

**Westside Infant-Family Network**  
**Outcome Goals: Findings**  
**December 2007**

**In FY 2007, WIN's pilot year of service provision, the program served 70 families; our stated goal was 75.**

**Anticipated Outcomes** – These findings were tabulated for our December 2007 reports. We perform these systemic calculations every six months, and therefore will have a new set of outcomes at the end of this fiscal year in June. (Data available in late July, 2008)

- **Children** in WIN families were expected to have improved developmental outcomes as screened by the *Ages and Stages Questionnaire (ASQ)* as well as the *Ages and Stages Questionnaire Socio-Emotional (ASQ-SE)* after receiving one year of Tier 2 therapeutic services. It was anticipated that 70% of children would demonstrate improvement in identified areas of concern.
  - ✓ Of the children who exhibited areas of developmental concern during their initial ASQ screening, 83% of them showed improvement in those same areas of concern after receiving Tier 2 services. Similarly, 83% of children exhibiting developmental delays via their initial ASQ-SE screening also showed improvement.

It is imperative to note, however, that the ASQ and the ASQ-SE are tools used to identify areas of concern during a specific period of development. There are several different tests that measure relevant benchmarks depending on the child's age. These screenings are not intended to measure progress over time. They are used to identify developmental weaknesses in specific areas to indicate a need for therapy or work.
  
- **Children** in WIN families were also expected to exemplify improved attachment outcomes as observed and reported by therapists after their six month case review. It was WIN's goal that 70% of children would show an increase in secure attachment behaviors after one year of Tier 2 therapy. To measure the development of healthy attachments between children and their primary caregivers, WIN utilizes a series of comprehensive clinical assessment tools. The most useful "measurable" diagnostic tools WIN uses are the Parent-Infant Relationship Global Assessment Scale (PIR-GAS) and the Functional Emotional Developmental Levels (FEDL). Both of these tools directly track the parent-child relationship and whether the dyad is moving towards an optimal level of functioning, as well as whether they are engaging in interactions that indicate secure attachment behaviors.
  - ✓ Of the children who have received one year of Tier 2 therapy, 62% of them have exhibited an increase in secure attachment behaviors. 23% have shown a slight decrease, and 15% have exhibited no change at all.

Due to the fact that this was WIN's pilot year of services, and the therapists—none of whom were infant mental health specialists—were undergoing training, many of the clients' initial assessment scores were inaccurate. The original scores given to clients were higher than they should have been had the therapists been more familiar with the PIR-GAS assessment tool. Therefore, the correlating follow-up scores will show skewed results.

- **Families** in the WIN program were expected to experience a reduction in symptoms as screened by the Parent Stress Index (PSI). Our target was that 70% of parents will exhibit improvement when re-screened after six months of Tier 2 therapy.
  - ✓ Of the parents that received both an initial and follow-up PSI screen, 69% of them showed an improvement in identified stress levels.
  
- WIN also anticipated that its **families** would be successfully linked to services in the community via the program. This was to be tracked through the case management needs assessment and case notes from each agency. Identified needs that remained unmet were to be tracked to determine what barriers prevented the linkage. Our target was that 60% of our families' needs would be addressed by the fourth case review (one year of Tier 2 services).
  - ✓ As tracked through each client's case review plan, most linkages to needed resources have been completed. 80% of referrals have been successfully linked.
  - ✓ When tracking unmet linkages, WIN staff identified *four primary barriers* to the completion of these referrals. The first service barrier was waitlists. The majority of incomplete referrals were to childcare or housing services. The waitlists for these two services are lengthy, and families often remain waiting for months to receive assistance; after waiting for extended periods of time, many families simply give up. In addition, there are often transportation issues with our clientele. Many of our families don't own automobiles, and trying to navigate L.A.'s public transportation system with their small children in tow can be hugely difficult. This impedes the willingness or ability of our clients to follow through with referrals and appointments. A third factor in unmet linkages is the unwillingness of some parents to address the outcomes of developmental assessments performed on their children. They often have difficulty coping with the idea that their children might need assistance, and are reluctant to seek help. The last major identified barrier to successful linkages is cultural. WIN's target population is largely Latino, and there is a stigma in the Latino culture surrounding mental health care and psychiatric therapy that deters families from seeking or accepting therapeutic assistance.
  
- **Agency Staff** involved with WIN were anticipated to be better able to identify, refer and provide services for families as indicated through surveys and demonstrated knowledge on scenario tests. We expected that 75% of staff would both demonstrate and report increased knowledge and competency.
  - ✓ We do not have concrete numbers to reflect this data—pre- and post-tests were issued separately and anonymously, so the results were unmatchable. According to an outside evaluation by the National Health Foundation (NHF), however, in which all levels of cross-agency staff were interviewed, respondents agreed that the goal of increased competency and knowledge would be “achieved and surpassed through the excellent training and events provided by WIN and by the improved communications between organizations.”

- Additionally, 90% of *clinical staff* at each agency would observe an improved capacity of non-clinical staff to identify, refer and support “WIN eligible” families as measured via interviews.
  - ✓ Again, the NHF evaluation indicates that staff at all levels feel that their capacity to identify, refer and support potential WIN families has increased exponentially.
  
- *WIN Agencies* were expected to improve their capacity to serve the mental health needs of WIN eligible families—as measured against baseline tracking of families demonstrating need during the three-month ramp-up period before new services were available. It was expected that case managers for 80% of families referred to WIN would receive consultation on meeting the mental health needs of the family, and that 40% of WIN families would receive enhanced mental health services.
  - ✓ In fact, case managers for 100% of WIN families receive consultation on their cases. Each new family’s case is brought to case review within 90 days of the initial referral. During case review, WIN case managers and staff coordinate and implement service plans for their families and secure service linkages through partner programs. In addition to this initial consultation, all cases are revisited quarterly to track the progress of the families and their indicated linkages.
  - ✓ Of the families referred to WIN by partner agencies, 51% of them have received enhanced mental health services. There are a number of factors working against these families receiving intensive services. Oftentimes, it is necessary to put the families on a waiting list—there are not enough clinicians available to provide therapy to the number of families who need it. Another issue is that the families often change their minds or decide they are no longer interested in receiving services. On a number of occasions, families have been assigned therapists, but then the therapists were unable to make contact to set up an appointment