examination of scores on the COR reveal that children have consistently scored lowest in the areas of mathematics & science and language and literacy and there is some concern that the territory's children transitioning from HS to kindergarten are at a marked disadvantage in key developmental areas.

TANF

Though the number of families served by the TANF program has seen a decline from 2010-2015, the program continued to provide a critical safety net for a wide range of individuals in need of support to get to self-sufficiency and true economic independence. A cadre of dedicated, hard-working staff who advocate strongly for their clients form the basic infrastructure of the program from service sites located within the two island districts in the USVI. Though dedicated and hard-working, the staff is operating at a skeletal level, with key personnel, namely social workers, no longer a part of the team that works with TANF recipients. The gap created by the absence of social workers was voiced by TANF staff as well as alluded to by employers who provide work experience opportunities to TANF clients.

Yet, only a fractional proportion of TANF recipients meet the minimum requirement for work participation, resulting in local rates ranging from 5-10%, well below the statutory recommended target of 50%. Participants experience challenges with child care and transportation. One of the issues emerging from the environmental scan is the lack of resources to help clients become ready for the job market and meaningful employment. A large proportion do not have a high school diploma, making earning a living wage extremely difficult if not impossible in an already depressed economy. In focus group discussions, TANF clients expressed disappointment in

their lack of success in securing jobs, though they noted multiple work experience placements. Employers participating in the work experience activity cited poor work habits, poor attitudes, and a lack of a high school diploma as some of the factors that influence their decision not to offer permanent positions to some TANF recipients. Yet, most of the TANF clients who participated in Conversation Hour sessions seemed to genuinely want to succeed in becoming gainfully employed, and self-sufficient.

Data Processes and Data Utilization within Head Start/Early Head Start/TANF Programs in the USVI

HS/EHS and TANF programs all use electronic databases to manage client and administrative data. However, these data systems are not optimally utilized. One of the barriers to the existence of reliable and valid data is the finding that while HS/EHS and TANF have electronic databases that capture key program data and can generate reports on the population served, much of the data collection is manual, and data entry is limited, in the case of the HS program to one individual with that responsibility. This results in a backlog of batch data for data entry. In the EHS program, there is an issue of staff turnover, which hampers data entry, as trained staff leave the program and identifying qualified replacements timely has been a challenge. Much of the focus of data collection is on meeting compliance requirements, though program personnel acknowledged the value of additional data to be better able to objectively determine program success – this was shared particularly as it relates to being able to demonstrate the value and impact of the HS program, once HS children enter the K-12 school system. For the TANF program, staff noted that there were data that they collected that were not entered in CARIBS; these data, they acknowledged, were not easily retrievable or able to be reported in a systematic fashion.

Data utilization across the programs is primarily in response to compliance reporting requirements, less so for program improvement. Teachers in the HS program expressed difficulty in receiving timely feedback on submitted lesson plans and results of assessments, intermediate COR results that could be used in tailoring lessons for particular children. Teachers also expressed a desire for information on the LAP-3 results. The LAP-3 is used by VIDE to assess HS children transitioning to kindergarten; however, HS teachers do not receive information on the LAP-3 results, which they believe would be beneficial in their efforts to ensure better prepared children for kindergarten. The reasons for these delays are multifaceted, often due to lack of staff and, possibly,

a general need to increase the level of appreciation for the importance of accurate and complete data capture to inform decision-making within the human services system. There is also a need to increase sensitivity of how the sharing of data and information can serve to solidify collaborations within and across agencies that support clients in the human services system.

Prioritization of Programmatic Issues

The findings of the environmental scan informed the identification of key issues impacting the human services system in the USVI. The key issues were generated in two ways: first, partners identified priority issues based on the environmental scan findings; second, the core research team identified priority issues based on themes that emerged from the qualitative data collection. Of the priority issues identified within the HS/EHS and TANF programs, a total of four issues were selected for further research: three from HS and one from the TANF program. The three from the HS/EHS programs address parental engagement, health care provider shortages, and explore persons on the HS wait list. For the TANF program, the top issue was related to the individual responsibility plan (IRP), coaching and the goal of job placement. The prioritization process involved all partners, guided by the university researchers and project consultants.

Identification of HS/EHS Research Projects/Intervention for TANF Participants

Thus, during the third year of the project, focus shifts to the completion of research projects developed around the priority issues identified as a result of the environmental scan. All research projects will be conducted within the framework of the community based participatory research approach which has guided the work of the Partnership thus far. It is anticipated that implementation of the three research projects within the HS program and the intervention study in the TANF program will provide opportunities to improve services to low-income families who access the local human services programs. The first of the topics aims to get at strategies to improve parental engagement, a major component of the program. A second research topic will examine the eligibility process, in particular, the reasons why individuals are assigned to the wait list and how they are moved off the list. The third HS research project will explore the issue of lack of providers and/or reasons children may not receive needed health services. The intervention planned for the TANF program will examine an enhanced approach to goal setting, within the framework of the IRP for improving overall outcomes for TANF clients.

IMPLICATIONS FOR RESEARCH

The generation of priority issues by the Research Partnership based on findings of the environmental scan study provided a great opportunity for the Partnership to help shape the research questions to be pursued in Year 3 of the project. It is anticipated that the findings from the research studies undertaken will contribute to the literature on HS/EHS and TANF, particularly by adding research related to the HS/EHS and TANF programs in the USVI. This is a major gap area in extant literature on HS/EHS and TANF programs.

The research questions to be explored provide opportunities to inform and impact program operations such that processes and program priorities are realigned to address areas of need that are informed by research results. Additionally, the research to be conducted could inform policies associated with the HS/EHS and TANF programs in the USVI. Further, research results could be used to inform decisions regarding revision or development of human services policies and procedures. Research projects could also help inform other HS/EHS and TANF programs that have contextual realities similar to those that exist in the USVI. Further, the results of the planned research projects could also serve as a springboard for additional research on the target population.

The research projects also provide an opportunity to build research capacity in the USVI for members of the research team, members of the Research Partnership, and students at the University of the Virgin Islands. This is a major priority for the Human Services Research Partnership and very critical for the USVI as efforts continue to infuse research in the work being done. Through the research projects to be undertaken, the research team hopes to help mentor undergraduate and graduate students at UVI and also members of the Partnership who are committed to helping ensure evidence-based approaches to improving human services programs for vulnerable populations in the USVI. A particular interest is continuing the research work to improve outcomes for HS/EHS children and their families, given how intricately health outcomes and health disparities are associated with social determinants of health.

NEXT STEPS

Working with consultants and members of A RICH VI, the HS/EHS top three key priority issues were transformed into research questions, which, as previously noted, have been embraced by the Research Partnership. The research team has worked with the HS consultant to develop action plans and IRB applications for submission for each of the three proposed studies. It is anticipated that the parent engagement study will commence in February 2017 and data collection will continue through June 2017. The development of the research report on the parent engagement study is anticipated to continue through the end of August 2017. The provider study is expected to commence in January 2017 and continue through April, 2017, with study results completed by the end of May 2017. Finally, it is anticipated that the wait list study will commence in January 2017 and continue through March, 2017, and the research study output completed by the end of April 2017.

Preliminary results of each study will be shared with members of the Research Partnership and the research team will solicit their support with the conduct of each of the three studies. Partners will have an opportunity to participate on research teams as well as support project efforts by encouraging the participation of clients and personnel, providing information needed to meet data collection efforts, or participate in reviews of various elements of the research projects.

A similar approach has been taken to transform the TANF priority issues into a research question. This was done with support and guidance from the TANF consultants, who worked directly with the research team to drill down on the agreed-upon focus of the TANF pilot study. It is anticipated that the TANF pilot study will commence in February and occur in three six-week cycles. Data collection for the pilot study is expected to continue through July 2017. The projected timeframe for the write up of study results is June through August 2017.

The research team will submit IRB applications for the HS/EHS wait list and provider studies and the TANF pilot study in December 2016. The IRB application for the HS parent engagement study will be submitted in January 2017.

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APPENDICES

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APPENDIX I: LIST OF ACRONYMS AND ABBREVIATIONS

Acronyms and Abbreviations

A

AABD ..... Aid to the Aged, Blind or Disabled
ACA ..... Affordable Care Act
ACF ..... Administration for Children and Families
AFDC ..... Aid to Families with Dependent Children
A RICH VI ..... Alliance for Responsive Investment in Children's Health: US Virgin Islands

B

BMI ..... Body Mass Index
BRFSS ..... Behavior Risk Factors Surveillance System

C

CAP60 ..... Community Action Program60
CARIBS ..... Client Application Recertification Issuance Benefit System
CBPR ..... Community-based Participatory Research
CDC ..... Centers for Disease Control and Prevention
CERC ..... Caribbean Exploratory (NIMHD) Research Center
CFVI ..... Community Foundation of the Virgin Islands
CLASS ..... Classroom Assessment Scoring System
COPA ..... Child Outcome, Planning & Administration
COR ..... Child Observation Record

D

DHS-GVI ..... Department of Human Services-Government of the Virgin Islands
DOE ..... Department of Education
DOH ..... Department of Health
DOL ..... Department of Labor
DOJ ..... Department of Justice
DPCS ..... Division of Paternity and Child Support

E

EA .....Emergency Assistance
ECIDS ..... Early Childhood Information Data System
EHS ..... Early Head Start
EPAO ..... Environmental and Policy Assessment and Observation
ERSEA ..... Eligibility, Recruitment, Selection, Enrollment and Attendance
ESL..... English as a Second Language
ETO ..... Employment and Training Officer

F

FHC ..... Frederiksted Health Care, Inc.
FIPP ..... Family Improvement Partnership Program
FTDRS ..... Final TANF Data Reporting System
FY ..... Fiscal Year

H

HIPAA ..... Health Insurance Portability and Accountability Act
HS ..... Head Start
HSITC ..... HighScope Infant-Toddler Curriculum
HSPC ..... HighScope Preschool Curriculum
HSRP-VI ..... Human Services Research Partnerships – US Virgin Islands
HSRP: VICA ..... Human Services Research Partnerships: Virgin Islands Cooperative Agreement

I

IEP ..... Individualized Education Plan
IFSP ..... Individualized Family Service Plan
IRB ..... Institutional Review Board
IRP ..... Individual Responsibility Plan

J

JFL ..... Juan F. Luis Hospital and Medical Center
JOBS ..... Job Opportunities and Basic Skills Training

L

LAP-3 ..... Language Acquisition Program -3
LSSVI ..... Lutheran Social Services of the Virgin Islands

M

MAP ..... Medical Assistance Program

N

NGO ..... Non-governmental Organization
NGT ..... Nominal Group Technique
NHANES ..... National Health and Nutrition Examination Survey
NHIS ..... National Health Interview Survey
NIH ..... National Institutes of Health
NIMHD ..... National Institute on Minority Health and Health Disparities
NOPA ..... Notice of Personnel Action

O

OCCRS ..... Office of Child Care and Regulatory Services
OJT ..... On the Job Training
OPRE ..... Office of Planning, Research, and Evaluation
ORRD ..... Office of Research and Resource Development

P

PFCE ..... Parent, Family, and Community Engagement
PI ..... Principal Investigator
PIR ..... Program Information Report
PRAMS ..... Pregnancy Risk Assessment Monitoring System
PREP ..... Personal Responsibility Education Program

S

SDOH ..... Social Determinants of Health
SNAP ..... Supplemental Assistance Nutrition Program
SSBA ..... Skill Streaming Behavioral Assessment
SSDI ..... Social Security Disability Insurance
SY ..... School Year

T

TANF ..... Temporary Assistance for Needy Families

U

USVI ..... United States Virgin Islands
UVI ..... University of the Virgin Islands

V

VIBER ..... Virgin Islands Bureau of Economic Research
VIDE ..... Virgin Islands Department of Education
VIDHS ..... Virgin Islands Department of Human Services
VIHA ..... Virgin Islands Housing Authority
VIPD ..... Virgin Islands Police Department
VIVIS ..... Virgin Islands Virtual Information System
VIWVP ..... Virgin Islands Work Verification Plan

W

WEIs ..... Work Eligible Individuals
WIC ..... Women, Infants and Children

APPENDIX II: A RICH VI – PARTNERS AND ASSOCIATES

Alliance for Responsive Investment in Children's Health: US Virgin Islands (A RICH VI)
Members and Associates

No.	Last Name	First Name	Title/Agency	Role on Partnership
1.	Callwood	Gloria	PI and Director, Caribbean Exploratory Research Center (CERC), UVI, STT	Co-Chair/Co-PI
2.	Roberts	Anita	Acting Commissioner, DHS, Head Start Executive Director, STT	Co-Chair
3.	Michael	Noreen	Research Director, CERC, UVI, STT	P/Lead PI
4.	Bailey	Natalie	Acting Administrator, Division of Family Assistance, DHS, STX	P
5.	Bennet-Felix	Desiree	Department of Labor, STT	P
6.	Berry-Benjamin	Racquel	Deputy Superintendent, St. Thomas-St. John School District, VIDE, DOE	P*
7.	Bird	Carmen	Teacher, VIDE & Former HS client	P
8.	Brown	Deborah	Post-doctoral Research Associate, CERC, UVI, STT	P/Post-Doc
9.	Capedeville	Dilsa	KIDSCOPE, CBO, STT	P*
10.	Francis	Aracelis	,Professor, College of Liberal Arts and Social Science, UVI, STT	P/Research Associate
11.	Graham	Robert	Executive Director, VIHA, STT	P
12.	John-Straker	Junia	CEO, Lutheran Social Services of the VI, LSS-CBO, STX	P
13.	Josiah	Telsalda	Assistant Commissioner, DHS, STX	P
14.	Lewis	Clema	Executive Director, Women's Coalition, CBO, STX	P
15.	Lewis	Masikia	Assistant Administrator, Head Start, DHS, STT	P
16.	Mills	Frank	Vice Provost, Research & Public Service, UVI, STT	P
17.	Rogers-Green	Carmen	Director, JOBS Program, DHS, STT	P
18.	Smith	Moleto	CEO, St. Thomas East End Medical Center Corporation Inc., STEEMCC, STT	P
19.	Sprauve-Webster	Masserae	CEO, Frederiksted Health Care, Inc., FHC, STX	P
20.	St. Juste	Vivian	Executive Director, Family Resource Center, CBO, STT	P
21.	Valmond	Janis	Research Coordinator, CERC, UVI, STX	P/Co-Investigator
22.	Williams	Jaslene	Vice President, ARCH-CBO, STX	P
23.	Richards	Pamela	Chief of Staff, DHS, STT	ALTP

No.	Last Name	First Name	Title/Agency	Role on Partnership
24.	Soto	LaShawn	Director, Early Head Start	ALTP
25.	Daley-Stanley	Terry	VIHA, STX	AP
26.	Halliday	Patrice	Education Manager, Head Start Program, DHS, STT	AP
27.	Hart	Charrisse	District Manager, TANF, DHS, STT	AP
28.	Jaeger	Elizabeth	Research Analyst, DHS	AP
29.	Knight	Nedarrey	Parent Involvement Coordinator, Head Start, DHS, STX	AP
30.	Neptune	Miguelina	Education Manager and Transport Coordinator, Head Start Program, DHS, STX	AP
31.	Richards	Michael	Disabilities Coordinator / Acting Assistant Administrator, DHS, STX	AP
32.	Simon-Nicholas	Michelle	Employment Training Officer, TANF, DHS, STX	AP
33.	Zakers	Carissa	ECIDS Project Lead, VIDE, STT	AP

Notes: P denotes Partner; P denotes inactive Partner; AP denotes Associate Partner; ALTP denotes alternate for P*

Former Members and Associates

No.	Last Name	First Name	Title/Agency/Location	Role on Partnership
1.	Benjamin	Carla	Assistant Commissioner, DHS, STX,	Co-Chair
2.	Ebbesen-Fludd	Vivian	Commissioner, Head Start, Executive Director, STX	Co-Chair
3.	Carr	Donica	Head Start Client, STX	P/Client
4.	Clendinen	Asiah	Deputy Commissioner, Human Resources, DHS, STT	P
5.	DeGannes	Asha	Interim Director, ECC, UVI, STT	P
6.	DeJongh	Cecile	Governor's Council on Children & Families, OOG & NGO, STT	P
7.	Holdsworth	Kim	Community Foundation of the VI, STT	P
8.	Howell	Duane	Territorial Assistant Commissioner, Acting Commissioner, DOH, STX	P
9.	Jeffers	Diane	Head Start Administrator, DHS	P
10.	Rhymer-Browne	Michal	Assistant Commissioner, VIDHS	P
11.	Thomas	Randolph	Director, Planning, Research, and Evaluation, VIDE	AP
12.	Zamore	Lennox	Administrator, Division of Family Assistance, DHS	AP

Notes: P denotes Partner; P denotes inactive Partner; AP denotes Associate Partner*

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APPENDIX III: DATA COMMITTEE AND WORKGROUPS

VIRGIN ISLANDS RESEARCH PARTNERSHIP WORK GROUPS
CHARGE, OBJECTIVES, AND MEMBERSHIP

DATA COMMITTEE

CHARGE	OBJECTIVES	MEMBERS

▪ The DATA COMMITTEE is charged with actively engaging in the completion of the Environmental Scan;
▪ Using information from the Environmental Scan activities; and supporting efforts of the Partnership to implement data system that can be used by researchers interested in conducting research related to human services programs in the USVI;
▪ Emphasizing, within their specific agencies, the critical need for
  ▪ Reliable, valid, complete, and secure data;
  ▪ Capacity building in the area of data collection, e-storage, and use for decision-making purposes.
	1. To document current capacity for conducting research on HS/EHS and TANF program
	2. To provide guidance and leadership on
	a. the completion of the Environmental Scan
	b. the determination of the elements of the Human Services data system that needs to be established
	3. To provide guidance and recommendations on the viability of VIVIS as a platform to house the Human Services data system
	4. To provide leadership in championing the use of data for policy and program decision-making, particularly as it relates to the HS, EHS, and TANF programs in the USVI
		Noreen Michael, Chair, UVI
		*Michal Rhymer-Browne, (VIDHS) Co-Chair *(through 3rd quarter, Year 1)*
		Janis Valmond, Co-Chair, UVI
		Desiree Bennet-Felix, VIDOL
		Terry Daley-Stanley, VIHA
		*Asha DeGannes, ECC, UVI *(through 1st quarter, Year 2)*
		Kim Holdsworth, *CFVI (through 4th Quarter, Year 1)*
		Frank Mills, RPS, UVI
		*Randolph Thomas, VIDE *(through 4th quarter, Year 2)*
		Carissa Zakers, VIDE
		Lennox Zamore, VIDHS *(through 4th quarter, Year 1)*

CAPACITY/INFRASTRUCTURE WORK GROUP

CHARGE	OBJECTIVES	MEMBERS
The CAPACITY/INFRASTRUCTURE WORK GROUP is charged with providing a comprehensive description of the current system of human services programs in the US Virgin Islands, specifically the Head Start, Early Head Start, and TANF programs by addressing three primary objectives.	1. To document current capacity for conducting research on HS/EHS and TANF program 2. To describe/document the current infrastructure of HS, EHS, and TANF programs a. Services – types; locations; accessibility; availability, etc. b. Staffing – number; credentials; c. Programs – variety; responsiveness; availability; accessibility; d. Funding – source; type e. Data systems f. Training programs and/or opportunities 3. To identify existing collaborations, partnerships, or other mechanisms that exist to enhance program and service delivery to HS, EHS, and TANF recipients	*Carla Benjamin, DHS, Chair *(through 3rd quarter, Year I)* Janis Valmond, UVI, Co-Chair Desiree Bennet-Felix, DOL Asiah Clendinen, DHS *(through 3rd quarter, Year I)* Carmen Rogers-Green, DHS Moleto Smith Jr, STEEMCC Masserae Sprauve Webster, FHC, Inc. Carissa Zakers, VIDE

COMMUNICATION AND ENGAGEMENT WORK GROUP

CHARGE	OBJECTIVES	MEMBERS
The COMMUNICATION AND ENGAGEMENT WORK GROUP is charged with implementing a communication and engagement plan to ensure that the activities of the Partnership and the research that is developed is shared with key stakeholders.	1. To determine the most effective dissemination methods for the various stakeholders 2. To explore the variety of dissemination vehicles available to the stakeholders 3. To establish an ongoing communication and dissemination plan 4. To evaluate the effectiveness of the communication and engagement plan	

HEAD START AND EARLY HEAD START WORK GROUP

CHARGE	OBJECTIVES	MEMBERS
▪ The HEAD START/EARLY HEAD START WORK GROUP is charged with working closely with the team conducting the Environmental Scan; ▪ Using information from the Environmental Scan activities; and ▪ Supporting efforts of the Partnership to implement a research study that addresses one or more high priority issues that emerge from the environmental scan work.	1. To establish a profile of Head Start (HS) and Early Head Start (EHS) recipients 2. To determine existing data on programs delivered to HS and EHS recipients a. For children; For family members 3. To determine resource needs of HS and EHS programs 4. To determine how program quality is assessed 5. To determine what data are available to track head start students' academic success 6. To determine the basis for programmatic modifications and/or additions	*Diane Jeffers, DHS, Co-Chair Noreen Michael, Co-Chair *Racquel Berry-Benjamin, VIDE (*through 4th Quarter, Year 1*) *Donica Carr, Head Start Client *Asha DeGannes, ECC, UVI *(through November 2015)* *Kim Holdsworth, *CFVI* (Year I) Junia John-Straker, Early Head Start Masikia Lewis, DHS Jaslene Williams, ARCH

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES WORK GROUP

CHARGE	OBJECTIVES	MEMBERS
The TANF WORK GROUP is charged with working closely with the team conducting the Environmental Scan; using information from the Environmental Scan activities; and supporting efforts of the Partnership to implement an evidence-based intervention for current TANF recipients.	1. To establish a profile of TANF recipients. 2. To assess what has happened to former recipients: a. Are they employed? b. Are they still receiving services, i.e. food stamps, housing, health, etc.? 3. To ascertain what services are provided to TANF recipients. 4. To determine if the provision of supportive services has led to financial independence. 5. To determine what has worked.	E. Aracelis Francis, Chair Carmen Rogers-Green, Co-Chair Natalie Bailey, DHS Charrisse Hart, DHS Vivian St. Juste, Family Resource Center Clema Lewis, Women's Coalition

POLICY REVIEW WORK GROUP

CHARGE	OBJECTIVES	MEMBERS
The POLICY REVIEW WORK GROUP is charged with conducting a comprehensive review of policies which guide the functioning of the Head-start and TANF programs.	1. To document existing policies, procedures, guidelines or schedules of the Head-Start and TANF Programs 2. To document the relevance of these policies 3. To document the impact of these policies 4. To identify and document possible gaps in policies 5. To identify Federal and local laws that govern these programs	Gloria Callwood (Chair/Lead) UVI/CERC *Vivian Ebbesen-Fludd (Co-Chair) DHS (*through August 2016*) *Cecile De Jongh, Community Activist (*through 1st quarter, Year 2*) Robert Graham VIHA Moleto Smith STEEMCC Frank Mills UVI/ECC

APPENDIX IV: SELECT DATA COLLECTION DOCUMENTS

INFORMED CONSENT FORM

SHORT DEMOGRAPHIC QUESTIONNAIRES

KEY INFORMANT INTERVIEW PROTOCOL

FOCUS GROUP PROTOCOL

[HS CENTER] DIRECTOR'S QUESTIONNAIRE

HS PARENTS – CONVERSATION HOUR PROTOCOL

TANF CLIENTS – CONVERSATION HOUR PROTOCOL

INFORMED CONSENT FORM
CONSENT TO ACT AS A PARTICIPANT

TITLE: **UNDERSTANDING HUMAN SERVICES PROGRAMS IN THE US VIRGIN ISLANDS: AN ENVIRONMENTAL SCAN**

PRINCIPAL INVESTIGATOR: Noreen Michael, PhD, Research Director
University of the Virgin Islands, (340)-693-1172
CO-PRINCIPAL INVESTIGATOR: Janis M. Valmond, MS, DrPH
University of the Virgin Islands
CO- INVESTIGATOR: Gloria B. Callwood, PhD, FAAN, RN
University of the Virgin Islands
CO-INVESTIGATOR: E. Aracelis Francis, PhD
University of the Virgin Islands

SOURCE OF SUPPORT: **GRANT NO. 90YR0083: OFFICE OF PLANNING, RESEARCH, AND EVALUATION, ACF, DHHS**

INTRODUCTION:

You are being asked to participate in a research study. This form provides you with information about the study. You will also receive a copy of this form to keep for your reference. The Principal Investigator or his/her representative will provide you with any additional information that may be needed and answer any questions you may have. Read the information below and ask questions about anything you do not understand before you decide whether or not to take part. Your participation is entirely voluntary, and you can refuse to participate or withdraw at any time without penalty or loss of benefits to which you are otherwise entitled.

DESCRIPTION:

The purpose of the environmental scan is to inform the development of research questions that will guide the formulation of two research projects associated with the Head Start and TANF programs. The proposed research studies will be conducted in Years 2 and 3 of the grant project period. The knowledge we will gain from this study will help the Human Services Research Partnership: Virgin Islands Cooperative Agreement (HSRP: VICA) develop relevant research questions related to USVI Head Start and TANF programs. We are asking you to take part in this study because you work with an agency that provides services to vulnerable populations that are Head Start or TANF clients or you are a client of either the Head Start/Early Head Start or TANF programs in the USVI.

TIME COMMITMENT:

As part of this study, you will be asked to participate in an interview, either face to face or over the phone, or in one focus group discussion and/or complete a survey. The data collection process (interview or focus group or survey) may take 45-90 minutes, including the consent process.

RISKS AND BENEFITS:

There are no anticipated risks related to participation in this exploratory study. The benefit of taking part in the study is that the findings of the study will help researchers and agencies understand the factors that contribute to collection and use of information needed to help improve Head Start and TANF program services in the Virgin Islands. However, your participation in this study may not result in any direct benefit to you.

COMPENSATION FOR PARTICIPATION: There will be no compensation for participation in this study.

COSTS AND PAYMENTS: There will be no direct institutional cost to study participants.

COMPENSATION FOR ILLNESS OR INJURY:

In the rare event that you experience discomfort or minor injury from the procedures used in this study no monetary compensation will be made, but any immediate medical treatment which may be necessary will be provided. You can call Dr. Noreen Michael at (340) 693 1172 to obtain information about treatment if it is needed.

CONFIDENTIALITY:

No identifying information will be included on the forms used to record your responses, and if any identifying information is inadvertently obtained, it will be deleted once detected. All written information will be identified by a number so it cannot be traceable to you as an individual. The University of the Virgin Islands Institutional Review Board (the committee that reviews, approves, and monitors research involving human subjects) may review the study records for auditing purposes. However, these individuals are required to keep all information confidential. Again, none of the information released for publication or presentations will identify individual participants. Research records, just like hospital records, may be subpoenaed by court order.

"It has been explained to me that my identity will not be revealed in any description or publication of this research. Therefore, I consent to such publication for scientific purposes."

RIGHT TO WITHDRAW:

You have the right to refuse to participate or to withdraw at any time from this study. Your decision to withdraw will not adversely affect care at any institution with which the investigators of this study are affiliated. The investigators also retain the right to ask that you withdraw from the study.

VOLUNTARY CONSENT:

Please feel free to ask about anything you don't understand and to consider this research and the information sheet/consent from carefully before you make a decision.

If you have further questions about this project or if you have a research-related problem, you may contact the Principal Investigator, Dr. Noreen Michael at 340-693-1172. If you have any questions concerning your rights as a research subject, you may contact the University of the Virgin Islands Institutional Review Board c/o Dr. Olusola Ewulo at 340-693-1202 or by email at olusola.ewulo@live.uvi.edu, or the Caribbean Exploratory Research Center c/o Dr. Gloria Callwood at 340-693-1291 or by email at gcallwo@live.uvi.edu.

I understand that by signing below, I fully understand what this study is about, what is being asked of me, what I might gain from the study, what my options are related to participation. My signature below indicates that I am willing to participate in this study at this time.

_____

Printed Name of Participant

_____ _____

Signature of Participant Date

_____ _____

Printed Name of Person Obtaining Consent Signature of Person Obtaining Consent

SHORT DEMOGRAPHIC QUESTIONNAIRE - I

1. **Service Area**
   A. St. Croix
   B. St. Thomas
   C. St. John
   D. Water Island

2. **Age**
   A. 18-24
   B. 25-29
   C. 30-39
   D. 40-49
   E. 50+

3. **Race**
   A. American Indian or Alaskan Native
   B. Asian or Pacific Islander
   C. Black
   D. White

4. **Ethnicity**
   A. Hispanic origin
   B. Not of Hispanic origin

5. **Workplace**
   A. Head Start_____
   B. Early Head Start
   C. TANF_____
   D. Other_____

6. **Education**
   A. Less than high school
   B. High school graduate
   C. Some college
   D. College graduate
   E. Graduate/professional degree

ID#_____

SHORT DEMOGRAPHIC QUESTIONNAIRE – II

1. **Service Area**
   A. St. Croix
   B. St. Thomas
   C. St. John
   D. Water Island

2. **Age**
   A. 18-24
   B. 25-29
   C. 30-39
   D. 40-49
   E. 50+

3. **Race**
   A. American Indian or Alaskan Native
   B. Asian or Pacific Islander
   C. Black
   D. White

4. **Ethnicity**
   A. Hispanic origin
   B. Not of Hispanic origin

5. **Gender**
   A. Female
   B. Male

6. **Education**
   A. Less than high school
   B. High school graduate
   C. Some college
   D. College graduate
   E. Graduate/professional degree

7. **TANF/Welfare Recipient**
   A. Yes
   B. No

ID#_____

KEY INFORMANT INTERVIEW PROTOCOL

INTRODUCTION

Thank you for agreeing to grant this interview. We are researchers from the Caribbean Exploratory Research Center (CERC) located at the University of the Virgin Islands (UVI). We are interested in gathering information on the data collection and data utilization process within Head Start/TANF programs administered by the DHS in the territory. As a result, we hope to develop research questions to guide research projects related to data use and utilization within these programs in the USVI.

The interview will take 45-60 minutes, and will be confidential. In this interview, we would like to ask you about your experience related to the implementation of human service programs in the USVI. More specifically, we would like to ask you a few questions with respect to your department's use of data and research in Head Start/Early Head Start/TANF programs. [*Or, for non DHS personnel: We would like to ask you a few questions with respect to your organization's data processes related to serving Head Start/Early Head Start/TANF programs participants. Some of the questions may not be applicable to your organization/area at this time*].

INTERVIEW QUESTIONS

CORE QUESTIONS [OPENING]

1. What is your role or how does your agency interface with Head Start/Early Head Start/TANF? [*Probing questions, as needed*]
2. Based on your role/your agency's role, are there data collection, program monitoring, reporting, or other requirements that you/your agency must fulfill? [*Probing questions, as needed*]
3. What are some of the ways you use data in your work with this program? [*Probing questions, as needed*]
4. Can you tell us which agencies—both government and non-government you consider to be key stakeholders in the human service system in the territory?

HEAD START/EARLY HEAD START ONLY

Administrative Personnel

1. What are your greatest challenges in meeting the mandates of your program?
2. What data are currently collected? Frequency? Format? Method of data capture?
3. What data would you like to collect that you are currently not collecting? Capacity challenges with collection of these data? Timeframe(s) for collection of these data?
4. How do you address security and privacy issues/concerns with respect to data collection and storage?
5. How well do you think the program is meeting the needs of its clients? Children? Parents? Other family members?

6. How do you determine if your programs are successful? *[Prompt: What types of data does your agency/unit/area routinely collect and how can we gain access to this data? Only de-identified data is needed.]*
7. What is needed to improve your program outcomes?
8. What are some of the major successes you/your agency have/has had in supporting TANF clients?
9. How could services to these clients be improved?

TANF ONLY

Administrative Personnel

1. What are your greatest challenges in meeting the mandates of your program?
2. What data are currently collected? Frequency? Format? Method of data capture?
3. What data would you like to collect that you are currently not collecting? Capacity challenges with collection of these data? Timeframe(s) for collection of these data?
4. How do you address security and privacy issues/concerns with respect to data collection and storage?
5. How well do you think the program is meeting the needs of its clients? Children? Parents? Other family members?
6. How do you determine if your programs are successful? *[Prompt: What types of data does your agency/unit/area routinely collect and how can we gain access to this data? Only de-identified data is needed.]*
7. What is needed to improve your program outcomes?
8. What are some of the major successes you/your agency have/has had in supporting TANF clients?
9. How could services to these clients be improved?

<u>Department of Labor</u>

1. How does your agency interact with the DHS TANF program?
2. What collaborative processes are in place with respect to this program? With what entities? Need for collaboration? [*Prompt: Level of collaboration? What form does it take? Informal? Formal?*]
3. Are there policies in place within your agency that impact the level and type of support provided to TANF clients by your agency? If yes, could you describe? If no, are there policies that could facilitate service provision to this group of clients? What form should such policy take? Who should champion?
4. Have you or others within your agency experienced challenges working with the TANF program? If yes, could you describe? How has your agency addressed these challenges?

5. To what extent does your agency support training for TANF clients? *[Probe: Does WIA funding support any training opportunities for which TANF clients qualify? Could qualify?]*
6. What are some of the major successes you/your agency have/has had in supporting TANF clients?
7. How could services to these clients be improved?

Department of Justice

1. How does your agency interact with the DHS TANF program? *[Prompt: Point of contact? Formal meetings? Other?]*
2. What collaborative processes are in place with respect to this program? With what entities? Need for collaboration? [*Prompt: Level of collaboration? What form does it take? Informal? Formal?*]
3. Are there policies in place within your agency that impact the level and type of support provided to TANF clients by your agency? If yes, could you describe? If no, are there policies that could facilitate service provision to this group of clients? What form should such policy take? Who should champion?
4. Have you or others within your agency experienced challenges working with the TANF program? If yes, could you describe? How has your agency addressed these challenges?
5. What are some of the major successes you/your agency have/has had in supporting TANF clients?
6. What would improve TANF client's interactions with your agency?
7. How could services to these clients be improved?

Employers

1. How does your agency interact with the DHS TANF program?
2. What collaborative processes are in place with respect to this program? With what entities? Need for collaboration? [*Prompt: Level of collaboration? What form does it take? Informal? Formal?*]
3. What has been your experience with TANF employees?
4. Were you provided all the information you needed when arrangements were made for you to accommodate TANF workers? If not, what information would you have wanted?
5. How can the TANF program better prepare clients for success in the employment arena?
6. What are some of the major successes you/your agency have/has had in supporting TANF clients?
7. How could services to these clients be improved?

CORE QUESTIONS [CLOSING]

5. Are you aware of any data collection and management systems in the Territory that have elements that may be serve as model systems for the Head Start/Early Head Start/TANF programs could use in helping improving current data processes?
6. We have shared with you the purpose for this interview and the cooperative agreement. Is there anything else you would like to share that you think will help us develop the most relevant research projects for the territory?
7. In closing, can you identify for us key personnel within your agency you think would be able to provide information on data and research processes related to Head Start/Early Head Start/TANF programs?

FOCUS GROUP PROTOCOL

Introduction:

Thank you for agreeing to participate in this focus group discussion. We are researchers from the Caribbean Exploratory Research Center (CERC) located at the University of the Virgin Islands (UVI). We are interested in gathering information on data collection and utilization processes within the Head Start and TANF programs administered by the DHS in order to develop research questions related to these programs in the USVI.

The focus group discussion will take 60-90 minutes. In this session, we would like to ask you about your experience related to the implementation of the TANF and Head Start programs in the USVI. We would like you to answer the following questions with respect to your organization's involvement/participation in the implementation of TANF/Head Start programs. Some of the questions may not be applicable to your organization at this time.

CORE QUESTIONS [OPENING]

1. What is your role or how does your agency interface with [Head Start/Early Head Start/TANF]? [*Probing questions, as needed*]
2. Based on your role/your agency's role, are there data collection, program monitoring, reporting, or other requirements that you/your agency must fulfill? [*Probing questions, as needed*]
3. What are some of the ways you use data in your work with this program? [*Probing questions, as needed*]
4. Can you tell us which agencies—both government and non-government you consider to be key stakeholders in the human service system in the territory?

HEAD START/EARLY HEAD START ONLY

Program Personnel *[Direct service providers]*

1. What are your greatest challenges in meeting the mandates of your program?
2. What data are currently collected? Frequency? Format? Method of data capture?
3. What data would you like to collect that you are currently not collecting? Capacity challenges with collection of these data? Timeframe(s) for collection of these data?
4. How well do you think the program is meeting the needs of its clients? Children? Parents? Other family members? [*Probe: Accessibility issues? Availability issues?]*
5. How do you determine if your programs are successful? *[Prompt: What types of data does your agency/unit/area routinely collect and how can we gain access to this data? Only de-identified data is needed.]*
6. What is needed to improve your program outcomes?
7. What are some of the major successes you/your agency have/has had in supporting TANF clients?
8. How could services to these clients be improved?

TANF ONLY

Program Personnel [Direct service providers]

1. What are your greatest challenges in meeting the mandates of your program?
2. What data are currently collected? Frequency? Format? Method of data capture?
3. What data would you like to collect that you are currently not collecting? Capacity challenges with collection of these data? Timeframe(s) for collection of these data?
4. How well do you think the program is meeting the needs of its clients? Children? Parents? Other family members?
5. How do you determine if your programs are successful? *[Prompt: What types of data does your agency/unit/area routinely collect and how can we gain access to this data? Only de-identified data is needed.]*
6. What is needed to improve your program outcomes?
7. What are some of the major successes you/your agency have/has had in supporting TANF clients?
8. How could services to these clients be improved?

<u>Department of Labor</u>

8. How does your agency interact with the DHS TANF program?
9. What collaborative processes are in place with respect to this program? With what entities? Need for collaboration? [*Prompt: Level of collaboration? What form does it take? Informal? Formal?*]
10. What have been the challenges working with the TANF program?
11. To what extent does your agency support training for TANF clients?
12. What are some of the major successes you/your agency have/has had in supporting TANF clients?
13. How could services to these clients be improved?

<u>Department of Justice</u>

8. How does your agency interact with the DHS TANF program?
9. What collaborative processes are in place with respect to this program? With what entities? Need for collaboration? [*Prompt: Level of collaboration? What form does it take? Informal? Formal?*]
10. What would improve TANF client's interactions with your agency?
11. What are some of the major successes you/your agency have/has had in supporting TANF clients?
12. How could services to these clients be improved?

Employers

8. How does your agency interact with the DHS TANF program?
9. What collaborative processes are in place with respect to this program? With what entities? Need for collaboration? ? [*Prompt: Level of collaboration? What form does it take? Informal? Formal?*]
10. What has been your experience with TANF employees?
11. Were you provided all the information you needed when arrangements were made for you to accommodate TANF workers?
12. If not, what information would you have wanted ?
13. What are some of the major successes you/your agency have/has had in supporting TANF clients?
14. How could services to these clients be improved?

CORE QUESTIONS [CLOSING]

5. We have shared with you the purpose for this interview and the cooperative agreement. Is there anything else you would like to share that you think will help us develop the most relevant research projects for the territory?

6. In closing, can you identify for us key personnel within your agency you think would be able to provide information on data and research processes related to Head Start/Early Head Start/TANF programs?

DIRECTOR QUESTIONNAIRE

Center Baseline Information

Name of Center: _____
Date: _____
Address: _____
City/State: Zip code: _____
Director: _____

Phone: _____ Email: _____

What are the Center's hours of operation? _____
What are the Center's days of operation? _____
How long has Center been in open? _____
How long has current director served? _____

Enrollment

1) What is the age range of children you currently serve?
2) What is the annual enrollment for 2014-2015?
3) What is the average current total number of children served per day?
4) Breakdown of children by age (for all children attending the center):

Age Range (e.g., 2 – 6 y)	Number of Children Currently Enrolled (e.g., 7)	Number of Children at Maximum Capacity (e.g., 8)	Number of Classrooms for Age (e.g., 1 class)	Staff to Child Ratio for Age (e.g., 1:4)

Family Ethnicity and Income

5) What is the ethnic background of children who attend the center? (If you do not have the exact numbers available, please estimate the percentage to the best of your ability.)
   - Non-Hispanic Black
   - Non-Hispanic White
   - Hispanic
   - Asian
   - Native American

6) What is the source for the ethnic breakdown number given above (please circle one)?
   a. Director's estimate
   b. Center records
7) What percentage of families are low income/receive financial assistance? _____
8) What is the source for the information about family income given above (please circle one)?
   a. Director's estimate
   b. Center records

The next questions are about the teachers

9) How many are employed at the center?
   a. Full-time (35 or more hours per week): ____
   b. Part-time (less than 35 hours per week): ____

10) What is the average education level of teachers at the center?
   a. Some college
   b. Associate's degree (any major)
   c. Associate's degree (early childhood education)
   d. Bachelor's degree (any major)
   e. Bachelor's degree (early childhood education)
   f. Master's degree (any major)
   g. Master's degree (early childhood education)

11) Does the center offer professional development opportunities for teachers and staff? If yes, please describe? (*Use extra paper if needed*)
   a. Yes b. No

_____

_____

_____

12) Is there an education/training requirement for teachers?
   a. Yes b. No
13) If yes, what is the current requirement? _____

14) During the past two years, has your center offered training to teachers?
   a. Yes (Topic(s)?) _____
   b. No
   c. Don't know

The next questions are about assessments you conduct at your center

15) List all assessments of children currently conducted (include how often):

_____

_____

16) List any surveys of parents conducted by your center (include how often):

_____

_____

HEAD START PARENTS CONVERSATION HOUR

INTRODUCTION

Thank you for agreeing to participate in this discussion. We are researchers from the Caribbean Exploratory Research Center (CERC) located at the University of the Virgin Islands (UVI). We are working with a group of persons from other agencies, including the Department of Human Services, to understand all about the Head Start (HS) and TANF programs and services in the Territory. In addition, we hope to come up with some ideas for research projects related to Head Start and TANF to be completed in the next two years.

The session will take 45-60 minutes, and will be confidential. We would like to ask you about your experience with Head Start [TANF] programs in the USVI. More specifically, we would like to ask you a few questions with respect to you and your child/children's experiences with Head Start [TANF].

QUESTIONS

1. How did you first learn about the HS program?
2. How long have you had a child/children in Head Start? *Or* Is this your first time or have you had other child/children in HS?
3. Please describe the things you have to do to get your child into the HS program [*Prompt: application, health screening appointments etc*.].
4. How would you describe your interaction with HS program staff? Management?
5. What are some of the challenges you experience with the HS program?
6. What would you say is the best thing about HS?
7. If you had to give the HS program a grade, what grade would that be?
8. Is there anything about the HS program you do not like?
9. What do your children say about HS?
10. We understand that HS is not just for the child but for the whole family. Help us understand what that means. [*Prompt: volunteer, parent involvement activities etc.*]
11. Anything else you would like to share about your experiences with Head Start?

TANF CLIENTS – CONVERSATION HOUR PROTOCOL

TANF CLIENTS CONVERSATION HOUR

INTRODUCTION

Thank you for agreeing to participate in this discussion. We are researchers from the Caribbean Exploratory Research Center (CERC) located at the University of the Virgin Islands (UVI). We are working with a group of persons from other agencies, including the Department of Human Services, to understand all about Head Start and TANF programs and services in the territory. In addition, we hope to come up with some ideas for research projects related to Head Start and TANF to be completed in the next two years. *The conversation will take 45-60 minutes, and will be confidential*. We would like to ask you what you know about the TANF program in the USVI. More specifically, we would like to ask you a few questions about your experiences with TANF.

QUESTIONS

12. How did you first learn about the TANF program?
13. How long have you participated in the TANF program? *Or* Is this your first time applying for TANF benefits?
14. What are the requirements for participants in the TANF program?
15. Please describe the things you have to do to participate in the TANF program [Prompt: application, appointments, documents, etc.].
16. What opportunities are provided to you for participation in the TANF program?
17. How would you describe your interaction with TANF program staff? TANF management?
18. What would you say are the benefits for participants in the TANF program?
19. What are some of the challenges you experience with the TANF program?
20. What would you say is the best thing about TANF?
21. If you had to give the TANF program a grade, what grade would that be?
22. Is there anything about the TANF program you do not like?
23. Is there anything about TANF that you would like to see changed or improved?
24. We understand that TANF is about helping clients achieve self-sufficiency. Help us understand what that means. [Prompt: skill development, employment opportunities etc.]
25. Anything else you would like to share about your experiences with TANF – staff, employers, trainers?

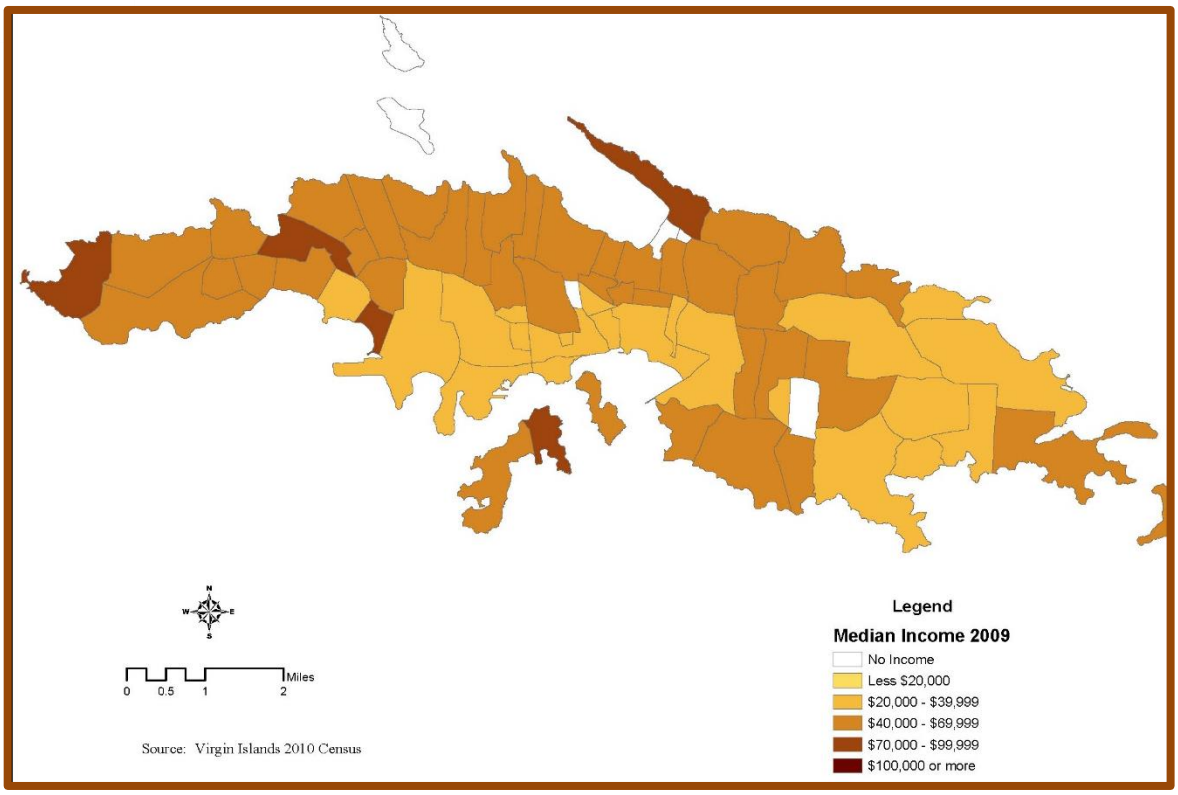
APPENDIX V: MAPS HIGHLIGHTING KEY CHARACTERISTICS

MAP CATEGORY I – MEDIAN HOUSEHOLD INCOME

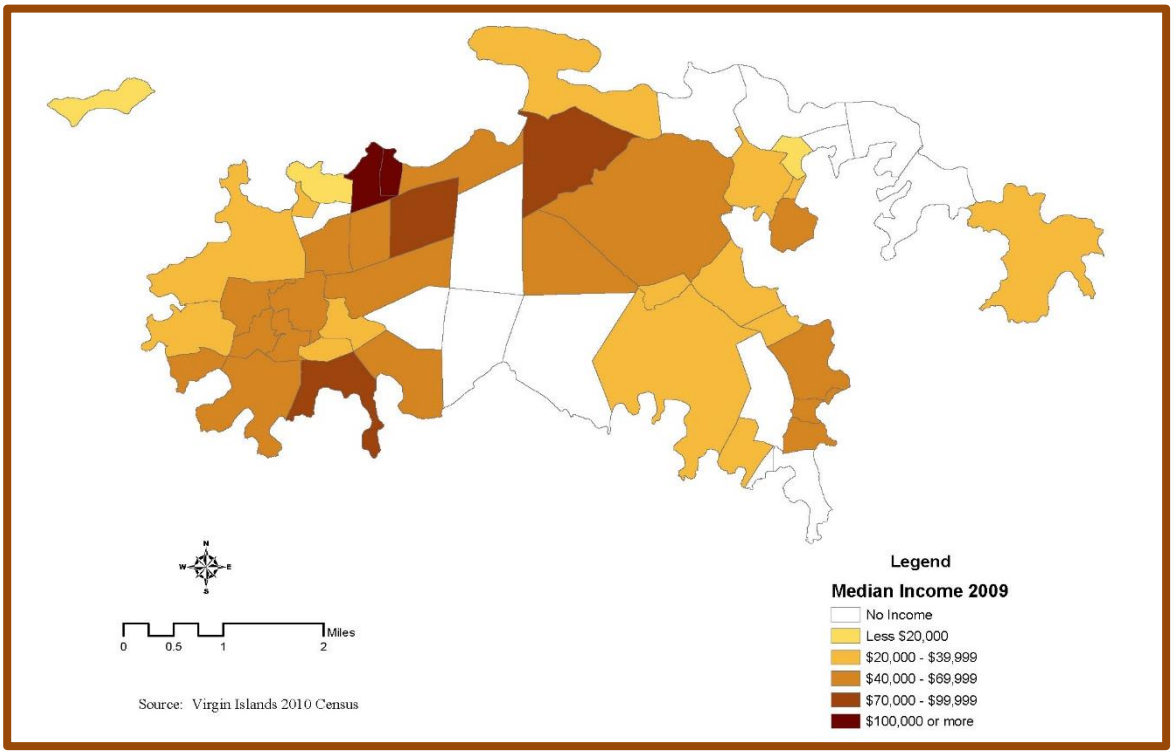
MAP CATEGORY II – UNEMPLOYMENT RATE

MAP CATEGORY III – PERSONS UNDER 18

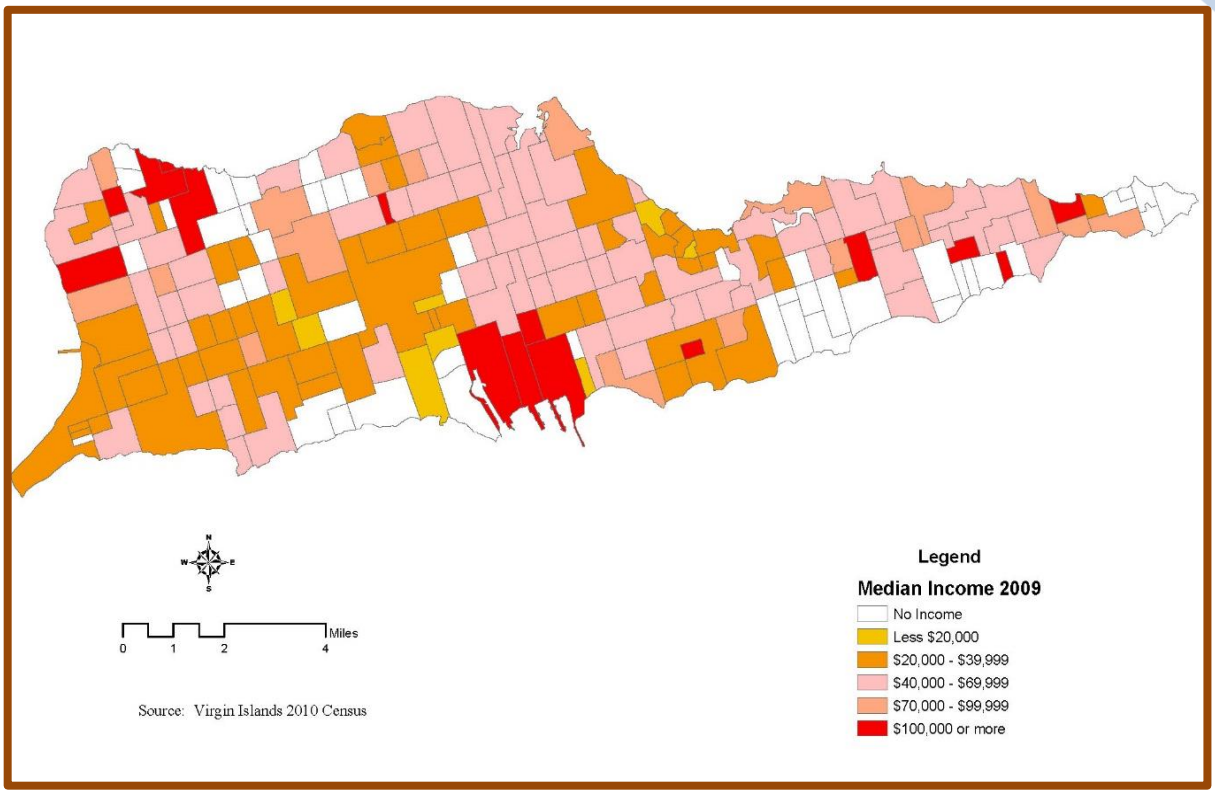
MAP CATEGORY I: MEDIAN HOUSEHOLD INCOME



*Map 1. 2009 Median Household Income by Estates: **St. Thomas***

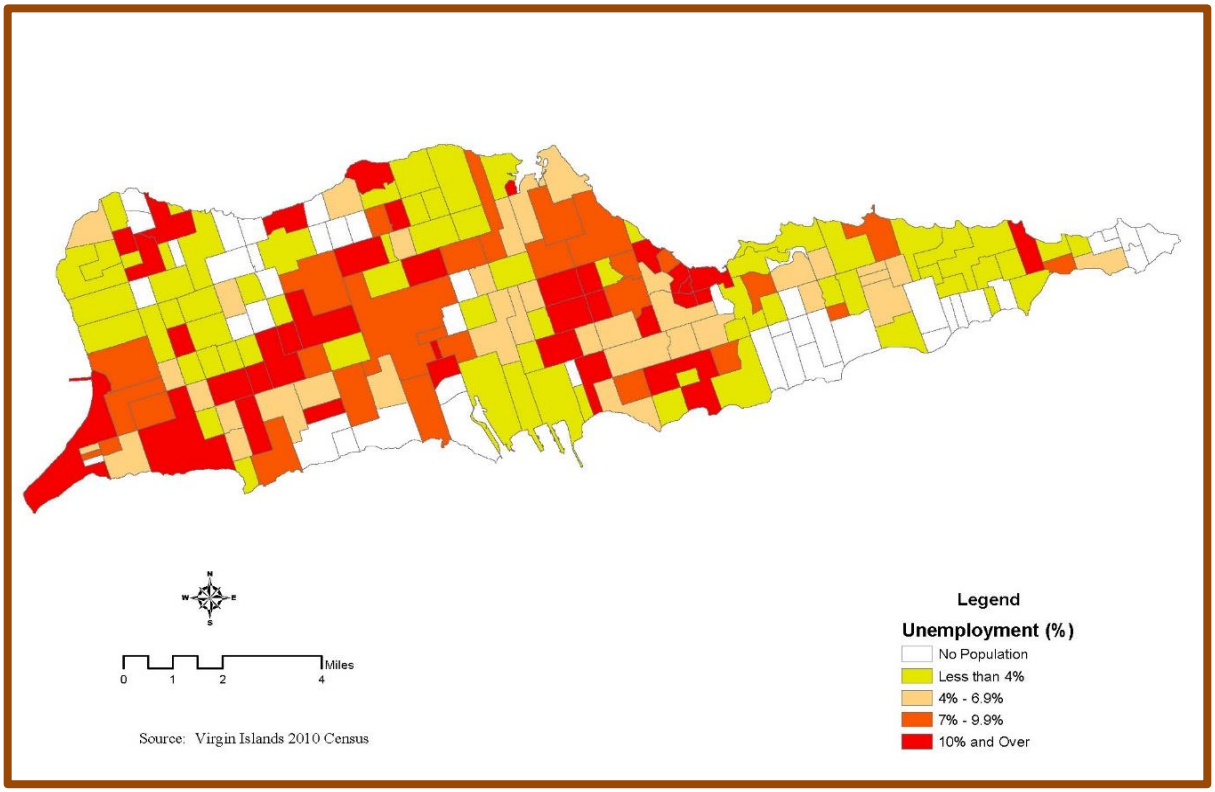


*Map 2. 2009 Median Household Income by Estates: **St. John***

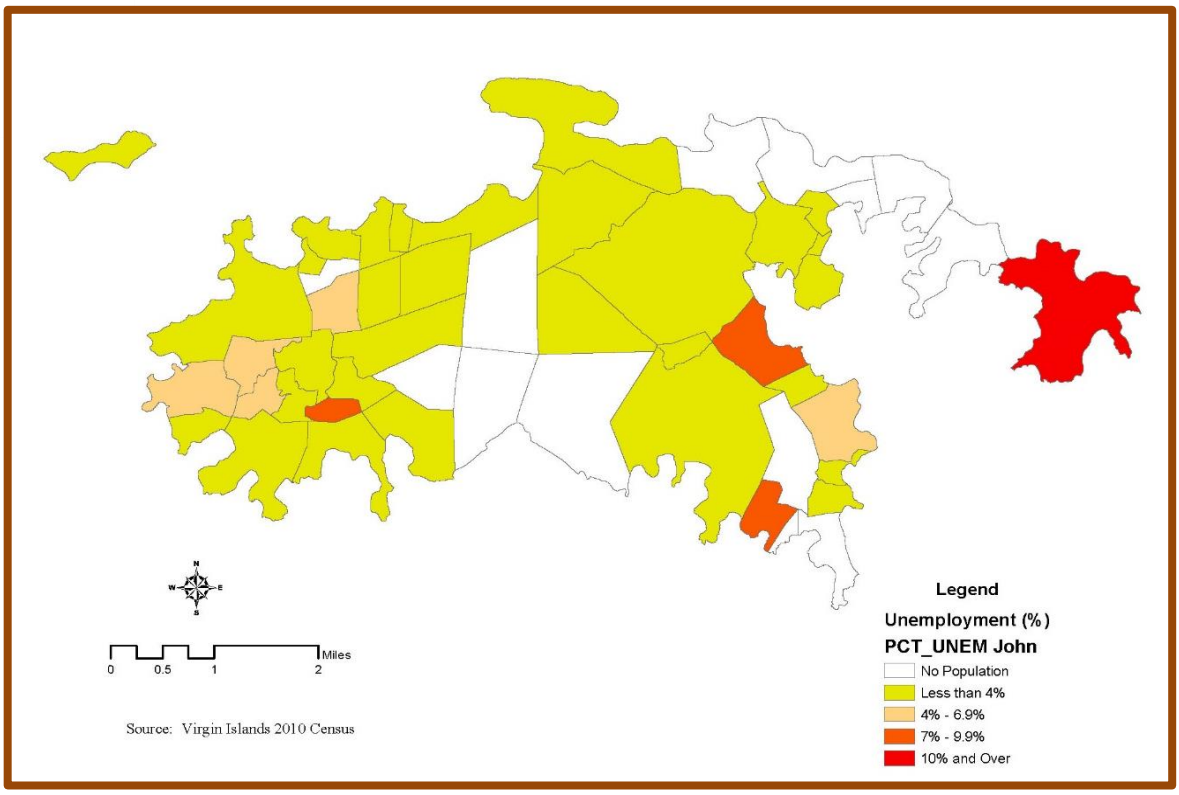


Map 3. 2009 Median Household Income by Estates: ***St. Croix***

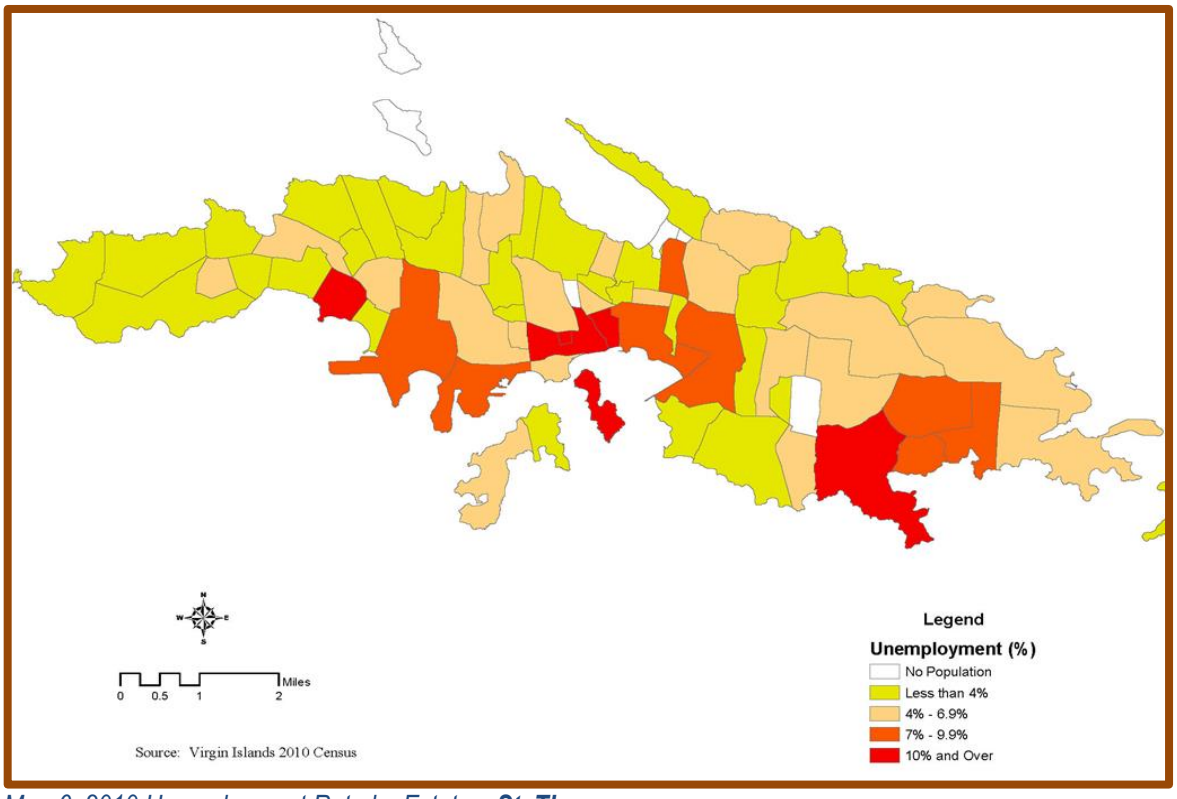
MAP CATEGORY II: UNEMPLOYMENT RATES



Map 4. 2010 Unemployment Rates by Estates: ***St. Croix***

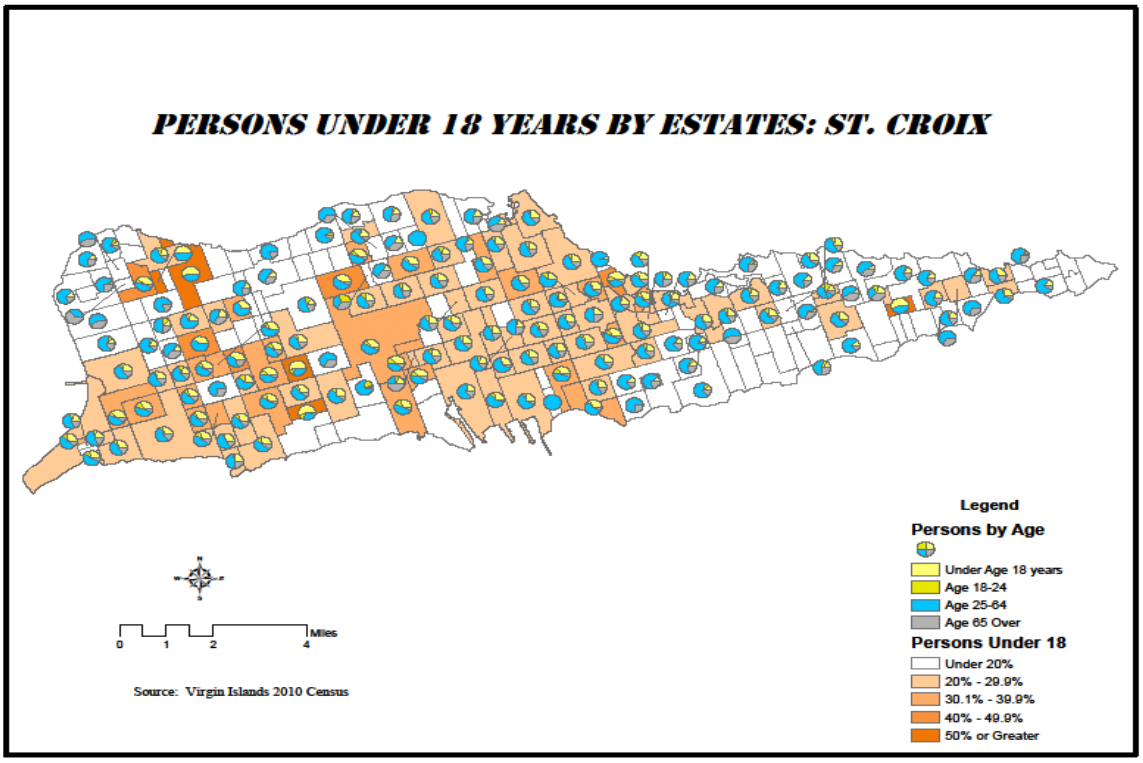


Map 5. 2010 Unemployment Rates by Estates: ***St. John***

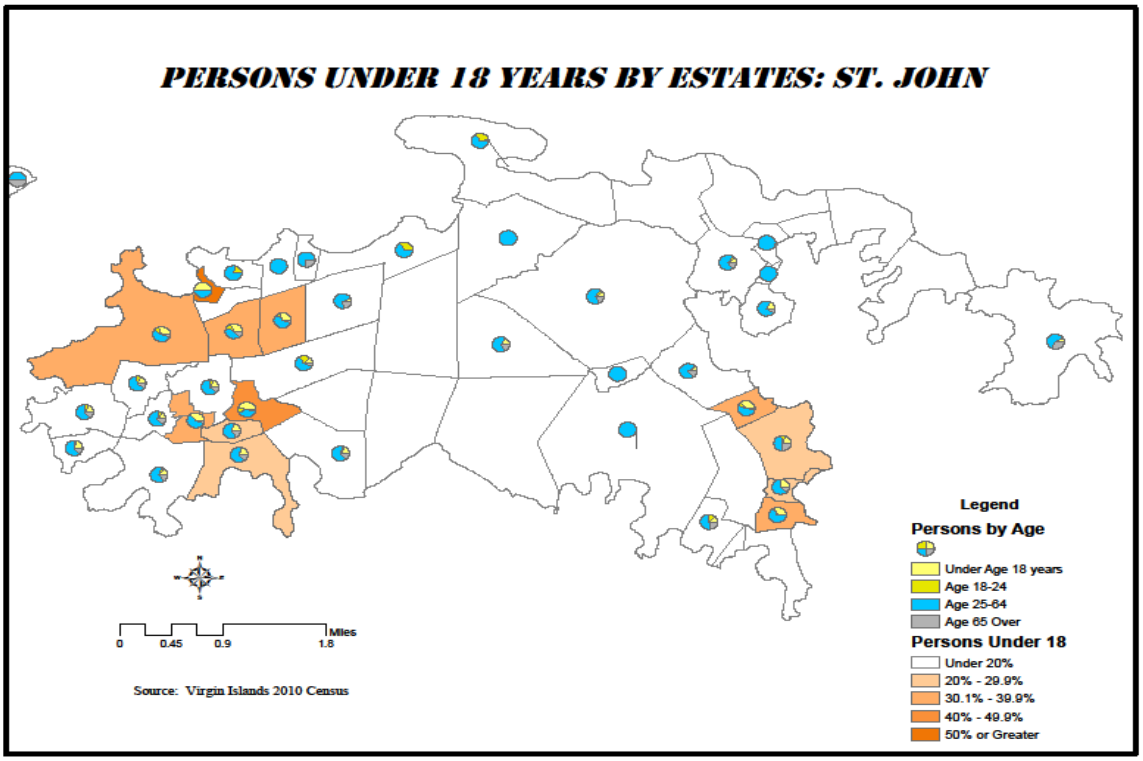


Map 6. 2010 Unemployment Rate by Estates: ***St. Thomas***

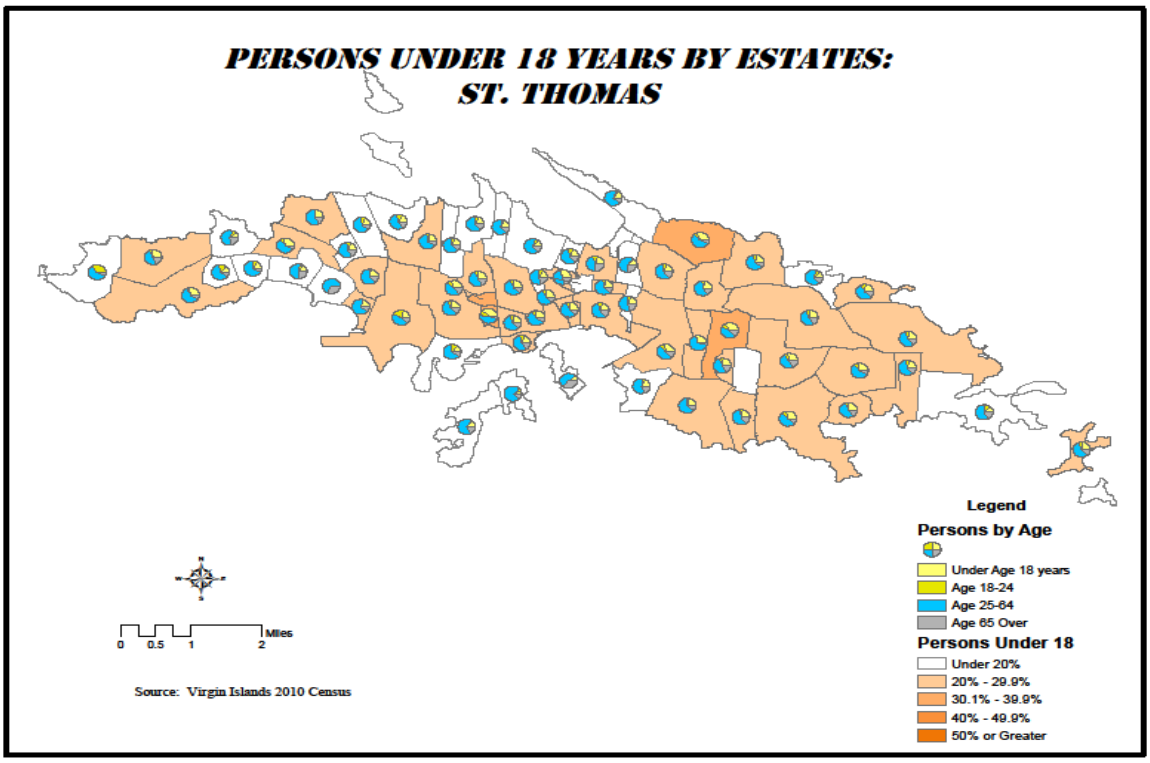
MAP CATEGORY III – PERSONS UNDER 18



Map 7. Persons under 18 Years by Estates: ***St. Croix***



Map 8. Persons under 18 Years by Estates: ***St. John***



Map 9. Persons under 18 Years by Estates: ***St. Thomas***

APPENDIX VI: SYNOPSIS OF PROGRAM INFORMATION REPORT FORM

SECTION A – PROGRAM INFORMATION

SECTION B – STAFF QUALIFICATIONS

SECTION C – CHILD AND FAMILY SERVICES

U.S. Department of Health and Human Services
Administration for Children & Families

Office of Head Start

2015-2016 HEAD START PROGRAM INFORMATION REPORT

REPORTING REQUIREMENTS
The annual Head Start Program Information Report (PIR) must be completed by **ALL** programs funded by the federal government to operate Head Start and Early Head Start programs. A separate PIR must be completed for each grantee and each delegate agency. Separate reports must be completed for Head Start and Early Head Start Programs.

DEADLINE: The 2015-16 PIR is due no later than August 31, 2016
Programs are encouraged to submit their reports as soon as their enrollment year is complete.

Submitting the PIR

All programs are required to submit PIR data electronically using the Head Start Enterprise System (HSES), located at http://hses.ohs.acf.hhs.gov/hsprograms.

Delegate programs will submit their PIR through HSES to their grantee agency for review and approval. When all of an agency's PIRs are complete, grantees will submit the PIRs through HSES to the Office of Head Start.

There are three steps to submitting the PIR:
1. Input or upload the PIR, review and answer all questions
2. Use the system validation functions to check the program's PIR for errors and make any necessary corrections
3. If validation is successful, mark the PIR complete

Guidance and Reference Materials

2015-2016 PIR Guidance and Reference materials are available at http://eclkc.ohs.acf.hhs.gov/pir.

This final document is identical to the Advance Copy PIR Form 1.2 issued in February 2015.

Instructions and definitions in the report can be activated and deactivated by selecting the "Hide" and "Show" buttons at the top of each PIR section.

Frequently Asked Questions are answered at http://eclkc.ohs.acf.hhs.gov/pir.

Programs are encouraged to reference this copy of 2015-2016 PIR Form as they are preparing their data for submission.

The 2015-2016 PIR Change Highlights document, available on the ECLKC, provides an item-by-tem listing of changes made to this year's PIR.

Assistance and Support

Please contact the HSES Help Desk at help@hsesinfo.org or (866) 771-4737 if you require assistance with reporting.

The Paperwork Reduction Act of 1995 (Public Law 104-13) Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing collection information. The project description is approved under the Office of Management and Budget (OMB) control number 0970-0427. An agency may not collect or sponsor and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

2015-2016 PIR Form (Version 1.0, March 2016)

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APPENDIX VII: HEAD START PROGRAM SELECTION CRITERIA

POLICY FOR SELECTION

ELIGIBILITY POINTS CRITERIA

POLICY FOR SELECTION FOR HEAD START PROGRAM

ERSEA – SELECTION PROCESS

PURPOSE

The purpose of this policy is to ensure a formal process is in place for selecting children for the program. This policy describes the requirements of the selection process used at VIDHS Head Start. 45 CFR 1305.6

POLICY

a) VIDHS Head Start has a formal process for establishing selection criteria and for selecting eligible children and families. All eligible applicants for Head Start services are considered. The selection criteria are based on those contained in paragraphs (b) and (c) of this section.

b) In selecting the children and families to be served, VIDHS Head Start considers the income of eligible families, the age of the child, the availability of kindergarten to the child, and the extent to which a child or family meets the criteria that are required in Sec. 1305.3(d) (6).

c) At least 10 percent of the total number of enrollment opportunities in VIDHS Head Start, during an enrollment year, are made available to children with disabilities who meet the definition for children with disabilities in Sec. 1305.2(a). VIDHS Head Start will document all reasonable efforts to comply with this requirement.

d) VIDHS Head Start develops, at the beginning of each enrollment year, and maintains during the year, a waiting list that can rank children according to the program's selection criteria to assure that eligible children enter the program as vacancies occur.

PROCEDURE

All children who have a waitlist status are eligible for selection.

Waitlist children who are not selected remain on the waitlist until they are no longer age eligible or their parents request the withdrawal of their application.

The ERSEA Committee, which comprises of Head Start parents (Policy Council), Head Start managers, Governing Board members, and Social Services aides, develops the selection criteria annually. The Policy Council and Governing Board approve the completed criteria annually.

The Selection Criteria is based on a point system that ranks children by need according to their application information as vacancies occur.

When a vacancy occurs, the Social Services aides notify the data entry clerk and Social Services manager to receive the next name on the list. At that time, the new child enters the enrollment process.

VIDHS Head Start uses the automated prioritization process of the computer child tracking system to ensure unbiased selection and the selection of children with the greatest need meeting the selection criteria. In the event that two children have the same score or other circumstances where the next eligible child is in question, the Social Services manager, or his/her designate will make the decision.

At least 10% of the children enrollment will be children with disabilities. Children with

disabilities will receive priority in the selection process. However, no child will be enrolled based solely on his/her disability.

VIDHS Head Start will maintain a waitlist of children seeking entry to the Head Start program that is sufficient to fill all vacancies that occur to maintain the funded enrollment.

ERSEA – ENROLLMENT AND RE-ENROLLMENT

PURPOSE

The purpose of this policy is to ensure that VIDHS Head Start maintains the minimum funded enrollment. This policy states the requirements for maintaining the minimum number of children to be enrolled in VIDHS Head Start. 45 CFR 1305.7

POLICY

a) Each child enrolled in VIDHS Head Start is allowed to remain in Head Start until kindergarten is available for the child in the child's community, except that DIVHS Head Start may choose not to enroll a child when there are compelling reasons for the child not to remain in Head Start, such as when there is a change in the child's family income and there is a child with a greater need for Head Start services.

b) VIDHS Head Start maintains its funded enrollment level. When it is determined that a vacancy exists, no more than 30 calendar days may elapse before the vacancy is filled. 1305.7

c) VIDHS Head Start may elect not to fill a vacancy when 60 calendar days or less remain in the program's enrollment year.

d) If a child has been found income eligible and is participating in VIDHS Head Start program, he or she remains income eligible through that enrollment year and the immediately succeeding enrollment year.

PROCEDURE

VIDHS Head Start will give priority points in its selection criteria for all children that are age eligible to return the succeeding year, if that is the parent's desire.

Income is verified during the initial application process and is not changed, unless the family has a significant decline in income, resulting in an over-incoming family becoming eligible.

Centers have 30 calendar days to fill a vacancy when the program determines on exists. When a child withdraws from the program, their status becomes transitioned. Staff have 30 days to complete the process of transitioning the child from the program. Vacancies will be filled by Social Services as soon as possible; however, no more than 30 calendar days may elapse before the vacancy is filled.

Excerpted from: ERSEA Plan (Policies and Procedures), 2016 – *Draft Document*

ELIGIBILITY POINTS CRITERIA FOR AWARDING OF POINTS BASED ON ERSEA POLICY

Set Poverty Level Guideline						
Family Size	HS 100% eligibility (Default)					
	Annual Earning in $					
	Current Year	Next Year	Current Year	Next Year	Current Year	Next Year
1	11770	11770.00				
2	15930	15930.00				
3	20090	20090.00				
4	24250	24250.00				
5	28410	28410.00				
6	32570	32570.00				
7	36730	36730.00				
8	40890	40890.00				
9	45050	45050.00				
10	49210	49210.00				
11	53370	53370.00				
12	57530	57530.00				
13	61690	61690.00				
14	65850	65850.00				
15	70010	70010.00				

Set Eligibility Points Criteria

All Program Models

86 % Above Poverty	0 points	Note: "% Above Poverty" input items need to be in Descending order. "% Below Poverty" input items need to be in Ascending order. Example:
85 % Above Poverty	0 points	
30 % Above Poverty	0 points	
Just Above Poverty Level	0 points	
Just Below Poverty Level/Eligible	20 points	
25 % Below Poverty	30 points	
50 % Below Poverty	40 points	
75 % Below Poverty	50 points	

50% Above Poverty 5
25% Above Poverty 15
Just Above Poverty Level..... 25
Just Below Poverty Level/Eligible 65
25% Below Poverty 75
50% Below Poverty 85
75 % Below Poverty 95

*Poverty level is determined by using U.S. Census Guidelines.

Eligibility Points Minimum 0 **Activate** ☐

DO NOT apply to CC Eligible ☐

Parental Status

Teen Parent	10 points	**Disabled Parent**	10 points	**Homeless**	100 points
Single Parent	10 points	**Foster Parent**	100 points	**Guardian**	10 points
Group Home	10 points	**Two Parent Family**	10 points	**Migrant Family**	points
Grand Parent	0 points	**Active Male**	0 points	**Dual Custody**	points
Student Parent	5 points				

Disability

Certified IEP	10 points	**Suspected**	0 points	**None**	0 points

Other

Child Protective Services	10 points	**Returning Child**	15 points		
Non-English Speaking	10 points	**Special Need**	10 points		
Enrolled but Waiting (for transition)	0 points	**Severely Handicapped**	points		
			UNBORN	**PIR/School**	**Age**

				Age 0 pts	0 pts		
Other Points	Local Resident(s) (U.	0 points	**0-1 Years old**	0 pts	**0-6 months old**	0	pts
User Define Field 1	Two or more children	10 points	**1-2 Years old**	0 pts	**6-12 months old**	0	pts
User Define Field 2	Aids/HIV Positive/Dru	10 points	**2-3 Years old**	0 pts	**12-18 months old**	0	pts
User Define Field 3	Unemployed (lost job)	10 points	**3-4 Years old**	5 pts	**18-24 months old**	0	pts
User Define Field 4	Parent in Prison	10 points	**4-5 Years old**	15 pts	**24-30 months old**	0	pts
User Define Field 5	Referral (Early Interve	10 points	**5-6 Years old**	0 pts	**30-36 months old**	0	pts
User Define Field 6	Head Start Siblings	10 points	**6-7 Years old**	0 pts	**36-42 months old**	0	pts
User Define Field 7	Disability (IDEA)	10 points	**7-8 Years old**	0 pts	**42-48 months old**	0	pts
User Define Field 8	TANF	100 points	**8-9 Years old**	0 pts	**48-54 months old**	0	pts
User Define Field 9		0 points	**9-10 Years old**	0 pts	**54-60 months old**	0	pts
User Define Field 10		0 points	**10-11 Years old**	0 pts	**60-66 months old**	0	pts
User Define Field 11		0 points	**11-12 Years old**	0 pts	**66-72 months old**	0	pts
User Define Field 12		0 points	**12-13 Years old**	0 pts	**72-78 months old**	0	pts
User Define Field 13		points	**13 and older**	0 pts	**78-84 months old**	0	pts
Categorically Eligible if receiving TANF or SSI. Apply maximum point for income.	☑				**150-156 months old**	0	pts
Categorically Eligible if a Foster Child. Apply maximum point for income.	☑				**156 months and older**	0	pts
Categorically Eligible if Homeless. Apply maximum point for income.	☑						

APPENDIX VIII: SAMPLE TRAINING SCHEDULES: HEAD START/EARLY HEAD START

SAMPLE HS TRAINING SCHEDULE

DATE	CONTENT AREAS					
	DISABILITIES	EDUCATION	HEALTH	NUTRITION	PARENT INVOLVEMENT	SOCIAL SERVICES
Aug. 2013	**STX** -Dealing with Challenging Behavior Part I (Pre-Service Training)	**STT** QRIS/VI S2Q		**STX**-Pre-Service Training 2013-2014 **STX**-Parent Orientation **STT**-Pre-Service Training **STT**-CPR & First Aid Training	**STT**-Orientations: Parents & Volunteers **STT**-VI Father's March	**STX**-ERSEA Training-Level 2 (Implementing the Requirement) **STX**-ERSEA Training-Level 3 (Managing the Process)
Sept. 2013	**STT**-Disabilities Component Content Area-Update/Open Forum **STT**-History of Head Start & Anti-Stigma for Children with Special Needs		**STX**-Tuberculosis (TB) Risk Assessment Questionnaire **STX**-Health Services Advisory Committee **STT**- Health and Safety Screener		**STT**-Center/Parent Committee: Trainings & Formations Commence **STT**-Parent Educational Training by Referrals (Ist cycle starts) **STT**-CDA Parent Trainings Commence	**STX**-ERSEA Certification Review
Oct. 2013	**STT**- Stating Behavioral Expectations	**STT**-LAP 3 and Backpacks **STT**- Proper Ways to Discipline Children **STT**- Positive and Negative Climate	**STX** - CPR, First Aid Training **STT**- Basic First Aid for Dads	**STX**-Safety in Our Preschool **STT**-UVI Preparation of Box Gardens	**STT**-Center/Parent Committee Trainings & Formations End **STT**-Officer Trainings for all Newly Elected Officers **STT**-Family Month Activities, Educational Training and Parent Engagement Activities	**STX** - ERSEA Certification Testing
Nov. 2013	**STT**- Head Start Child Find Expo **STT**- Ethics Workshop at UVI	**STT**- Good Touch, Bad Touch **STT**- LAP 3 and Lakeshore Backpack Training		**STX** - Asthma and Allergies **STT**- Nutrition Education Healthy Eating for 3-5	**STT**- Island Council Training, Formation & Election of Officers to the Island Council & Policy Council	**STX** - Building a Culture of Ethics: Dimensions and Strategies

DATE	CONTENT AREAS					
	DISABILITIES	EDUCATION	HEALTH	NUTRITION	PARENT INVOLVEMENT	SOCIAL SERVICES
		STT- Color Me Healthy		year olds	Boards **STT**- Pre-GED and GED Preparation & Countdown Workshop	**STX** - Parent-LAP 3 Lakeshore Backpack Training **STX** - Disabilities Child Find Expo
Dec. 2013	**STT**- Recruitment & Outreach	**STT**- Good Touch, Bad Touch **STT**- Color Me Healthy	**STX** - Health Services Advisory C ommittee **STT**- Safe Toys and Gifts Month Childhood Obesity	**STX** - Parent Cooking Classes	**STT** - National Head Start Association Parent Conference **STT** - Parent Educational Training by referrals (1st c ycle ends)	Tentative: Joint Social Services Meeting Recruitment Outreach
Jan. 2014	**STX** - Child Find Expo		**STX** -Childcare Regulatory Services Medical Physician Form **STT** -Preventing m anaging Infectious Diseases	**STT**-Safety and Sanitation	**STT**- Annual Governing Board and Policy Council 2-Day Training **STT**- Parent Educational Training by Referrals (2nd Cycle Commence) **STT**- Family literacy & Parent Training.	Medical Assistance Program (MAP) Recruitment Outreach
Feb. 2014	**STX** - Using IEP Goals to Individualize **STX** -Including IEP Goals into your Home Life **STT**-HUGS VI Training		**STX** - CPR First Aide Training **STT**- Oral Health Care			**STX** - Application Process
March 2014	**STX** - Dealing with Challenging Behavior Part 2 (Pre-Service Training Continued) **STT** - Disability Rights of the VI	**STT** - WTJX - Oral Language STT - Transition to Kindergarten Workshop	**STX** -Health Services Advisory Committee -Program Self-Assessment	**STX** -Planning of Menu for 2014-2015 **STT** -Nutrition Month Activities each Week		**STX** -Transition to Kindergarten -LAP-3 Lakeshore Backpack Training

DATE	CONTENT AREAS					
	DISABILITIES	EDUCATION	HEALTH	NUTRITION	PARENT INVOLVEMENT	SOCIAL SERVICES
	Training		**STT** -CPR/First Aid/AED			
April 2014	**STX** - Advocacy Training **STT**- HUGS VI Training		**STX** - Policy Council Health & Safety Checklist	**STX**-Healthy Life Styles (Portion control) **STT**-Week of the Young Child	**STT** - Parents & Volunteers Training: CPR, First Aid and AED **STT** - Week of the Young Child Activities	**STX** - Best Beginnings Conference **STX**- Week of the Young Child Trainings /Activities
May 2014	**STT** - Transitioning to Kindergarten and the Services Offered in Public Schools	**STT** - Best Beginnings Conference		**STX** - Best Beginnings	**STT**- DHS Annual Best Beginnings Conference **STT**- Parent Educational Training by Referrals (2nd cycle ends) **STT**- Annual Parent Engagement and Recognition Conference	**STX** - Parent Recognition
June 2014	**STT**- IEP Placement Training and What It Means for Your Child's Future		**STX** - CPR First Aide Training		**STT** - Parent CDA Training Ends	**STX**- End of Year Center Activities

SAMPLE EHS TRAINING SCHEDULES

Lutheran Social Services of the Virgin Islands

EARLY HEAD START

Professional Development Training Plan: SY 2015-2016

STAFF ORIENTATION – CORE TOPICS:

1) HS Performance Standards
2) Health & Safety practices
3) Child Maltreatment
4) Curriculum-School Readiness
5) Program Policies and Procedures

TRAINING TOPICS:

1) Head Start Standards
   a. Performance standards – policies, requirements, health, development, etc.
   b. Individualized Professional Development Plans

2) Child Maltreatment (required by all)
   a. Abuse & Neglect
   b. Reporting Laws

3) Family Involvement
   a. Transitioning to and from EHS
   b. Partnership agreement (including cultural and linguistic aspects)
   c. Fatherhood
   d. Parents as Partners

4) Health (Physical, Nutritional, Mental)
   a. Prenatal education
   b. Childhood wellness & illnesses
   c. Cleaning and disinfecting procedures
   d. USDA Pyramid & Nutritional Guidelines
   e. Mental health
      i. Social & Emotional Aspects
      ii. Challenging Behaviors

5) Safety (required by all)
   a. Emergency and disaster training
   b. CPR, First Aid
   c. Maintaining health and safety for all within the EHS environment
   d. Infection control – Universal precautions
   e. Distracted Driving

6) Child Development—School Readiness
   a. Developmental domains including disabilities/special needs (cognitive, motor, etc)
   b. Play

7) Curriculum & Assessment
   a. High/Scope and/or Partners for a Healthy Baby (planning and documenting), incorporating school readiness.
   b. Screening & Assessment tools (ASQ-3, COR etc

8) Self-Assessment
9) Civil Rights Compliance
10) Cultural Diversity
11) Record Keeping & Documentation
12) Data collection, aggregation and analyzing
13) Stress Management
14) Program Administration (fiscal, human resources, governance, etc)

Lutheran Social Services of the Virgin Islands

EARLY HEAD START

Professional Development Training Plan: May 2014 to April 2015

TRAINING TOPICS:

1) Head Start Standards
   a. Performance standards – policies, requirements, health, development, etc.
   b. Individualized Professional Development Plans

2) Child Maltreatment (required by all)
   a. Abuse & Neglect
   b. Reporting Laws

3) Family Involvement
   a. Transitioning to and from EHS
   b. Partnership agreement (including cultural and linguistic aspects)
   c. Fatherhood

4) Health (Physical, Nutritional, Mental)
   a. Prenatal education
   b. Childhood wellness & illnesses
   c. Cleaning and disinfecting procedures
   d. USDA Pyramid & Nutritional Guidelines
   e. Mental health
      i. Social & Emotional Aspects
      ii. Challenging Behaviors

5) Safety (required by all)
   a. Emergency and disaster training
   b. CPR, First Aid
   c. Maintaining health and safety for all within the EHS environment
   d. Infection control – Universal precautions
   e. Distracted Driving

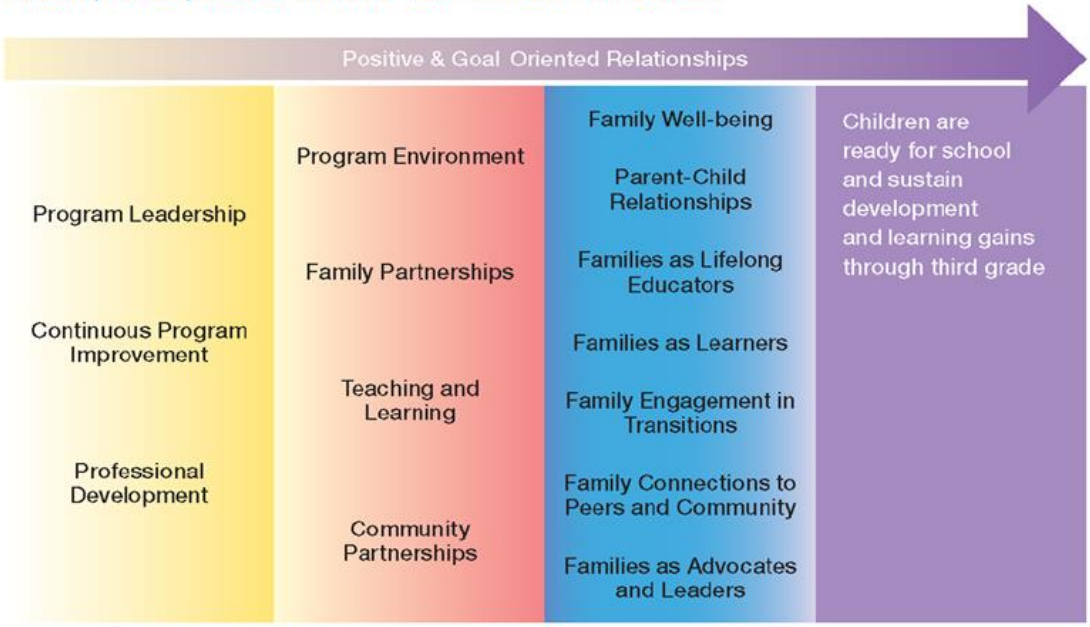
6) Child Development—School Readiness
   a. Developmental domains including disabilities/special needs (cognitive, motor, etc.)
   b. Play

7) Curriculum & Assessment

   a. High/Scope and/or Partners for a Healthy Baby (planning and documenting), incorporating school readiness.
   b. Screening & Assessment tools (ASQ-3, COR, etc.)
8) Civil Rights Compliance
9) Cultural Diversity
10) Record Keeping & Documentation
11) Data Collection, Aggregation and Analyzing
12) Stress Management
13) Program Administration (fiscal, human resources, governance, etc.)

APPENDIX IX: SYNOPSIS OF THE PFCE FRAMEWORK

SYNOPSIS OF PFCE FRAMEWORK



THE PARENT, FAMILY, AND COMMUNITY ENGAGEMENT (PFCE) FRAMEWORK

- Parent and family engagement in Head Start and Early Head Start is about building relationships with families that support family well-being; supporting strong relationships between parents and their children; and nurturing ongoing learning and development for both parents and children. *The Parent, Family, and Community Engagement (PFCE) Framework* is a roadmap for progress in achieving the types of outcomes that lead to positive and enduring change for children and families.

- The PFCE Framework was developed in partnership with programs, families, experts, and the National Center on Parent, Family, and Com- munity Engagement. It is a research-based approach to program change that shows how an agency can work together as a whole—across systems and service areas—to promote parent and family engagement and children's learning and development.

- The PFCE Framework graphic demonstrates that when parent and family engagement activities are systemic and integrated across program foundations and program impact areas, family engagement outcomes are achieved. This results in children who are healthy and ready for school. Parent and family engagement activities succeed when they are grounded in positive, ongoing, and goal-oriented relationships with families.

Source: Office of Head Start, ACF, DHHS

APPENDIX X: HS GOVERNING BOARD AND POLICY COUNCIL MEMBERSHIP

GOVERNING BOARD

POLICY COUNCIL

HS GOVERNING BOARD

2012 - 2013
Governing Board Council Roster

	Governing Board Member	Position at DHS
1.	Christopher Finch	Commissioner
2.	Carla Benjamin	Assistant Commissioner for St Croix; has oversight of Head Start
3.	Michal Rhymer-Browne	Assistant Commissioner for St Thomas/St John has oversight of child care
4.	Rosalie Wheatley	Chief Fiscal Officer
5.	Patricia Welcome	Chief Legal Counsel
6.	Asiah Clendinen	Deputy Commissioner for Personnel and Labor Relations
7.	Jason Williams	Deputy Commissioner for maintenance, Transportation and Capital Projects
8.	Donica Douglas-Carr	Policy Council Chairperson
9.	Maureen Moorehead	Community Representative St Croix (expertise in early childhood education and development)
10.	Janney Ferrol-Hawley	Community Representative St Thomas / St John (expertise in health administration)

The governing body establishes advisory committees to oversee key responsibilities related to program governance and improvement of the Head Start program.

HS POLICY COUNCIL

2012 - 2013
Policy Council Roster

	Parents	District
1.	Donica Douglas – *President*	**St. Croix**
2.	Vencia Thomas-Albert – *Vice President*	**St. Thomas/St. John**
3.	Moria Smith – Secretary	**St. Thomas/St. John**
4.	Vaughn Audain	**St. Croix**
5.	Edward Berry	**St. Croix**
6.	Lisa Christian	**St. Croix**
7.	Nefatari Edwards	**St. Thomas/St. John**
8.	Nickoya Liburd	**St. Thomas/St. John**
9.	Julia Joseph-Simon	**St. Thomas/St. John**
10.	Wisdom Yearwood	**St. Croix**
11.	Vaughn Brown (Alternate)	**St. Croix**

	Community Representatives	District
1.	Yolando Bell – *Treasurer*	**St. Thomas/St. John**
2.	Merlina Bodley	**St. Croix**
3.	Franz Brady	**St. Thomas/St. John**
4.	Betty Smith *	**St. Thomas/St. John**
5.	**Kelly Roper Tyson**	**St. Croix**

Representatives from the island of St. John

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APPENDIX XI: TANF INCOME MAINTENANCE PAYMENT CHART

INCOME MAINTENANCE PAYMENT CHART

Persons(s)	Need Standard	Gross Income Limit 185%	**Payment Standard (80%)	Net Grant After Recoupment	*** Daily Payment
1	$225.00	$416.00	$180.00	$162.00	$6.00
2	$325.00	$601.00	$260.00	$234.00	$8.67
3	$425.00	$786.00	$340.00	$306.00	$11.33
4	$525.00	$971.00	$420.00	$378.00	$14.00
5	$625.00	$1,156.00	$500.00	$450.00	$16.66
6	$725.00	$1,341.00	$580.00	$522.00	$19.33
7	$82500	$1,526.00	$660.00	$594.00	$22.00
8	$925.00	$1,711.00	$740.00	$666.00	$24.66
9	$1,025.00	$1,896.00	$820.00	$738.00	$27.33
10	$1,125.00	$2,081.00	$900.00	$810.00	$30.00
11	$1,225.00	$2,266.00	$980.00	$882.00	$32.66
12	$1,325.00	$2,451.00	$1,060.00	$954.00	$35.33
13	$1,425.00	$2,636.00	$1,140.00	$1,026.00	$38.00
14	$1,525.00	$2,821.00	$1,220.00	$1,098.00	$40.66
15	$1,625.00	$3,006.00	$1,300.00	$1,170.00	$43.33
16	$1,725.00	$3,191.00	$1,380.00	$1,242.00	$46.00
17	$1,825.00	$3,376.00	$1,460.00	$1,314.00	$48.66
18	$1,925.00	$3,561.00	$1,540.00	$1,386.00	$51.33
19	$2,025.00	$3,746.00	$1,620.00	$1,458.00	$54.00
20	$2,125.00	$3,931.00	$1,700.00	$1,530.00	$56.66

*** Payment Standard - For each member over 10, add $80.*

**** Daily Payment - $ .50 and more, round up; less than $ .50, round down.*

NOTE: In this Income Maintenance Chart payments reflect a decrease in payment from prior year. In the previous year payment was increased due to ARRA.

Source: VI TANF State Plan, Submitted April 2015

APPENDIX XII: JOBS BROCHURES

TANF AND THE JOBS PROGRAM

JOBS: A WIN-WIN OPPORTUNITY

The Work Participation Rate

States and Territories must maintain 50% or more of their TANF caseload in a qualified work activity monthly or face a financial penalty of 5% of State Financial Assistance Grant funding.

Sanction Policy

It is now Full Family Sanctions

The Territory has now moved to full-family sanctions. This means that anyone not complying with the regulations will be sanctioned for up to 90 days by removing the non-compliant adult from the grant. Each month, the non-compliant adult will be notified in writing that failure to comply will result in the closure of the entire case. After 90 days of non-compliance the entire case will be closed (everyone will be removed from the grant) and will remain closed for 90 days before it can be reopened. When someone is sanctioned, JOBS will suspend all support services until the recipient complies.

Before any sanction is levied, the non-compliant recipient will receive a warning letter informing them of the intent to sanction. Upon receiving a warning letter, the accused person may show good cause in writing to the JOBS District manager. If valid, this will abort the sanction. If not valid the sanction process will continue. After being sanctioned, the non-compliant recipient may also request an appeal in writing. If good cause is found, the sanction will be aborted and the grant reinstated. If not, the sanction proceeds.

We will not sanction the entire family for the non-compliance of anyone other than the head-of-household or non-recipient parent

Other Important Matters

- The time limit remains unchanged at a lifetime limit of 60 months.
- Childcare and transportation stipends are provided to individuals who are participating in a work activity. This is not an entitlement and can be withdrawn at any time if misused.
- Participants in all non-core activities are required to attend 80% of the time.
- Participants in all non-core activities must maintain a C average in class.
- All activities must be supervised daily
- Homework cannot count unless it is supervised group homework

Department of Human Services

Financial Programs Division
Job Opportunities and Basic Skills Program

For More Information Contact:
The JOBS Program
Knud Hansen Complex
1303 Hospital Ground
St. Thomas, VI 00802

St. Croix (340) 773-1919
St. Thomas (340) 774-0930

TANF
and the
JOBS Program

Under The Deficit Reduction Act, 2005

The Laws

In 1996, Congress created the Temporary Assistance for Needy Families (TANF) under the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA). This law replaced Aid to Families with Dependent Children. In 2005, Congress reauthorized TANF under a new law called, the Deficit reduction Act.. The following are changes under the new law

Work Eligible Individual

Any adult who receives TANF or any parent living in the home (whether they receive TANF or not) is required to work unless the person is one of the following:

New Term

- a minor parent who is not head of a household or a spouse of the head of household,
- an alien who is ineligible to receive assistance due to his or her immigration status; and, at State option on a case-by-case basis, or
- a recipient of Supplemental Security Income (SSI) benefits.
- An adult caring for a disable family member (member cannot be attending school)

Any work-eligible recipient who is sanctioned continues to be work-eligible while on sanction. Any recipient who has exceeded the 60-month time limit, but continues to receive assistance for any reason is work-eligible.

Work Requirement

All work-eligible individuals are required to work at least 30 hours in a qualified work activity except for single custodial parents with a child under 6 years will be required to work 20 hours. Of the 30 required hours, 20 must be in a core work activity first; the remaining 10 may be in a core or non-core activity.

FLSA Restriction

For some of the core activities (including self-employment) the Fair Labor Standard Act (FLSA) restricts the number of hours one can participate in work activities. An FLSA activity restricts the government from allowing a TANF recipient to work more hours than the number derived from dividing the federal minimum wage ($5.15) by the TANF and Food Stamps monthly grants combined. The work activities are as follows.

Core Work Activities

- **Unsubsidized employment**—full or part-time employment in the public or private sector that is not subsidized by TANF or any other public program. FLSA Applies.
- **Work experience**— a work activity, performed in return for welfare, that provides an individual with an opportunity to acquire the general skills, training, knowledge, and work habits necessary to obtain employment. FLSA Applies.
- **On-the-job training**—training in the public or private sector that is given to a paid employee while he or she is engaged in productive work and that provides knowledge and skills essential to the full and adequate performance of the job
- **Job Search/Job Readiness Assistance**—the act of seeking or obtaining employment, preparation to seek or obtain employment, including life skills training, and substance abuse treatment, mental health treatment, or rehabilitation activities for those who are otherwise employable. This activity has a 6 weeks per year limit.
- **Community service**—structured programs in which TANF recipients perform work useful to the community for the direct benefit of the community under the auspices of public or nonprofit organizations. FLSA applies.
- **Vocational educational training**—organized educational programs that are directly related to the preparation of individuals for employment in current or emerging occupations requiring training other than a baccalaureate or advanced degree. This activity has a 12 months lifetime limit and no more than 30% of a state's caseload can comprise of this activity
- **Providing child care services to an individual who is participating in a Community Service program** - providing child care to enable another TANF recipient to participate in a community service program. FLSA Applies.

Non-Core Activities

- **Job skills training directly related to employment**—training and education for job skills required by an employer to provide an individual with the ability to obtain employment or to advance or adapt to the changing demands of the workplace. Includes literacy or language instruction or education leading to a (GED) or high school diploma if required as a prerequisite for employment by employers.
- **Satisfactory attendance at secondary school or in a course of study leading to a certificate of general equivalence, in the case of a recipient who has not completed secondary school or received such a certificate**— regular attendance, or course of study at a secondary school, or in a course of study leading to a certificate of general equivalence, in the case of a recipient who has not completed secondary school or received such a certificate. Excludes ESL or literacy training.
- **Education directly related to employment, in the case of a recipient who has not received a high school diploma or a certificate of high school equivalency**— education related to a specific occupation, job, or job offer.

Documentation

To verify participation in work activities recipients must show one the following:

Ne

- pay stubs, time cards/sheets,
- certified Employer Report,
- Certified School Attendance Form, or
- Service Provider Attendance Form

How to Monitor

Each recipient must:

- be supervised daily and must complete a daily time and attendance card.
- be evaluated on a monthly basis.
- attend at least 80% of the time in any activity.
- inform the Department of Human Services of problems as soon as possible.

The federal law requires that a recipient may not work more hours than the number derived from dividing their financial assistance (TANF and SNAP) grants by the federal minimum wage. We will inform employer of that number.

Training for Recipients

- Many TANF recipients have never worked. Work activities provide recipients with needed work experience.
- Recipients will receive a job-readiness course provided by an independent or in-house provider. Participants receive child care and transportation assistance.
- Each recipient is assigned an Employment and Training Officer to monitor performance and compliance.

Department of Human Services

Job Opportunities and Basic Skills
(JOBS) Program
Division of Family Assistance

For More Information Contact:
JOBS Program

Knud Hansen Complex
1303 Hospital Ground
St. Thomas, VI 00802
Telephone: (340) 774-0930
Fax: (340) 776-9869

OR

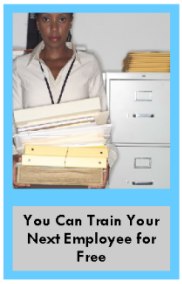
#17 Richmond Estate
St. Croix, VI 00820
Telephone: (340) 773-1919
Fax: (340) 773-7600

Job
Opportunities &
Basic
Skills

A Win-Win Opportunity

Helping Our People Excel

What Is JOBS?



The Department of Human Services is reaching out to the public and private sectors in order to create work and employment opportunities for its JOBS recipients.

This brochure introduces you to our work experience and community service programs.

The Job Opportunities and Basic Skills (JOBS) Program of the Department of Human Services is designed to help Temporary Assistance for Needy Families (TANF) recipients move from welfare to work.

- Federal law requires TANF recipients to work 30 hours per week in order to remain eligible for financial assistance.
- The Territory must have 50% of its TANF population in work or face financial penalties.
- If the work eligible head of household does not work the entire family will be removed from the TANF grant.
- Many recipients are very motivated but lack opportunities.

Our Work Experience Program

Definition:

Work Experience *is a work activity, performed in return for welfare, that provides an individual with an opportunity to acquire the general skills, training, knowledge, and work habits necessary to obtain employment.*

Purpose:

Work experience improves the employability of those who cannot find unsubsidized employment.

How Does the Program Work?

- An employer with entry-level job vacancies can request one or more TANF recipients to be trained for the positions. JOBS will match the request from its available pool of work-ready participants and an agreement will be drawn up between the two entities.
- The TANF recipient will work for as a trainee in the vacant position free of cost to the employer.
- The participant's performance will be objectively evaluated monthly.
- If performance is satisfactory to the employer, the participant is hired with pay.
- ***This is a win-win situation!***

Our Community Service Program

Definition:

Community Service is the performance of useful work to the community, by TANF recipients, for the direct benefit of the community, under the auspices of public or nonprofit organizations.

1. This activity is restricted to community-based, Not-for-Profit organizations and the public sector.
2. An agency or organization can request the assistance of a JOBS recipient.
3. When there is an opportunity for employment, it is encouraged.

Following are some of the areas where a recipient may volunteer for community service:

- *Public schools, hospitals, housing projects, etc.*
- *Community beautification projects*
- *Senior citizen centers*
- *Humane Society, Red Cross, Salvation Army, etc.*

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APPENDIX XIII: WORK ACTIVITY DOCUMENTATION FORMS

ST. CROIX DISTRICT

ST. THOMAS-ST. JOHN DISTRICT

ENROLLEE'S TIME & ATTENDANCE SHEET

Enrollee's Name:						**Case Number:**	
Enrollee's Mailing Address:						**Reporting Month:**	
Place of Training:						**Job Title:**	
Days of Training: M T W Th F						**Time of Training:**	
DATE		**HOURS WORKED**			**# OF HOURS**	**Please Record Reason (s) for your Absence(s) On the line:**	**Class Instructor(s)/ Administrator Signature (ONLY)**
	IN	**OUT**	**IN**	**OUT**			
ENROLLEE'S SIGNATURE:						**SUPERVISOR'S SIGNATURE:**	

Days Attended: ____ Days Absent____ Tot. Days_____ %_____ Excuses_____ Total%____ Hours_____

Job Opportunities and Basic Skills Program

JOBS

Department of Human Services
Division of Family Assistance

JOBS WORK EXPERIENCE
EMPLOYMENT ASSISTANCE PROGRAM
MONTHLY EVALUATION FORM

Instructions: *Please fill out all questions and make sure that the trainee signs this form. Please read and discuss the entire form with the trainee. This form is to be completed and signed by the employer and forward to the JOBS office on the 1st of every new month. Any score below a 3 on any category should be immediately addressed.*

Agency/Organization: _____

Address: _____

Name and Title of Evaluator: _____

Telephone Number: _____ Fax Number: _____

Trainee: _____ Case #: _____

Mailing Address: _____

Job Title (Write the Exact Job Title followed by the word Trainee) _____

Length of Work Experience Tenure: _____ **to** _____

Please place an "X" in the box below the appropriate month of this evaluation.

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

Period Beginning _____

Period Ending _____

Rate the trainee's monthly performance using the scale below:

	Excellent Place a "4"	Above Average Place a "3"	Satisfactory Place a "2"	Needs Improvement Place a "1"	Comments
Personal Appearance					
Attendance					
Organization					
Punctuality					
Follows Directions					
Works Well W/Others					
Accepts Responsibility					
Sense of Judgement					
Problem Solving Skills					
Making Decisions					
Quality of Work					
Volume of Work					
Flexibility					
Attitude Towards Job					
Total (Add all the scores and divide the sum by 14)					

Additional Remarks:

Government of the Virgin Islands
JOBS
Financial Programs Division
#41B Mars Hill
Frederiksted, USVI 00840
Phone 772-7100
FAX: 773-7600

Signature of Supervisor: _____ Date: _____

Signature of Participant: _____ Date: _____

WORK/VOLUNTEER EXPERIENCE DOCUMENTATION AND EVALUATION FORMS – ST. THOMAS-ST. JOHN DISTRICT

Department of Human Services
Division of Family Assistance
Job Opportunities and Basic Skills (JOBS) Program

Knud Hansen Complex Bldg A
1303 Hospital Ground
St. Thomas, VI 00802

TANF WORK ACTIVITY RECORD

This form is to be completed by the volunteer, verified and signed by the supervisor, and submitted to the Human Services JOBS office within one week of the end of the any month of activity.

Name of TANF Participant _____ D.O.B_____

Name of Placement Organization: _____

Name of Placement Instructor: _____

DAY	DATE	TIME IN	TIME OUT	TOTAL HOURS	COMMENTS
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Comments:

_____

_____

_____

Signature of TANF Recipient _____ Date _____

Signature of Placement Insturctor _____ Date _____

Department of Human Services
Division of Family Assistance
Job Opportunities and Basic Skills (JOBS) Program

Knud Hansen Complex Bldg A
1303 Hospital Ground
St. Thomas, VI 00802

Work Experience/ Community Service Evaluation

Name of Trainee: _____ **D.O.B.:** _____

Employer: _____ **Supervisor:** _____

Vacant JOB Title: _____

Start Date: _____ **End Date:** _____ 1st. Evaluation ☐ 2nd Evaluation. ☐ 3rd Evaluation ☐

Rate trainee as follows:

0 Not rated | 1 Unsatisfactory | 2 Average | 3 Above Average | 4 Excellent

Measures	Month 1	Month 2	Month 3	Overall
1. Was personal appearance appropriate?				
2. Was the trainee organized?				
3. Was the trainee's attendance acceptable?				
4. Was the trainee punctual?				
5. Does the trainee follow directions?				
6. Does the trainee work well with others?				
7. Does the trainee accept responsibility?				
8. Does the trainee exercise good judgment?				
9. Does the trainee problem-solve?				
10. Does the trainee make decisions effectively?				
11. Is the trainee's quantity of work acceptable?				
12. Is the trainee's quality of work acceptable?				
13. Does trainee have a positive work attitude?				
Overall Score (Average all 13 measures)				

Recommendations for Improvement:

_____

_____

_____

_____ _____ _____ _____

Signature of Supervisor **Date** **Signature of E.T.O.** **Date**

Department of Human Services
Division of Family Assistance
Job Opportunities and Basic Skills (JOBS) Program

Knud Hansen Complex Bldg A
1303 Hospital Ground
St. Thomas, VI 00802

Work Experience/Community Service Agreement

Organization Information

Name of Agency/Organization: _____

Physical Address: _____

Mailing address: _____

Phone #: _____ **FAX #:** _____ **E-Mail:** _____

Authorized Representative: _____

Summary of Duties (Including location, time, and frequency): _____

_____

_____

_____

Community Service Start Date: _____ **Community Service End Date:** _____

Trainee Information

Name of Trainee: _____ **D.O.B.:** _____

Physical Address: _____

Mailing address: _____

Phone #: _____ **FAX #:** _____ **E-Mail:** _____

According to the Fair Labor Standard Act guideline trainee work hours cannot exceed _20_ per week.

Employer Signature: _____ **Date:** _____

Trainee Signature: _____ **Date:** _____

JOBS Staff Signature: _____ **Date:** _____

JOBS Supervisor signature: _____ **Date:** _____

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CARIBBEAN EXPLORATORY
NIMHD RESEARCH CENTER
University of the Virgin Islands, School of Nursing