

Westside Infant-Family Network (WIN)
12 Month Outcomes Report for Fiscal 2012



Long term goal: WIN will improve the secure attachment outcomes among children (prenatal through three) such that children are better able to thrive.

Quantitative Service Goal: WIN will serve approximately 325-350 individuals (75 family dyads) per year through case management and/or mental health therapy services.

Goal	FYE 2012 Outcomes (12 months)
Serve 75 family dyads	91 family dyads received case management and/or mental health therapy services
Serve 325-350 individuals	336 individual family members received case management and/or mental health therapy services
	189 individuals attended WIN-sponsored professional-level trainings
	44 Agency directors, administrators and direct-service staff from 4 agencies serving young children received ongoing, professional-level mental health consultation from WIN therapists.
	A total of 569 clients served

Qualitative Service Goals:

CHILDREN

1. Indicators & Outcomes: WIN Children will improve their developmental outcomes as screened by the *Ages and Stages Questionnaires-Third Edition (ASQ-3)*,ⁱ administered every 6 months throughout program involvement. Target: 70% of children who screened as having an “area of concern” will move out of 1 or more identified area(s) of concern after 12 months or more of mental health therapy❖ as defined by ASQ-3.

Goal	FYE 2012 Outcome (12 Month)
70% children will move out of 1 or more identified area(s) of concern	71% children (5/7*) moved out of 1 or more identified area(s) of concern

**Of the qualifying catchment group of 22 children, 14 children had no areas of developmental concern 1 year prior to the most recent screening, and 1 child had a genetic disorder that made it inappropriate to use ASQ-3 as a screening development tool for him; hence these do not appear in this outcome group.*

2. Indicators & Outcomes: WIN Children will demonstrate increased behaviors associated with secure attachment as observed and reported by WIN therapists using the Parent-Infant Relationship Global Assessment Scale (PIR-GAS).ⁱⁱ Target: 70% of children will show an increase in secure attachment behaviors (as defined by a gain in 3 points or more and/or movement to the next higher decile as defined the PIR-GAS scale) after 12 months or more of mental health therapy.❖

Goal	FYE 2012 Outcome (12 Month)
70% children will show increase in secure attachment behaviors	91% children (20/22*) showed increase in secure attachment behaviors The 20 children who showed improvement had an average score gain of 12 points.

**All 22 children qualifying for the catchment group are included in the outcome data.*

FAMILIES

1. Indicators & Outcomes: WIN Parents/Primary Care Givers demonstrating need as screened by the Parenting Stress Index-Short Form (PSI/SF) will show improvement in clinically significant levels of stress ⁱⁱⁱ Target: 70% of care givers will show improvement as measured by the PSI/SF after 12 months or more of mental health therapy. ❖

Goal	FYE 2012 Outcome (12 Month)
70% Parents/Primary Care Givers will show improvement in clinically significant levels of stress	53% parents/primary care givers (8/15*) showed improvement in clinically significant levels of stress

**Of the qualifying catchment group of 22 caregivers, 2 cases closed prematurely and we were unable to conduct discharge screenings, 3 did not show an initial clinical level of stress, and 2 screenings were deemed invalid based on their "Defensive Responding" scores ^v; hence these do not appear in this outcome group.*

2. Indicators & Outcomes: Families will be successfully linked to services in the community for their identified needs, as tracked through WIN's on-line service plan data system. Target: 60% of identified needs for all family dyads served by WIN during the reporting period will be linked to services.

Goal	FYE 2012 Outcome (12 Month)
60% of identified needs will be linked to services	99.66% of identified needs were linked to services (an average of the service linkage percentages for each of 91 family dyads)

**All 91 families qualifying for the catchment group are included in the outcome data.*

AGENCY STAFF

1. Indicators & Outcomes: Direct service staff at each agency will be better able to identify, refer and provide services for WIN families as indicated by pre- and post-questionnaires collected at WIN-sponsored trainings. Target: Over the course of our training year, 75% of respondents will demonstrate increased knowledge and competency on post-training questionnaires.

Goal	FYE 2012 Outcome (12 Month)
75% of respondents will demonstrate increased knowledge and competency	80% respondents (109/140*) demonstrated increased knowledge and competency

**Of 189 training attendees, 140 completed both a pre- and a post-training questionnaire at WIN's 5 trainings during FYE 2012.*

2. Indicators & Outcomes: Partner agency staff will increase their understanding of social emotional development in infants and toddlers, increase their knowledge of infant mental health and increase their skills as a case manager as measured by annual anonymous self-assessments. ^{iv}. Target: Partner agency staff will rate themselves a "4" or above on self-assessments. Self-assessments have a rating scale of 1-5 with 1 being "Strongly Disagree" and 5 being "Strongly Agree."

Goal	FYE 2012 Outcome (12 Month)
Partner agency staff will rate themselves a "4" or above on self-assessments. Partner agency self-assessments have a rating scale of 1-5 with 1 being "Strongly Disagree" and 5 being "Strongly Agree."	We measure this outcome at the end of each fiscal year. As of the end of FY 2012- the average rating of self-assessments for partner agency staff was 4.3. Thirteen self-assessments were included.

WIN AGENCIES

1. Target: 75% of all families referred to WIN by partner agencies within the fiscal year will receive WIN case management and/or mental health therapy services, as defined by:

- Case management: Family has been successfully linked and followed through on at least 1 referral provided by a WIN case manager;
- Mental health therapy: Family has engaged in dyadic therapy with WIN therapist for at least 3 50-minute sessions.

Goal	FYE 2012 Outcome (12 Month)
75% families referred to WIN will receive case management and/or mental health therapy services	100% WIN families referred during the first 12 months of FYE 2012 (44/44) received case management and/or mental health therapy services

ADULT INDIVIDUAL THERAPY - NEW PROGRAM

WIN began providing adult individual therapy to parents in September 2011. Since parents in the program have been receiving therapy for less than 12 months, we do not yet have formal outcomes on the impact of these services, but are reporting overall trends on initial screenings using the Center for Epidemiologic Studies Depression Scale (CES-D).^{vi}

Trend 1	100% (5/5*) parents whose length of service ranged from 4 months - 9 months showed a decrease in CES-D score. The 5 parents showed an average decrease of 8.4 points.
Trend 2	Four out of 5 parents had the initial referral CES-D score in the clinically significant range; 75% (3/4) of these parents had the Discharge/Current CES-D reduced to the non-clinically significant range.
Trend 3	In an attempt to determine if there's a correlation between the CES-D and PIR-GAS scores of the 5 parents, we discovered 80% (4**/5) parents showed a positive increase in the PIR-GAS score; the 4 parents showed an average increase of 7 points.

**Of the 12 AIT cases, where length of service ranged from 2 weeks to 9 months, 2 cases closed prematurely, and 5 cases were not included in this analysis because they have not yet received comparison screenings. Therefore, only 5 cases were eligible for this analysis.*

***The 1 parent who did not show an increase in PIR-GAS score has maintained the same score.*

❖ To be included in this catchment group, the client must meet criteria A:

- A. Client started fiscal year as a mental health therapy services client and/or received MH therapy during the reporting period

And meet criteria B or C:

- B. Client has received 12 or more months of MH therapy services by the end of the reporting period
- C. Client has a closed case, having received 6 or more months of MH therapy

ⁱ ASQ-3 is used to measure improvement in 5 developmental areas: Communication, Gross Motor, Fine Motor, Problem Solving or Personal Social. Each area has a cut off score.

ⁱⁱ PIR-GAS is used to measure the level of adaptation of the parent-child relationship on a scale from 100 to 1 based on the intensity, frequency, and duration of the disturbance. A score of 100 to 81 represents an adapted relationship, 80 to 41 represents features of a disordered relationship, and 40 to 1 represents a disordered relationship.

ⁱⁱⁱ PSI/SF: Improvement is defined by: 1) client moving out of clinically significant levels of stress score in one or more subcategory of three subcategories: Parental Distress (PD), Parent-Child Dysfunctional Interaction (P-CDI), Difficult Child (DC), or the overall Total Parenting Stress AND 2) reduction in client's total parenting stress score by 5 or more points. The raw score cutoffs for each subcategory are as follows: PD-33 or above; P-CDI- 26 or above; DC-33 or above, Total Stress- 86 or above.

^{iv} Partner agency staff anonymous self-assessments are administered annually. Partner agency staff are asked a series of questions related to their understanding of social emotional development in infants and toddlers, their knowledge of infant mental health and their skills as a case manager and are asked to rate themselves on scale from 1-5, with 1= strongly disagree to 5= strongly agree.

^v A Defensive Responding score of 10 or less indicates that the individual may be responding in a defensive manner. According to WIN's Outcome Protocol, we do not include scores that are 10 or less.

^{vi} CES-D is used to measure symptoms of depression in community populations. Components include depressed mood, feelings of worthlessness, feelings of hopelessness, loss of appetite, poor concentration and sleep disturbance. CES-D scores range from 0 to 60; higher scores indicate more severe depressive symptoms. A score of 16 or higher identifies individuals with significant depressive symptoms.