

Westside Infant-Family Network (WIN)
12-Month Outcomes Report for Fiscal 2013



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 2013 Outcomes (12 months)
Serve 75 family dyads	98 family dyads received case management and/or mental health therapy services
Serve 325-350 individuals	389 individual family members received case management and/or mental health (dyadic child-parent therapy) services
	14 parents received adult individual therapy (These parents are receiving dyadic therapy with their children)
	112 individuals attended WIN-sponsored professional-level trainings
	86 Agency directors, administrators, managers and direct-service staff from 5 agencies serving young children received ongoing, professional-level mental health consultation from WIN therapists.
	A total of 601 clients served

Outcomes for 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 2013 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 35 children, 27 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 2013 Outcome (12 Month)
70% children will show increase in secure attachment behaviors	83% children (29/35*) showed increase in secure attachment behaviors The 29 children who showed improvement had an average score gain of 13.76 points.

**All 35 children qualifying for the catchment group are included in the outcome data.*

Outcomes for 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. ❖^{iv}

Goal	FYE 2013 Outcome (12 Month)
70% Parents/Primary Care Givers will show improvement in clinically significant levels of <i>Total Stress</i>	74% parents/primary care givers (14/19*) showed improvement in clinically significant levels of <i>Total Stress</i>
	89% parents/primary care givers (16/18*) showed improvement in clinically significant levels of <i>Parental Distress</i>
	86% parents/primary care givers (12/14*) showed improvement in clinically significant levels of <i>Parent-Child Dysfunctional Interaction</i>
	69% parents/primary care givers (9/13 ^Δ) showed improvement in clinically significant levels of <i>Difficult Child</i>
	52% parents/primary care givers (13/25 [□]) Reduced stress to levels of a typical middle-income parent in one or more categories.

**Of the qualifying catchment group of 35 caregivers, 15 did not show an initial clinical level of Total Stress, and 1 screening was deemed invalid based on their “Defensive Responding” scores^v; hence these do not appear in this outcome group.*

**Of the qualifying catchment group of 35 caregivers, 16 did not show an initial clinical level of Parental Distress, and 1 screening was deemed invalid based on their “Defensive Responding” scores^v; hence these do not appear in this outcome group.*

**Of the qualifying catchment group of 35 caregivers, 20 did not show an initial clinical level of Parent-Child Dysfunctional Interaction, and 1 screening was deemed invalid based on their “Defensive Responding” scores^v; hence these do not appear in this outcome group.*

ΔOf the qualifying catchment group of 35 caregivers, 21 did not show an initial clinical level of Difficult Child, and 1 screening was deemed invalid based on their “Defensive Responding” scores^v; hence these do not appear in this outcome group.

□Of the qualifying catchment group of 35 caregivers, 7 did not show an initial clinical level of stress, and 3 screenings were deemed invalid based on their “Defensive Responding” scores^v; hence these do not appear in this outcome group.

ADULT INDIVIDUAL THERAPY - NEW PROGRAM

1. Indicators & Outcomes: WIN parents receiving Adult Individual Therapy (AIT) service will demonstrate a decrease in depressive symptoms as screened by the Center for Epidemiological Studies Depression Scale (CES-D)^{vii}, administered at the beginning of AIT service and every 6 months throughout AIT involvement. Target: 70% of parents receiving AIT services will show a decrease in depressive symptoms (as defined by a decrease in CES-D score, comparing the most current screening score with the initial screening score) after 12 months or more of adult individual therapy. ❖

Goal	FYE 2013 Outcome (12 Month)
70% parents receiving AIT services will show a decrease in depressive symptoms after 12 months or more of adult individual therapy	Outcome 1: 78% (7/9) parents showed a decrease in CES-D score. The 7 parents showed an average decrease of 9 points.
	Outcome 2: The comparison of AIT CES-D and PIR-GAS indicated that 100% (9/9) of the cases showed improvement in the PIR-GAS score, including the 2 AIT cases with an increased CES-D score. The average PIR-GAS increase was 15.2 points.
	Outcome 3: Four out of 9 parents had the Initial PIR-GAS in the "Disordered Relationship" range; 100% (4/4) of these parents had the Discharge/Current PIR-GAS improved to the "Features of a Disordered Relationship" range.

❖ 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

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 2013 Outcome (12 Month)
60% of identified needs will be linked to services	98.98% of identified needs were linked to services (an average of the service linkage percentages for each of 98 family dyads)

**All 98 families qualifying for the catchment group are included in the outcome data.*

Outcomes for 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 2013 Outcome (12 Month)
75% of respondents will demonstrate increased knowledge and competency	69% respondents (55/80*) demonstrated increased knowledge and competency

**Of 112 training attendees, 80 completed both a pre- and a post-training questionnaire at WIN's four trainings during FYE 2013.*

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.^{vi} 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 2013 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 2013 - the average rating of self-assessments for partner agency staff was 4. Fourteen self-assessments were included.

Outcomes for WIN PARTNER 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 2013 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 2013 (44/44) received case management and/or mental health therapy services

Footnotes:

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 Total Stress/Parental Distress/ Parent-Child Dysfunctional Interaction/Difficult Child: Improvement is defined by a reduction in client’s most recent Total Stress/Parental Distress/ Parent-Child Dysfunctional Interaction/Difficult Child score in comparison to the initial Total Stress/Parental Distress/ Parent-Child Dysfunctional Interaction/Difficult Child score. 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} Previously, WIN reported only the percentage of stress reduced to levels typical of middle-income families in one or more categories. Beginning with FYE 2013, WIN will also share the levels of improvement in all categories of the PSI/SF to provide an overall view of the outcomes achieved by WIN families.

^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} 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.

^{vii} 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.