



CENTER FOR HUMAN SERVICES

ANNUAL REPORT

Fiscal Year 2012

Center for Human Services
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www.chs-urc.org

STATEMENT FROM THE PRESIDENT



The year 2012 was special for CHS. It marked our 30th year managing the High School Equivalency Program (HEP) funded by the US Department of Education's Office of Migrant Education. Since 1981, CHS has helped over 7000 migrant and seasonal farm workers in Pennsylvania, New Jersey, and Delaware to acquire their General Education Development (GED) certificates, the equivalent of high school diplomas, and successfully transition to the next level of education, vocational training, or employment. We learned this year that our program was ranked fourth in the nation, as

"To have a college degree has been my dream since I was 10 years old... This program opened the door for huge opportunities for me."

– Maria Barberis, 2002 HEP graduate

92 percent of our students who sought a GED did so, while others successfully transitioned to the next level of education, vocational training, upgraded employment, or to the military. I want to pay tribute to the many instructors, coordinators, and students who have laid the groundwork for and contributed to HEP's success.

On the international front, CHS is working to address child health and other international health issues. In Benin, we are working to improve the delivery of proven, low-cost child health interventions in three health zones. In Ecuador, we are working with the Ministry of Health (MOH) to meet goals set in the National Plan for Reduction of Maternal Newborn Mortality. In Uganda, we completed our Gates Foundation-funded partnership with the MOH, the Accordia Global Health Foundation, and other collaborators to investigate cost-effective ways to build capacity to prevent and treat infectious diseases.

In the US, CHS addresses literacy, linguistic, general education, and health-related needs of populations living in low-resource areas of Pennsylvania and New Jersey. In the latter, 65 women of color are being assisted to stay in HIV treatment and care, over 350 adults are studying English as a second language, 25 families are working to meet their literacy needs, and others are learning to manage their diabetes. In both states, individuals with disabilities are receiving services that include rehabilitation for work-related injuries, career counseling, job training and placement, and occupational skills training.

In addition, CHS's Migrant Education and Training Support program completed an evaluation and comprehensive needs assessment of Washington State's Migrant Education Programs. We also conducted another summer program to enhance the national capacity for critical-need languages through the CHS/McDaniel College Summer STARTALK Institute on Integrating Cultures and Communities in Arabic and Chinese Language Programs. This year's enrollment exceeded all previous years.

It also is a sad time for us, as we close our Pennsylvania-based Vocational Rehabilitation Service Project for Migratory Agricultural Workers and Seasonal Farmworkers with Disabilities project—a casualty of cuts in appropriations. Since 1998, this program has delivered strong and consistent performance. We owe everyone who has worked on this project a debt of gratitude!

I invite you to review descriptions of the programs we managed during 2012 and see the progress we have made.

A handwritten signature in black ink that reads "Barbara N. Turner". The signature is fluid and cursive.

Barbara N. Turner
President

SUCCESS STORIES

Helping Migrant and Seasonal Farmworkers Improve Their Lives through Education



Maria Barberis arrived in Gettysburg, PA, in January 2002 with her husband and two small children. Disheartened by her inability to find an office job in the US, as she had in Mexico, without a General Education Development (GED) certificate or English language skills, she began working in a factory, sorting apples.

Feeling overqualified and wanting more in life, Maria enrolled in CHS's High School Equivalency Program (HEP) in March 2002 and received her GED certificate the following November. HEP offered evening courses in Spanish, which met Maria's needs and allowed her to maintain her job.

Shortly thereafter, she was promoted to a lab technician position at the factory and offered a secretarial position at CHS. She eventually left the factory to work as a part-time teller at a local bank and assistant GED test proctor for CHS.

Maria is currently taking English-as-a-second-language classes at Harrisburg Area Community College, a CHS partner institution, and plans to begin for-credit college courses soon, with hopes of getting her associate's, and perhaps bachelor's, degree in the near future.

"To have a college degree has been my dream since I was 10 years old," says Maria, who attributes much of her success to CHS's HEP program. "This program opened the door for huge opportunities for me. Without [it], I would just be picking apples like I did when I came to this country."

Linking Traditional and Formal Health Systems to Save Lives

On a cold February night, Josefina, a mother of four in the Angamarca parish in Cotopaxi's Andean region, went into labor. She and her family had expected that she would be able to deliver her baby at home as she had for her previous deliveries. However, after she labored for many hours without making progress, Josefina's midwife sprang into action, contacting a local hospital and arranging for transportation. Josefina's neighbors carried her along a dark road to a waiting ambulance.



At the hospital, Josefina was diagnosed with obstructed labor, a leading cause of maternal death. Doctors performed a Caesarean section and delivered a healthy baby girl. Sabina, Josefina's midwife, knew how to respond to labor complications because she is part of her community's micro-network team, a group of community representatives, traditional birth attendants, midwives, and doctors that plans care for mothers and newborns in their parish.

With funding from the United State Agency for International Development (USAID) Child Survival and Health Grants program, the Essential Obstetric and Newborn Care Networks project, managed by CHS, supports such teams in 21 parishes, where more than half of residents live in extreme poverty. The project strengthens coordination of care between communities and the formal health system and delivers accessible, high-quality care for Ecuador's most vulnerable women and newborns.

"Josefina's life is a life saved because, if Sabina Guanotuna ... had not been part of a parish maternal newborn 'micro-network' team and had not identified Josefina's labor problems, Josefina would probably never have made it to our hospital. As is the custom, Josefina's family would have looked to a family member for help. I do not want to imagine what would have happened with this delivery late at night in an area inaccessible to any form of transportation. . .the child, the mother, or most likely both would have died."
– Dr. Carlos Donoso, Cotopaxi Regional Hospital

ABOUT CHS

CHS was established in 1968 and received 501(c)(3) status in 1969. We help clients meet today's challenges and take advantage of tomorrow's opportunities by providing a comprehensive array of education, training, advocacy, and health-related programs and services. Since its founding, CHS has been at the forefront of innovation in improving the quality of life, access to social and health services, and the educational and vocational achievements of underserved populations throughout the United States and abroad.

For each of our programs, we seek both grant funding and local community and business contributions. For all of our grant-funded programs, we receive significant contributions of donated goods and services, equipment, space, and community volunteers.

US PROGRAMS

EDUCATION

Consolidated Adult Basic Skills and Integrated English Literacy and Civics Education



A civics instructor (second from right) reviews a lesson plan with program participants in CHS's Hanover, PA, office. CHS provides civics education to help participants become active and informed members of society. Photo by Brian Donnelly.

As a member of the Cumberland/Salem (NJ) Regional Consortium, CHS manages a comprehensive adult education program that provides instruction in adult basic skills (ABS) and English as a second language (ESL) to foreign-born adults at various levels of proficiency.

ABS instruction helps individuals attain or improve the basic or elementary reading, writing, and math skills needed to earn a high school diploma or General Education Development certificate and attain employment.

This year, the program served more than 236 students, exceeding its goal for the year.

The program also offers integrated English literacy and civics education to help students acquire the skills and knowledge necessary to become active and informed members of society. The curriculum provides ESL instruction; educates students about US history, governance, and democracy; and helps prepare students for the US naturalization test.

Funded by Salem County (NJ) Vocational Technical School

High School Equivalency Program (HEP)



HEP graduates pose for a photo that will be posted in the Lancaster, PA, office. The office displays photos of graduates to celebrate former and inspire current students, giving both a sense of pride. Photo by Brian Donnelly.

Through successive grants from the US Department of Education, Office of Migrant Education, CHS has been and is providing migrant and seasonal farmworkers with an opportunity to earn a General Education Development (GED) certificate.

For 30 years, HEP has provided life skills training and other services to help these workers take the certificate and transition to the next level of education, vocational training, or employment or to the military.

The curriculum fosters learning in the five core GED areas as well as English as a second language and basic computer skills; GED test preparation; and individual and collaborative problem solving skills and creative thinking.

"For the past 30 years, HEP has assisted participants to gain the academic and life skills necessary to begin career paths and enter post-secondary education. Graduates have gone on to achieve bachelor's, master's, and doctoral degrees; open businesses; and attain supervisory positions throughout the mid-Atlantic."

- Grogan Ullah, HEP Project Director

This year, HEP served 139 people and achieved a GED attainment rate of 92 percent, ranking the program fourth in the nation.

Funded by the US Department of Education, Office of Migrant Education

Institute of Mexicans Abroad Scholarship Program (Instituto de los Mexicanos en el Exterior-BECAS)



CHS managed this program, providing fellowships and stipends to Mexican students attending community colleges in New Jersey.

The program subsidized the studies of immigrants, 15 years or older, who were Mexican citizens or the children of Mexican citizens living in the US.

The subsidies also covered stipends for the educational advisors and coordinators of adult education programs who served these students.

Funded by the Government of Mexico, Institute of Mexicans Abroad

South Jersey Families Re-Connected Coalition



Family Resource Specialist Lisa Cabrera-Rivera consults with a CHS program participant in the Vineland, NJ, office. Photo by Brian Donnelly.

CHS is the lead agency of South Jersey Families Re-Connected, a coalition of five organizations that are providing literacy and other support services to Cumberland County, NJ, families to help them improve their wellbeing and become self-sufficient.

This year, the coalition worked with 25 families who set a variety of goals, including acquiring a college degree, becoming homeowners, reducing debt, and improving communication within their family units.

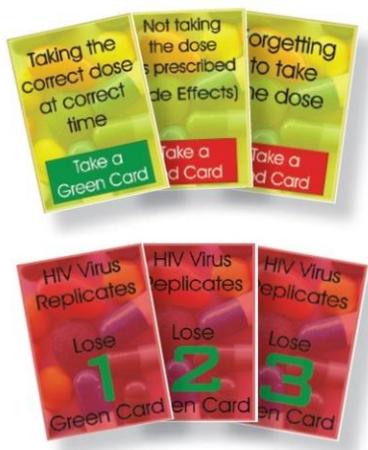
CHS conducts the intake assessments, manages cases, monitors and assesses families' progress, and provides instruction in adult basic skills and English as a second language.

The Center for Family Services and SEEDS for Success provide instruction in parenting and financial literacy, respectively. Casa PRAC provides tutoring for school-aged children, and the Vineland Police Chaplain Program counsels families facing financial, legal, domestic, or other crises.

Funded by the Pascale Sykes Family Foundation

HEALTH EDUCATION

Latinas Involved in Full Treatment (LIFT)



These game cards are from the "Yo Me Cuido" (I Take Care of Myself) curriculum, which helps women living with HIV/AIDS understand the importance of treatment adherence. CHS Senior Content Associate Luz Amparo Pinzon, PhD, designed the game in August 2010.

LIFT, a referral network hosted by CHS, helps ensure that Latinas living with HIV/AIDS in Cumberland County, NJ, have access to and continue to be actively engaged in quality treatment and care. CHS has established a linguistically and culturally appropriate case management system and provides interpreter services for those with limited English proficiency.

Outreach workers identify women living with HIV/AIDS and re-connect them with local services, and our partner, the Migrant Clinicians Network, ensures continuity of care if a participant leaves the area. For many participants, transportation is a major barrier to remaining engaged in HIV/AIDS care. Danellie Foundation funding allows us to give these women rides to their medical appointments.

This year, the “Yo Me Cuido” (I Take Care of Myself) curriculum, which is designed for HIV-positive women of color with limited English proficiency, was quite successful. The curriculum, which consists of interactive group sessions delivered by trained facilitators, promotes behavior change through educational strategies, such as games, role-play, and group discussion. After comparing pre- and post-curriculum test results, the program found a positive change in participants' HIV-related knowledge and attitudes.

“I really learned a lot. For months and months, I stop[ped] kissing and hugging and sharing things. At least now I know I am not contagious.”
- LIFT program participant

Funded by the Health Resources and Services Administration, HIV/AIDS Bureau, Special Projects of National Significance Program, and the Danellie Foundation.

Reducing Diabetes Disparities Project



Case manager Damaris Lopez-Rivera (left) reviews key diabetes information with an attendee of the April 2012 health fair at CHS's Bridgeton, NJ, office. Photo by Brian Donnelly.

CHS is providing diabetes management services to minorities, including African-Americans, Latinos, and migrant and seasonal farmworkers, in Cumberland County, NJ.

According to the American Diabetes Association, minority populations are disproportionately affected by diabetes and often less able to obtain the care needed to manage their disease. With better knowledge of diabetes and improved access to care, those at risk can make more informed lifestyle choices to better manage or avoid the disease.

In partnership with CompleteCare Health Network, Inc., a non-profit, community-based health care provider, CHS is working to:

- Increase awareness of disparities in diabetes,
- Increase the identification and screening of individuals living with diabetes, and
- Improve access to care and resources to improve diabetes management.

CHS also provides nutritional classes with cooking demonstrations and access to its food bank to project participants.

Funded by the New Jersey Department of Health and Senior Services, Office of Minority and Multicultural Health

TECHNICAL ASSISTANCE AND TRAINING

CHS/McDaniel College 2011 and 2012 Summer STARTALK Institutes on Integrating Cultures and Communities in Arabic and Chinese Language Programs



STARTALK instructor Dr. Nancy Jean Smith (foreground, right) leads an activity to enhance participants' ability to integrate their lived experiences into the development of speaking and writing the target language. Photo by Maria Costea.

The Summer STARTALK Institute is a federal initiative designed to enhance the national capacity for languages that have been deemed by the US government to be critically needed, including Arabic and Mandarin.

The CHS/McDaniel College 2011 and 2012 STARTALK Summer Institutes offered Arabic and Chinese language instructors an opportunity to better their K–12 teaching skills during a four-week, 90-hour program. The institutes and follow-up workshops were held at McDaniel College in Westminster, MD.

This year's enrollment exceeded all previous years.

Following the National Standards for Foreign Language Education (which call for attention to communication, cultures, connections, comparisons, and communities), STARTALK aims to enhance the quality and quantity of students and teachers who are learning, speaking, and teaching Arabic and Mandarin.

Funded by the National Security Agency through the National Foreign Language Center at the University of Maryland, College Park, MD

Migrant Education and Training Support (METS)



METS Project Director Paula M. Errigo (left) reviews METS program services with a potential client. Photo by Brian Donnelly.

Through the METS program, CHS assists state migrant education programs to meet federal guidelines for migrant education by evaluating the programs, identifying and recruiting eligible students, and complying with state migrant education regulations.

The US Department of Education posted on its website a CHS-designed curriculum to assist recruiters with the social complexity of reaching and engaging the families of migrant children.

METS has provided services for migrant education programs in Delaware; Idaho; Indiana; Montana; Washington state; and San Jose, California.

This year, the Washington State Office of the Superintendent of Public Instruction contracted with CHS to:

- Evaluate the accountability and reporting systems of the state’s Service Delivery Plan;
- Evaluate the plan’s implementation at the state, regional, and school district levels;
- Evaluate the state’s data collection system to ensure valid data inform the program’s work at all levels; and
- Review the state migrant offices’ scope of work in implementing the Service Delivery Plan. Based on our findings, the Office of the Superintendent of Public Instruction asked us to help:
 - Develop a new assessment to identify the needs of migrant children and families,
 - Devise a new plan that meets those needs, and
 - Identify supporting service delivery structures.

“The children of migrant workers often face academic challenges due to their mobile lifestyle: repeated interruptions in education, living in unfamiliar surroundings, and constantly changing curricula. METS assists states in meeting the needs of these students through a variety of consultant services.”

- Paula M. Errigo, METS Project Director

Funded by local and state departments of education; this year’s program funded by the Washington State Office of the Superintendent of Public Instruction

Vocational Rehabilitation Service Projects for Migratory Agricultural Workers and Seasonal Farmworkers with Disabilities



CHS counselor Remigia Sandoval consults with a vocational rehabilitation program participant in CHS’s Hanover, PA, office. Photo by Brian Donnelly.

These projects provide educational, training, and advocacy services to and for migrant and seasonal agricultural workers with disabilities in New Jersey and Pennsylvania.

Each project identifies and recruits eligible individuals and assists them and their families in availing services like rehabilitation for work-related injuries, career counseling, job training and placement, and occupational skills training.

In addition, CHS provides assessment, case management, counseling, referral, and educational services (including English-as-a-second-language instruction, native language literacy, basic and workplace math skills, General Education Development certificate test preparation, and college preparatory training).

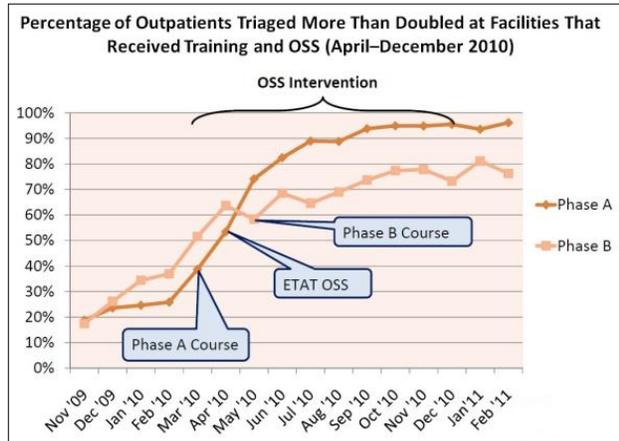
The New Jersey project served 202 migrant and seasonal farmworkers this year. Of them, 50 received services from the NJ Division of Vocational Rehabilitation Services, 114 achieved employment outcomes, and 74 remained employed three months after achieving employment outcomes.

Each project is funded by separate grants from the US Department of Education, Office of Special Education and Rehabilitation Services

INTERNATIONAL PROGRAMS

HIV/AIDS, TB, AND MALARIA

Integrated Infectious Diseases Capacity-Building Evaluation (IDCAP)



This graph shows the results of one element of the evaluation: During the period of on-site support, or OSS, (April–December 2010), use of triage, or the sorting of patients according to the urgency of their need for care, increased at facilities receiving training and support. “ETAT” is emergency treatment and triage.

Over 100,000 Ugandans die from infectious diseases, such as HIV, TB, and malaria, each year. With just 1.2 doctors per 10,000 patients, Ugandan physicians are struggling to provide quality care.

To address this issue, the IDCAP project evaluated a cost-effective method to build capacity among mid-level health care providers (e.g., nurses and clinical officers) for the treatment and prevention of infectious diseases. The project developed capacity-building activities that included infectious disease training and on-site support services (OSS).

CHS led the OSS component, a combination of training, mentoring, coaching, and other services that health experts provided to health workers at the workers' clinic, as opposed to an off-site location. This approach doubled outpatient triage—the sorting of patients according to the urgency of their need for care—in 36 rural Ugandan clinics.

IDCAP also:

- Established data surveillance systems in the 36 clinics;
- Trained over 700 mid-level practitioners in continuous quality improvement (CQI), an approach that gathers, assesses, and uses data on an ongoing basis to improve performance and develop more efficient systems of care;
- Linked CQI to the Ministry of Health's institutionalization process to ensure sustainability; and
- Developed several training tools, including infectious disease curricula, clinical decision guides, action plan templates, and revised outpatient forms.

CHS managed the project in partnership with prime contractor Accordia Global Health Foundation and the Ugandan Ministry of Health, the Infectious Disease Institute at Makerere University, the International Training and Education Center for Health at the University of Washington, the University of Manitoba, and the University of Winnipeg.

Funded by the Bill & Melinda Gates Foundation through the Accordia Global Health Foundation

MATERNAL, NEWBORN, AND CHILD HEALTH

Essential Obstetric and Newborn Care Networks Project in Cotopaxi, Ecuador



Midwives and community health workers use this flipchart and other materials during prenatal and birth counseling sessions for women and their families in Ecuador. The flipcharts cover such topics as nutrition, hygiene, newborn care, and emergency planning. It also reminds health workers of proven practices that reduce newborn mortality. Photo by Ximena Gudiño.

CHS is working with Ecuador's Ministry of Health (MOH) to meet the goals of the National Plan for Reduction of Maternal Newborn Mortality. The project focuses on Cotopaxi province, where maternal, neonatal, and infant mortality death rates are significantly higher than national rates.

The project is creating a health care network to improve the continuum of care from the community to provincial hospitals and back by creating referral mechanisms, improving the quality of care in facilities, and forging ties between facility-based health teams and community health leaders.

On the community level, the project is incorporating traditional birth attendants (TBAs), who attend nearly half of all deliveries in communities. It is also working directly with the MOH, mobile community health teams, local community leaders, and community-level nongovernmental organizations.

The project is demonstrating solid gains in community- and facility-based services, including improved links between the two.

Key results include:

- Improved coverage and quality of home-based postpartum services;
- Increased TBA compliance with postpartum counseling standards;
- Increased skilled birth attendance in project target areas; and
- Decreasing disparity between newborn mortality rates in project versus non-project areas.

In light of these results, the project is working with the MOH to draft a strategy for expanding this model to the entire country.

Funded by USAID through the Child Survival and Health Grants Program

Partnership for Community Management of Child Health (*Partenariat pour la Prise en Charge Communautaire de la Santé Infantile [Prise-C]*)



Quality improvement (QI) teams for the Benin Prise-C project prepare posters of their respective levels of performance. The teams later shared their posters with other QI teams during a collaborative learning session. The sessions are conducted quarterly, until the teams have shown improvement and best practices have been identified. Photo by Alicia Antayhua.

CHS is working to strengthen and accelerate the delivery of proven, low-cost child health interventions in three health zones in Benin's departments of Zou-Collines and Atlantique.

The Prise-C project is developing, testing, and implementing innovative strategies to strengthen workforce and community health systems. It is exploring the effects of financial and non-financial incentives in enhancing the performance, engagement, and retention of community health workers providing child health services.

The project annually reaches an estimated 145,000 children under five. CHS manages the project with local partner Centre d'Expertise et d'Ingénierie pour le Développement Durable (Center of Expertise and Engineering for Sustainable Development.)

Funded by USAID

RESEARCH AND EVALUATION

Niger World Health Organization (WHO) Implementation Research Study

CHS is partnering with Niger's Ministry of Health to evaluate the effectiveness and cost-effectiveness of expanding a proven maternal and newborn care improvement approach to 218 public maternity hospitals, which represent 95% of such facilities in the country.

The approach modifies best practices identified by quality improvement teams from 51 of Niger's maternity hospitals. The teams shared experiences and worked together to improve services related to essential obstetric and newborn care, a set of preventive measures that ensures the survival of mothers and newborns.

The project provides training and supervision to hospital staff and focuses on:

1. Active management of the third stage of labor, a set of clinical steps to prevent and treat postpartum hemorrhage, or excessive bleeding after childbirth. Postpartum hemorrhage is the leading cause of maternal deaths;
2. Detection and management of eclampsia/pre-eclampsia, a life-threatening pregnancy complication caused by high blood pressure; and
3. Essential newborn care.

Funded by the World Health Organization

FINANCIAL REPORT

CHS has an established set of provisional rates for indirect costs under a Negotiated Indirect Cost Rate Agreement (NICRA) with the US Agency for International Development. This rate is audited by the US Government (by DCAA) and applies across government grants.

CHS also has an independent audit report conducted annually as well as an audit to meet the requirements of the US Office of Management and Budget Circular A-133, Audits of States, Local Government, and Non Profits. For fiscal year 2012, these independent audits were completed by Rubino & McGeehin, Chartered, 6905 Rockledge Drive, Suite 700, Bethesda, MD 20817.

The following financial information summary is taken from the independent audit report by Rubino & McGeehin, dated January 17, 2013.

Statement of Financial Activities

(October 1, 2011–September 30, 2012)

REVENUE

Grants and Contracts	\$3,255,622.00
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COSTS AND EXPENSES

Direct Grant/Contract Costs*	\$2,514,271.00
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Indirect Expenses	\$585,513.00
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Total Costs and Expenses	\$3,099,784.00
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NET ASSETS

Change in Net Assets	\$155,838.00
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Net Assets (beginning of year)	-\$16,991.00
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Net Assets (end of year)	\$138,847.00
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** Salaries and other direct costs are included in this figure.*