# ISSUE BRIEF

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# CLIENT ENGAGEMENT AND ATTRITION

## LESSONS LEARNED FROM A PALM BEACH COUNTY, FL SYSTEM OF CARE

*Erica Bjerke[1], Laura Fleischman[2], Michael Scuello[1], & Donna Wilkens[1]*

Engaging and retaining families in services is a common and widely acknowledged challenge in the field of parent and early childhood programming (Daro, McCurdy, Falconnier, & Stojanovic, 2003; McCurdy & Daro, 2001; Mytton, Ingram, Manns, & Thomas, 2014; Spielberger & Gouvêa, 2012). Rates of attrition ranging from 40% to 50% or higher are common among home visitation programs, even in highly successful, evidence-based programs like Nurse-Family Partnership (Duggan et al., 1999; O'Brien, Moritz, Luckey, McClatchey, Ingoldsby, & Olds, 2012; Roggman, Cook, Peterson, & Raikes, 2008; Wagner & Clayton, 1999).

Understanding and addressing reasons for attrition and barriers to engagement are important because even the best programs and service delivery systems will be ineffective if families do not access them or remain engaged long enough in services to reap the benefits. Studies of participant engagement and retention have identified factors that generally fall into the four categories described in McCurdy and Daro's conceptual model (2001):

- *individual characteristics*, such as perceptions of need, readiness to change, support from family members, and program experience;
- *provider attributes*, such as cultural competence and service delivery style;
- *program characteristics*, such as enrollment processes and staff turnover; and
- *neighborhood context*, such as safety and availability of transportation.

Like many in the field, the Children's Services Council of Palm Beach County (CSC) has encountered challenges with engaging

### HEALTHY BEGINNINGS SYSTEM

*The Healthy Beginnings System (HB System) offers risk screenings to all pregnant women, newborns, and young children in Palm Beach County. The screenings help identify health issues, potential developmental hurdles, or familial challenges that place a woman and her child at risk for long-term problems. Various HB System entry points (obstetrician and pediatrician offices, community outreach events, and childcare centers) offer screenings.*

*Families identified as potentially eligible for services are asked for consent for contact by an HB System entry agency. The role of the entry agency is to engage the family in a needs and assets assessment; determine eligibility for services; and, if eligible, identify the most appropriate services. Services may be part of the HB System, which includes a number of evidence-based and locally developed programs, or offered within the larger community. If a family is referred to an HB service, the system provider will reach out to the family to provide more information about the services they offer, obtain the family's consent to participate, and commence services.*

[1] Metis Associates, Inc.
[2] Children's Services Council of Palm Beach County

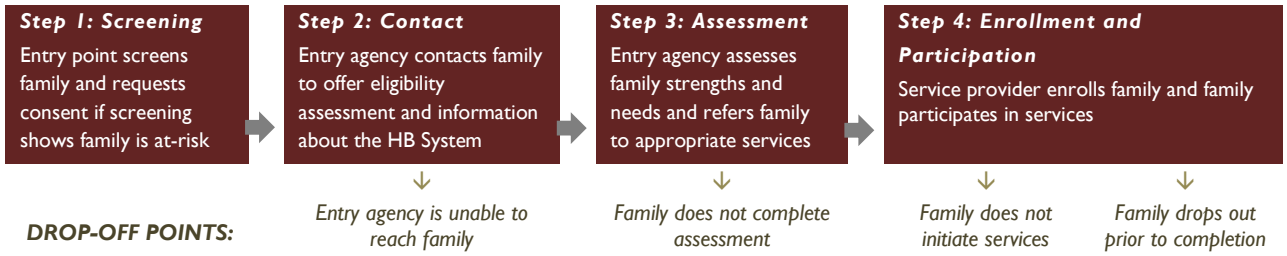
and retaining participants in its coordinated network of services for women and children, known as the Healthy Beginnings System of Care (HB System). The HB System connects pregnant women and families with young children to a comprehensive set of programs and services with the goals of promoting healthy births, reducing child abuse and neglect, and increasing school readiness. Through a highly coordinated, multi-stakeholder process, the HB System identifies families at risk for poor outcomes, assesses their specific strengths and needs, and connects them to the most appropriate programs and services in the HB System to help address those needs (see sidebar on page 1).

Prompted by a data-driven concern for eligible pregnant women and families of young children who decline or drop out of HB services,[3] the CSC commissioned Metis Associates to conduct a survey of disengaged families to understand their reasons for drop-off and identify recommendations for system improvement. The study targeted families who disengaged from the HB System at one of four key points:

1. ***Prior to contact:*** identified as at-risk and potentially eligible for HB services and consented to be contacted, but the entry agency was unsuccessful in reaching them;
2. ***Prior to assessment:*** successfully contacted by a caseworker but never completed the HB eligibility assessment;
3. ***At enrollment:*** completed the HB eligibility assessment, but never enrolled or participated in services to which they were referred; or
4. ***During participation:*** participated in HB System programs and services but dropped out prior to completion.

Figure 1 shows these four drop-off points within the context of the HB system process.

FIGURE 1. **HB SYSTEM PROCESS AND DROP-OFF POINTS**




This issue brief presents findings from a telephone survey of 534 women, each of whom dropped off at one of the four key points described above. The survey addressed motivations for consenting to be contacted by HB System staff or enrolling in HB programs, knowledge of Healthy Beginnings and their experiences with the system, reasons for drop-off, levels of satisfaction with and perceived value of HB services, unmet needs, and suggestions for how the HB System might better reach and retain individuals (see sidebar). This brief discusses the three key conclusions from the survey results:

[3] An analysis of administrative data showed the CSC that a subset of families who were eligible for services were unable to be contacted or had dropped off at some point in the process.

- ***Lack of awareness*** – pregnant women and mothers do not always understand the HB System and its processes, which can result in early drop-off from the system;
- ***Time constraints*** – lack of time is a major barrier to engaging and remaining enrolled in services; and
- ***Obstacles to participation*** – barriers to participation can vary for families of different racial/ethnic backgrounds.

While the study used a survey sample designed to resemble the population of Palm Beach County families discharged from the HB System, we believe that the key takeaways can be useful and applicable to the work of other agencies and organizations, such as other children's services councils in Florida and systems of care nationally. We therefore conclude with a set of recommendations for both the field in general and Palm Beach County in particular.

## LACK OF AWARENESS

Research shows that programmatic factors, such as intake procedures and the length of time between enrollment and service receipt, can either facilitate or hinder families' participation in services (McCurdy & Daro, 2001; Spielberger & Gouvêa, 2012). A common theme that arose from the survey findings was a lack of understanding among pregnant women and mothers about the HB System and its processes, especially among early droppers (i.e., those who were unable to be contacted or who did not complete the assessment). Despite the HB System's highly systematic process, we found three main types of gaps in understanding that influenced drop-off:

1. *A substantial proportion of respondents were unaware that they had consented to contact.* When we asked respondents what motivated them to agree to a follow-up contact or to join a Healthy Beginnings program, the majority cited a specific need, particular support, or general openness to receiving help from or learning more about the HB System. However, about one-fifth (21%) of all respondents,[4] most of whom had been discharged because the caseworker could not contact them or because they did not complete the assessment, said that they did not remember consenting.
2. *More than half of the unreachable respondents were unaware that an HB caseworker had been trying to*

[4] N=517.

### SURVEY METHODS

SAMPLING: *To ensure survey results were generalizable to the population of individuals who drop off from the HB System, we developed a stratified sampling plan based on clients discharged from the system in previous years during the same temporal period as the study. The sample was stratified by race/ethnicity, primary service recipient (i.e., mother or child), and point of drop-off and quotas for a target sample of 600 were developed in proportion to each subgroup.*

*The final sample of 534 closely resembled the target quotas and included 277 who dropped prior to contact, 131 who dropped prior to assessment, 43 who dropped at enrollment, and 83 who exited during participation. Of the 534, 51% were Black, 24% Hispanic/Latino, 22% White, and 4% other race or ethnicity.*

DEVELOPMENT/ADMINISTRATION: *The survey drew from McCurdy and Daro's conceptual model (2001), Spielberger and Gouvêa's study of barriers and service use in Palm Beach County (2012), and existing instruments. The survey was administered in the respondent's preferred language (English, Spanish, or Haitian Creole) from February to August 2014. Up to five call attempts were made over multiple days at different times of day, typically within two weeks of discharge dates. Respondents were offered $10 retail gift cards as an incentive to participate.*

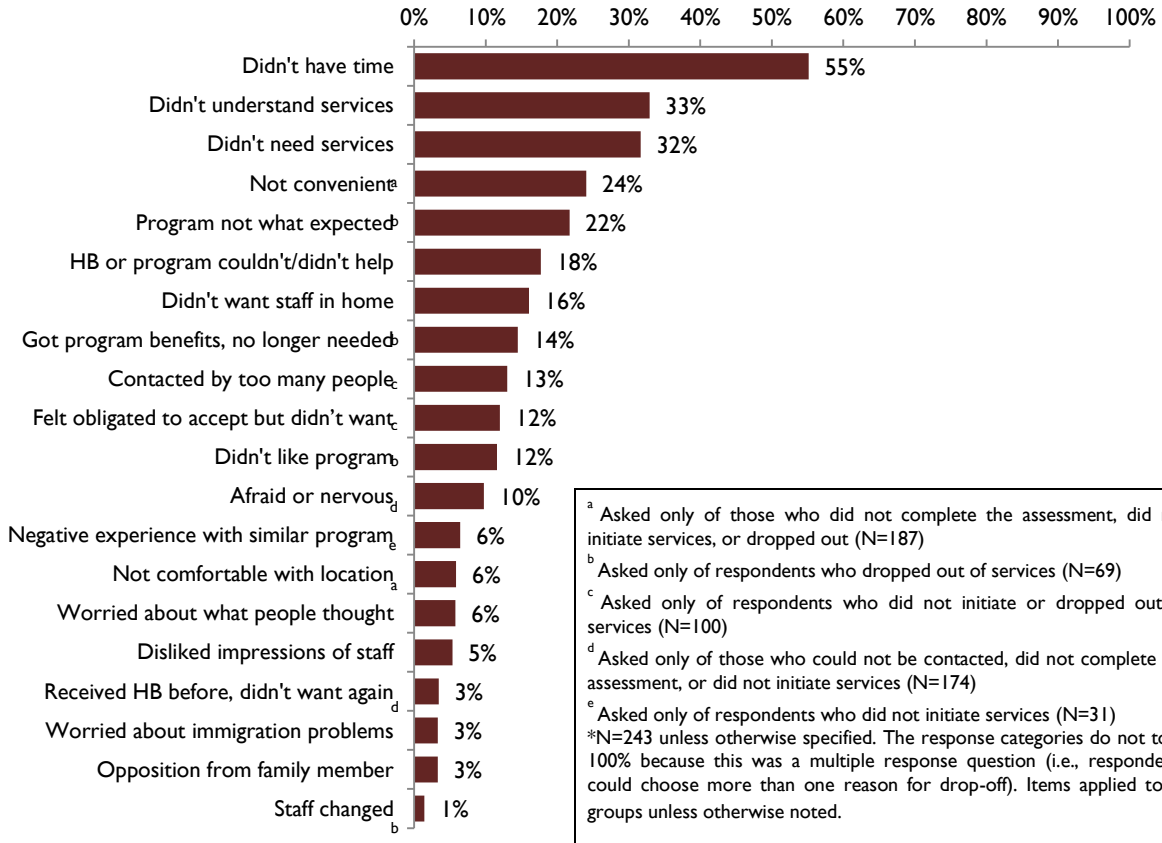
*contact them.* When we asked those who had dropped off prior to contact why they chose not to speak with the entry agency caseworker, over 60% did not realize that someone had been trying to reach them. Most of these (87%), in fact, indicated they were still willing to speak with a caseworker about services. Some of the respondents who dropped off later in the process were also unaware that they had turned down or discontinued services, including 24% of those who did not complete the initial assessment, 9% of those who did not initiate services, and 14% of those who did not complete program services.

3. *Some respondents lacked knowledge about the HB System.* When we asked early droppers what they knew about Healthy Beginnings, 55% of those with unsuccessful contact and 39% of those who did not complete the assessment claimed they were unaware of the services provided by the system. Furthermore, of the 243 respondents who knowingly dropped off, one third indicated that among their reasons for drop-off was that they did not know enough about the HB System or its programs. This was especially true of those who never completed the assessment (41%) or never participated in the program to which they were referred (58%).

## Time Constraints

Studies show that a lack of time is a common barrier to participation in services (Baker, Piotrkowski, & Brooks-Gunn, 1999; Mytton et al., 2014; Roggman et al., 2008; Scheppers, van Dongen, Dekker, Geertzen, & Dekker, 2006; The Children's Trust, 2009). Consistent with the research, our survey results showed that among respondents who were aware of their drop-off, a lack of time was the most commonly cited barrier to engaging with or staying in the HB System (55%, see Figure 2). About one-fifth (22%) of these women explained that work or school were competing priorities for their time.

**FIGURE 2. REASONS FOR HB SYSTEM DROP-OFF***




[a] Asked only of those who did not complete the assessment, did not initiate services, or dropped out (N=187)

[b] Asked only of respondents who dropped out of services (N=69)

[c] Asked only of respondents who did not initiate or dropped out of services (N=100)

[d] Asked only of those who could not be contacted, did not complete the assessment, or did not initiate services (N=174)

[e] Asked only of respondents who did not initiate services (N=31)

*N=243 unless otherwise specified. The response categories do not total 100% because this was a multiple response question (i.e., respondents could choose more than one reason for drop-off). Items applied to all groups unless otherwise noted.

Certain groups of respondents were more likely to have reported having too little time to continue in the HB system. Teens were more likely than their older counterparts to cite a lack of time, suggesting that they may have unique needs and challenges (for example, juggling high school and caring for a baby, lacking an adequate personal support system, or having limited time management skills). Some evaluations of parenting programs have shown that maternal age is a factor associated with program attrition, with younger mothers more likely to drop out of services than older mothers (Daro et al., 2003; Nicholson, Brenner, & Fox, 1999; Wagner & Clayton, 1999). The present study suggests that time constraints among teens may contribute to this pattern in program attrition. In addition, respondents who dropped out of services that began prenatally were more likely to cite lack of time as a reason for leaving than those who left services that began after their child's birth. Although mothers who enroll earlier in their pregnancies tend to remain enrolled longer than those who enroll later in their pregnancies or postnatally (Daro et al., 2003; McCurdy & Daro, 2001), it is possible that time constraints are a more pronounced factor for those who enroll prenatally because these women may experience additional life transitions during the course of participation that compete for their time in new ways, such as returning to school or to the workforce following the birth of a child (Baker et al., 1999).

## Barriers to Participation by Race/Ethnicity

Cultural competence of service providers is another commonly cited factor that can facilitate or hinder participation in services (Daro et al., 2003; McCurdy & Daro, 2001; Mytton et al., 2014; Gouvêa, Scheppers et al., 2006; Spielberger & Gouvêa, 2012). The results of our study underscored the importance of cultural competence, as there were some pronounced differences in the reasons for drop-off from the HB System between minority and non-minority respondents (Figure 3).

The largest differences were typically between Hispanic/Latino and White women. Hispanic/Latino respondents were more likely to shy away from services, mostly because of poor understanding of the system, not wanting someone coming to their home, being afraid or nervous, or worrying about what others might think of their participation. White respondents, on the other hand, were more likely to feel that they would not benefit from services. Compared to Hispanic respondents, they were more likely to report that they did not need HB services, they had benefitted from services and no longer needed them, or that HB services were not helpful.

Trends in reasons cited by Black women sometimes mirrored those of White women and sometimes mirrored those of Hispanic/Latino women. For example, like their Hispanic/Latino counterparts, Black respondents were much *more* likely than White respondents to say that they did not understand the services. On the other hand, like their White counterparts, Black respondents were *less* likely than Hispanic/Latino respondents to drop off due to fear or nervousness. However, compared to both their White and Hispanic/Latino counterparts, Black women were much *less* likely to say that HB services were not helpful.

### Cultural Competence

*For the purpose of this brief, we refer to the definition of cultural competence as developed by Cross, Bazron, Dennis, & Isaacs, (1989). According to Cross et al., cultural competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency or among professionals and enable that system, agency or those professions to work effectively in cross-cultural situations. A culturally competent system of care is one that:*

*1) values diversity;*

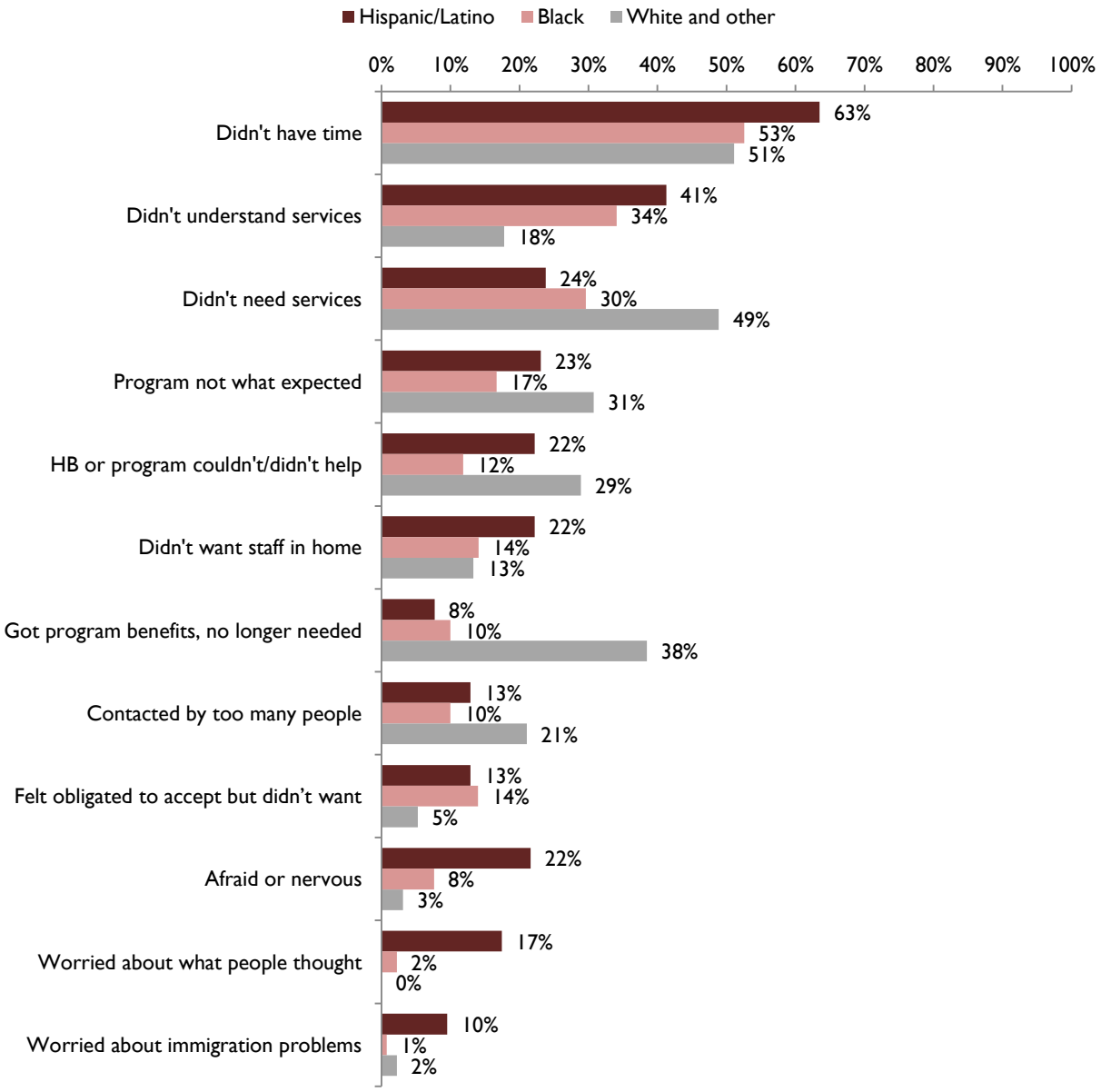
*2) has the capacity for cultural self-assessment;*

*3) is conscious of the dynamics inherent when cultures interact;*

*4) has institutionalized cultural knowledge; and*

*5) has developed adaptations to service delivery reflecting an understanding of cultural diversity.*

**FIGURE 3. REASONS FOR DROP-OFF, BY RACE/ETHNICITY***




* Note that the response options for each racial/ethnic group do not total 100% because the survey allowed respondents to choose more than answer for this question.

Survey results also suggested that, in some ways, White women had experiences with HB providers that were more positive than did Hispanic/Latino women and, to a lesser extent, Black women. For example, White respondents were more likely to say that staff had taken into account the families' religious or cultural beliefs when working with them and had listened to their opinions.

## SUMMARY OF LESSONS LEARNED AND RECOMMENDATIONS

The findings from this study corroborate earlier research showing that multiple factors are at play in client engagement in and attrition from services (McCurdy & Daro, 2001). In general, the reasons for drop-off were *not* related to a lack of satisfaction with the HB System—in fact, most respondents were satisfied with the staff and services and indicated that they would recommend the HB System to others. Rather, we found that time constraints and poor understanding of the HB System and its processes were major factors that influenced disengagement. In addition, we found that barriers to participation sometimes differed by race/ethnicity. The complexity of families' reasons for drop-off, both in the literature and in the present study, points to the need for a multi-pronged approach to increase client engagement and retention so that more at-risk families can benefit from services. Based on lessons learned from the present study, we provide the following recommendations for the field in general and for the HB System in particular:

***Clearly communicate system processes and benefits to families.*** In a system of care, connecting families to appropriate interventions can be a multi-step process wherein families encounter multiple providers who work together to support the community. For example, in the HB System, an entry point provider identifies and connects potentially eligible families to the system, an entry agency provider assesses families and refers them to services, and a service delivery partner enrolls and engages families in appropriate programming. Since a lack of understanding about HB System processes and programming was a major factor that influenced drop-off among pregnant women and mothers, we recommend working with providers to establish clear and consistent communication practices to smooth families' transition from one stage in the system of care to the next. Such practices could include increasing providers' knowledge about services so that they can better inform families about the system of care, especially at the point of entry (Spielberger & Gouvêa, 2012), and ensuring that information is shared through direct personal contact rather than through printed materials, which may especially be a barrier for minority families (Scheppers et al., 2006). Critical information to communicate would include what services are offered, the benefits of services to women and their children, what individuals are agreeing to when they sign consent forms, and next steps to expect (for example, a call from a caseworker, an assessment, a call from a home visitor). Subsequent follow-up with families may be more successful if multiple types of contact information are collected and utilized, including cell phone numbers, alternative numbers, email addresses, and links to Facebook or other social media accounts (Seed, Juarez, & Alnatour, 2009).

***Tailor outreach and engagement to family strengths, needs, and preferences.*** Just as practitioners strive to provide individualized services to families, they can incorporate customized and client-centered outreach and retention strategies when working with families. For example, in a multi-step system like Healthy Beginnings, the first provider to come into contact with the family (in this case, the entry point) could ask families for their preferred method of contact and provide this information to the next provider (e.g., the entry agency caseworker) to inform their outreach efforts. In addition, engaging families in discussions about program expectations, perceived needs and assets, and anticipated barriers and facilitators to participation could be used to inform which services are provided to the family, how they are provided, and how to help families overcome those anticipated barriers (Ingoldsby, 2010). In a system of care like Healthy Beginnings, entry agency caseworkers could assess potential barriers to participation and consider these barriers when making decisions about program referrals. Program providers could also discuss challenges, concerns, and priorities with families at enrollment so that staff can tailor the program content and/or their approach to reduce those barriers and ensure that families perceive the services as relevant to their situations (an important facilitator of engagement according to Mytton et al., 2014).

***Provide greater flexibility in programming, including light-touch options.*** Retention studies suggest that providing program flexibility and periodically revisiting program preferences can encourage initial engagement and improve participant retention in services (Ingoldsby 2010; Ingoldsby et al., 2013; Mytton et al., 2014). Offering services at times or in formats that are more conducive to families' schedules and preferences may help to engage

families for whom time is a barrier to participation. For some families who are too busy to commit to or remain in a program, it may be beneficial to offer them temporary "light-touch" options so that they remain connected and willing to join more intensive services when they do have the time to participate. For families who do enroll in home visiting or other intensive programs, staff could revisit the client's program preferences periodically and tailor the program structure—such as the time, location, duration, or frequency of visits—as needed to meet the family's needs (for an example of how this practice has been applied to Nurse-Family Partnership, see Ingoldsby et al., 2013). This may be especially important for retaining families who experience major life changes, such as the birth of a child, returning to work, or getting a new job. Although practitioners strive to implement programs with fidelity, which often includes a prescribed dosage or schedule of services, it may be worth considering how providers might support families in a more flexible way to encourage continued participation.

***Promote increased cultural competence among all providers who encounter the family.*** In a system of care like Healthy Beginnings, this would include providers at every step in the HB System experience, from the entry point provider who introduces the HB System to the client, to the entry agency caseworker, to the home visitor. Especially in diverse communities like Palm Beach County, it is important for providers to be well equipped to authentically engage and build trusting relationships with families of all backgrounds, taking the time to understand and work with families' unique strengths, needs, experiences, and perceptions. Studies suggest that having well-trained service delivery staff is critical to engagement and that participants especially value non-judgmental, empathetic staff (Mytton et al., 2014). Developing such a workforce would require what Tervalon and Murray-García refer to as "cultural humility"—"a commitment and active engagement in a lifelong process that individuals enter into on an ongoing basis with patients, communities, colleagues, and with themselves" (1989). Practically, it requires that providers engage in ongoing self-reflection to address stereotypes and recognize and correct tendencies toward differential care; relinquish the role of "expert" to the family, recognizing them as "a capable and full partner in the therapeutic alliance;" and build "mutually beneficial and nonpaternalistic partnerships with communities" (Tervalon and Murray-García, 1989). In addition, some studies suggest that matching clients to staff who share the same racial/ethnic background can promote enrollment and retention (Daro et al., 2003; Scheppers, 2006); this could be another approach to providing culturally sensitive services.

## IMPLICATIONS FOR PRACTICE

*Each community is unique. In thinking about your community, consider questions that emanate from this study's findings, such as:*

- *How do unique system or program processes in the community hinder or promote family engagement?*
- *What practices do providers in the community employ to understand and address families' barriers to participation?*
- *How can the community tailor or customize current programming to address families' strengths, needs, and barriers to participation?*
- *Are providers in the community well equipped to serve a diverse population? Do different subgroups of clients feel equally comfortable, respected, and heard?*

*Furthermore, we recommend systematically studying reasons for attrition for your particular client population using both administrative data and qualitative methods. Administrative data can reveal patterns in disengagement (e.g., clients may be more likely to drop off at certain points in a system of care or from certain types of services, or certain subgroups of clients may be more likely to disengage than others), and qualitative data can shed light on the reasons behind and strategies for reducing disengagement. While our findings resonated with the literature, it was important to study client engagement and attrition within the particular context of the HB System to identify the most salient issues for these families and strategize how best to address them. Applying similar methods in other communities could ultimately help to improve program participation and retention, thus increasing the number of families who benefit from services.*

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## About the Children's Services Council of Palm Beach County

The Children's Services Council of Palm Beach County is an independent special district established by Palm Beach County voters, who dedicated a source of funding so more children are born healthy, remain free from abuse and neglect, are ready for kindergarten, and have access to quality afterschool and summer programming.

Today, the Children's Services Council of Palm Beach County provides leadership, funding, and research on behalf of Palm Beach County's children so they grow up healthy, safe and strong.

**Children's Services Council of Palm Beach County**
2300 High Ridge Road
Boynton Beach, FL 33426
Tel: 1-800-331-1462
Fax: 561-835-1956
http://www.cscpbc.org

## About Metis Associates

Metis Associates, a national research and consulting firm, brings 40 years of experience in evaluation, information technology, and grant development to its work with a wide range of organizations committed to making a meaningful difference in the lives of children, families, and communities. Metis works closely with its clients to strengthen their capacities to carry out their missions, make better decisions, and deliver services that are more effective.

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**Metis Associates**
555 Broad Street, 25st Floor
New York, NY 10004
Tel: (212) 425-8833
Fax: (212) 480-2176
http://www.metisassociates.com

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