

Eduardo S. Morales, Ph.D.
Clinical and Consulting Psychologist
355 Buena Vista East, #612W
San Francisco, CA 94117

(415) 252-1655 - Office (415) 255-0633 - Home (415) 255-0553 (FAX)
California License PSY5941 E-Mail: DrEMorales@aol.com

Epiphany Center
Mt. St. Joseph-St. Elizabeth

STAR Project

Program Evaluation
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The Star Project Program Evaluation 1998-99

Summary of the Proposed Project

The STAR Project proposes to prevent the abandonment of infants by providing an intervention strategy for infants who have been removed from their homes by the Department of Human Services (DHS). Infants are housed at the shelter residence located at the Epiphany Center of Mt St Joseph-St Elizabeth in San Francisco. The intent is to eventually place the infant within a 6 month period with either the parent or a pre-designated alternate care taker. During the six months the parent(s) are offered a variety of interventions individually designed for developing their skills as a parent and for intensive case management of any other needs identified. Upon entry into the program the parent is required to have an alternate caregiver identified in the event that the parent is unable to resume custody, the alternate caregiver will obtain custody. Program staff will work closely with DHS case workers throughout the duration of the program. By the sixth month the infant will be placed and the caregiver will continue to receive support services until the goals of the individual plan are achieved. During the first three months of the program the staff was hired and the details of the program planning was developed.

Planning and implementation

During the first year the planning of this project drew heavily from the extensive experience of the various programs at Epiphany center for infants at risk for abandonment. The project staff developed an intensive series of meetings to develop the overall strategy and the programmatic details for implementation. Liaisons and collaboration with support services throughout the city and county of San Francisco was established.

Systems have been clarified and the program receives referrals from a variety of sources enabling the program to maintain its expected level of clients. All primary caregivers have an alternate caregiver identified prior to being admitted into the program. A plan is developed with the primary caregiver based on the initial assessment by the project staff and identified needs. A concurrent plan is simultaneously developed with the alternate caregiver in the event that the primary caregiver is not able to obtain custody.

In its second year the program has provided services to parents and their infants. Parents participate in the program activities as designed in the first year. Comprehensive day treatment services is the corner stone of the program which is focused on recovery and reunification. Participants are required to attend the day treatment program while the reunification process occurs over the first six

months. Once reunification is established participants continue with the day treatment services combined with intensified case management services for ensuring stability with the parent. In the event the parent does not follow through with the prescriptive treatment plan during the first six months, reunification is reconsidered and the concurrent plan is viewed as the alternative for placement for the infant or child.

Program Phases:

The program was initially designed into four phases. Phase I- Admission is the initial intake and evaluation period. Parents are required to attend 6 hours per day from 9:00 to 4:00 where they participate in individual counseling, parent re-orientation sessions, assessed for recovery services, assess for their parenting skills, develop a treatment plan, provided with referrals in order to follow up on needs identified. Urine analysis are used to evaluate the severity of substance abuse and monitoring progress in recovery at least once a week in a random manner.

Phase II - Recovery starts thirty days after the intake date. During this time the participant is in the day treatment program daily four times a week from 9:00 to 4:00 at the Epiphany Center and participates in re-unification groups.

Phase III- Transition occurs at the fourth month where issues related to practical care needs such as housing would be resolved. The parent and child participate in re-unification visits in a more intensified manner and preparations for eventual transition for re-unification are made.

Phase IV - Reunification starts at the sixth month when the infant is reunified and the participant is expected to have progressed to the next level in the day treatment program. Intensive case management services continue during this period.

Phase V - Family Preservation starts in the 8th month when the intensified case management services begin to phase out and the parents are expected to continue with the day treatment program.

Phase VI - Aftercare starts after the 12th month with follow up services.

Demographics of Participants at Intake

Since the beginning of the program there have been 18 participants who completed at least some part of the intake portion of the quantitative portion of the evaluation. There were 15 women in the program and 3 men with an average age of 30.9 (SD=10.76) during the period of January 1, 1998 to

September 30, 1999. Of these nine were African American, five Euro-caucasian, one Asian/Pacific Islander, and three Latinos.

Four indicated semi-skilled occupations, two unskilled and one as clerical/sales with three not responding to the question. The average educational level was 12.06 grade (SD=3.06). The average time at their residence was 17.4 months (SD=16.39). Four indicated to be in a recovery program within the past thirty days.

All participants reported experiencing emotional abuse in their lifetime (100%) while only one person had experience this in the past 30 days. Physical abuse in lifetime was reported by one person with no occurrences reported in the past thirty days. Sexual abuse in their lifetime was reported by one person, and one person reported sexual abuse in the past thirty days.

Measures

A variety of measures were reviewed and selected by the evaluation team. The measures were selected based on their appropriateness for the participants and their capability to measure constructs that will lead to answering the evaluation questions. The following are the measures selected for parents along four major dimension Substance Abuse, Parenting, Mental and Emotional Status, Lifestyle, Exposure to Violence, Academic, and Client Satisfaction.

Substance Abuse: The Addiction Severity Index (ASI) was selected due to its comprehensive approach to measuring substance abuse and its extensive use in the literature with substance abusers. This interview protocol was augmented to include three sub scales developed by the team and staff. These subscales are a) additional information on family background and substance abuse; b) background information on foster care placement; and c) prenatal exposure of parents.

The Substance Use Questionnaire developed by this evaluator obtains the types and frequency of the use of different drugs and alcohol in the past 90 days.

Parenting: Parenting Stress Index (PSI) is a measure that examines different kinds of parental stress with scales that focus on the parent's stress and the parent's perception of the child. Parenting Stress Index (PSI) Short Form (Abidin, 1990) contains 36 items and has three subscales: Parent Distress, Parent Child Dysfunction, and Difficult Child.

A Parent-Child Interaction Rating Scale using video playback of structured parent child sessions.

Mental/Emotional Status: This domain contains two measures. The Beck Depression Inventory (BDI) is a widely used measure of depression and has been found to differentiate levels of depression among substance users. The BDI provides a total score and two subscales: cognitive-affective and Somatic-performance.

The SCL-90-R is a 90 item self-report symptom inventory designed to reflect psychological symptom patterns. There are nine clinical subscales that include Somatization, Obsessive-compulsive, Interpersonal Sensitivity, Depression, Anxiety, Hostility, Phobic Anxiety, Paranoid Ideation and Psychoticism. In addition there are three scales the Global severity Index, Positive Symptom Distress Index, and Positive Symptom Total.

Life Style: This domain contains three measures: 1) Inventory of Parental Experiences that measures social support; 2) Recreation Measure; and 3) Life skills measure that includes the following subscales - a) taking initiative; b) assertiveness/aggressiveness; c) self care and personal hygiene; d) nutrition; e) health; F) Sexual Transmitted Diseases (SDT's), HIV, and Birth Control; and g) Self-Advocacy.

The Life Skills and Recreation Measures were developed by the staff and the evaluation team. Content items are reflective of the program's curriculum. The Life Skills Measure is comprised of seven scales. An Alpha procedure, a measure of internal consistency, was performed to determine internal consistency. The following Alpha coefficients for each scale was: Take Initiative, a ten item scale, Alpha=.93; Assertive/Aggressive, a five item scale, Alpha=.74; Self Care, an eight item scale, Alpha=.80; Nutrition, a nine item scale, Alpha=.87; Health, a six item scale, Alpha=.88; Birth Control, a four item scale, Alpha=.79; and STD/HIV, a ten item scale, Alpha=.87. The Recreational Activities Scale had an overall Alpha of .70.

Exposure to Violence: The Exposure to Violence questionnaire is an adaptation of a questionnaire for children exposed to violence (Cooley, Turner, & Beidel, 1993). There are 21 items in this adapted version asking respondents to indicate the number of times they heard, saw, had a friend or family member or were a victim of violence in the past 30 days. A special questionnaire of the same 21 items is administered for lifetime exposure to violence at intake only.

Academic: Wide Range Achievement Test-Level 3 (WRAT-3)

Client Satisfaction: This questionnaire asks participants to rate on a four point scale how helpful the program was in obtaining several goals and skills. There are 13 items on the questionnaire most of which are behaviorally defined.

Data Analysis - Intake Data

Most participants have some substance abuse history. During the past 90 days 52.6% (N=18) indicated marijuana use, 52.6% indicated cocaine use, 52.6% indicated crack use, 31.6% indicated PCP, Angel dust, LSD or Mescaline, 26.3% indicated MDA, MDMA, Ecstasy use, 31.6% indicated using Downers, 47.4% indicated using uppers, 26.3% Quaaludes, 31.6% barbiturates, 36.8% Methadone or heroin, 26.3% inhalants, and 21.1% Special K. Hence, most of the participants have serious substance abuse problems and are polydrug abusers. At the six month period one person reported using crack, one person reported using PCP, angel dust, LSD or mescaline and one person reported using MDA, MDMA or ecstasy. The data for 12 months had too few participants to report at this time.

Scores on the ASI indicated employment as the most severe problem (mean=.72; SD=.35) followed by medical problems (mean=.38; SD=.29), family concerns (mean=.32; SD=.26), psychological issues (mean=.23; SD=.26), legal problems (mean=.15; SD=.24), alcohol (mean=.13; SD=.17), and drug problems (mean=.11; SD=.13).

Scores on the Beck Depression Scale indicated a level within the average range suggesting low levels of depression (mean=7.75; SD=8.2; N=18). These scores are inconsistent with those expected of substance abusers in outpatient treatment.

Scores on the Parental Distress Inventory (PSI) noted an overall score at the 55th percentile (raw score mean=72.2; N=16) at intake and 83rd percentile at six months (raw score mean=87; n=4). At intake the subscales Parental Distress was at the 60th percentile (raw score mean=27.2; n=18), Parent/Child Interaction was at 60th percentile (raw score mean =21.5; n=17) and Difficult Child was at 40th percentile (raw score mean=23.5; n=17). At six months Parental Distress was at the 75th percentile (raw score mean=29.8; n=6), Parent/Child Interaction was at 75th percentile (raw score mean=23.8; n=5) and Difficult Child was at 60th percentile (raw score mean=26.8; n=4). Due to low number of subjects these data suggests trends. At intake parents are very distressed and trends in the 6th month observation show a lessening of the distress across all scales.

Scores on the WRAT (N=17) indicated an overall average reading grade level of 10.1 overall spelling average grade score of 8.8 and overall average arithmetic grade score of 8.5.

Program Evaluation Questions

These data represent the second year of implementing this evaluation plan. Some comparisons over time were conducted in order to look at trends in the data during the entire span of the project.

Parent Program

1. Can parents learn how to be comfortable and to use a child focused environment? *(To be measured by: The Parent Child Interaction Rating Scale, and the Parent Stress Index).*

The Parent Stress Index was administered to participants at the different points in time according to their months of participation in the program. Table 1 contains the means and standard deviations of the Total Score and different scales of this measure as well as the percentile scores of the respective means. The table shows a consistent decline of the means between the two month period for all scales. Most notable is the total score from a percentile of 55 to 85 suggesting a dramatic decrease in parental stress. The number of respondents on the Parent Child Interaction were too few to report at this time.

Impact: These data indicate that the program had a significant impact on the parental distress of its participants as evidenced by the significant differences noted across time periods by reducing their distress.

2. Can parents gain and maintain their recovery? *To be measured by: The Addiction Severity Index.*

The Addiction Severity Index (ASI) is administered to participants at intake, and 6, 12, and 18 month follow ups. The data on Table 2 reflect data of some participants, who have taken the ASI at the different time periods, and some who have only taken the ASI for the first time at any one of the time periods. Upon examining the severity indexes for the different dimensions across time one can notice that Medical, Legal, family and Psych scores decline over time while Employment, Alcohol and Drug scores stay the same or slightly increase at month 6 and decline in month 12. Note that data for 12th month is limited by having only two participants.

Impact: The data from the ASI suggests the program was able to reduce severity in certain areas for participants across time. General severity tended to decrease with Medical, Legal, Family and Psychological concerns.

Table 1
Parent Stress Index

Scale	Intake n=18		6 Months n=6	
	Mean	SD	Mean	SD
Parent Distress	27.3	9.6	29.8	13.7
Parent-Child Dysfunction	21.5	11.2	23.8	16.7
Difficult Child	23.6	9.8	26.8	15.6
Total Score	72.2	29.2	87.0	46.6

Scale	Percentile Scores	Percentile Scores
Parent Distress	60	70
Parent-Child Dysfunction	60	70
Difficult Child	35	55
Total Score	55	85

3a. Do parents learn how to be an effective self advocate?

3b. Do parents re-orient their lifestyles? *To be measured by: Inventory of Parental Experiences , Recreation Measure, and the Life Skills Measure.*

Table 3 contains the means and standard deviations collected at different time periods. There is a trend for scores to increase in the desired direction for all scales between intake and 6 months. Data on the 12th month is limited by the low number of participants.

Impact: Participants were able to significantly change aspects of their life skills and increase their recreational activities as they continued to participate in the program over time.

**Table 2
Addiction Severity Index**

Index	Intake		6 Months		12 Months	
	Mean	SD	Mean	SD	Mean	SD
	n=18		n=7		n=2	
Medical	.38	.29	.31	.38	.00	.00
Employ	.72	.35	.79	.23	.63	.18
Alcohol	.13	.17	.16	.23	.00	.11
Drug	.12	.13	.13	.15	.00	.00
Legal	.15	.24	.14	.23	.00	.00
Family	.32	.26	.27	.19	.24	.00
Psych	.23	.26	.21	.25	.10	.14

Table 3
Life Skills Measure and Recreation

Scale	Intake		6 Months		12 Months	
	Mean	SD	Mean	SD	Mean	SD
	n=20		n=7		n=2	
Take Initiative	28.3	9.5	34.0	4.6	31.5	0.7
Assertive Aggressive	12.4	3.8	14.0	1.9	12.0	0.0
Self Care	29.1	4.8	32.0	0.0	31.0	1.4
Nutrition	27.1	8.3	28.6	3.6	29.0	2.8
Health	17.1	6.6	20.7	4.7	23.0	1.4
Birth Control & STD/HIV	30.8	11.9	46.2	6.3	47.0	2.8
Recreation	9.1	3.5	9.4	2.6	9.0	2.8

4. Do parents develop a healthier emotional state? *To be measured by the Beck Depression Inventory and the SCL-90-R.*

Data from the Beck Depression note a low level of depression at intake with a higher score at 6 months and a reduction at 12 months (see Table 4). This may be reflective of the process of recovery for this group. Table 5 contains the raw scores from the SCL-90R measure. In general the psychological distress across the different dimension tends to increase at 6th month. This is consistent with other data of the same type of population noting that psychological distress increase between the 6 and 9th month of treatment.

Infant/Child Program

1. Does parent/infant attachment affect childhood development? *To be measured by the Bayley Scales of Infant Development—Second Edition*

Table 6 contains the mean and standard deviation scores for the Motor and Mental Scales of the Bayley. The norm scores are a mean of 100 and

standard deviation of 15. Upon entering the program infants scored at the average range. Data at the 6th month note a decline in scores for both scales.

2. Is childhood development related to parent/infant interaction? *To be measured by the Parent-Child Interaction Scale, and the Parenting Stress Index.*

As reported earlier the data indicate significant reduction in parental distress as participants stay with the program. Parents' level of distress decreases at the 6 and 12 months.

Client Satisfaction of Services

A client satisfaction questionnaire was administered every three months. Table 7 contains the mean scores for each item on a rating system from 1 to 4f with 1 being the lowest score and 4 being the highest score. Overall, from intake through 6 months participants rated their satisfaction of services as very high and being satisfied. The responses at months 9 and 12 were very low in numbers. Respondents from month 12 mean ratings for all items ranged from 3.5 to 4.0.

Table 4
Beck Depression Scores

Time	n	Mean	SD
Intake	19	7.7	8.3
6 Months	6	10.2	9.5
12 Months	4	8.0	5.4

Table 5
SCL-90R Raw Scores

Index	Intake		6 Months		12 Months	
	Mean	SD	Mean	SD	Mean	SD
	n=19		n=7		n=2	
Somatization	4.4	5.1	5.0	4.5	5.5	3.5
Obsessive Compulsive	5.6	6.1	6.9	8.2	4.0	2.8
Interpersonal Sensitivity	n/a	n/a	5.2	4.7	2.0	0.0
Depression	10.5	11.9	10.0	12.3	2.0	0.0
Anxiety	4.9	5.8	6.0	9.0	2.0	1.4
Hostility	4.4	9.0	4.3	5.2	1.5	.71
Phobic Anxiety	3.3	5.6	2.9	6.3	0.0	0.0
Paranoid Ideation	6.1	5.6	5.4	6.1	2.5	0.7
Psychoticism	2.6	3.5	3.9	4.6	1.5	2.1

Table 6
Bayley Scales of Infant Development-Revised

Scales	1 Months		6 Months		12 Months	
	Means	SD	Means	SD	Means	SD
	(n=24)		(n=11)		(n=2)	
Mental	101.5	8.8	97.2	12.1	89.0	0.0
Motor	100.7	12.5	94.2	18.9	95.5	7.8

Table 7
Client Satisfaction Questionnaire

Item	Intake		3 Months		6 Months		9 Months	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
	(n=17)		(n=13)		(n=6)		(n=2)	
Quality of Services Received	3.4	0.6	3.6	0.6	3.5	0.5	3.5	0.7
Get the Services You want	3.0	0.7	2.9	1.0	3.3	0.8	2.5	2.2
Program Met Your needs	3.1	0.8	3.2	0.8	3.5	0.6	4.0	0.0
Recommend Program To a friend	3.2	1.0	3.1	1.3	3.3	1.2	2.5	2.1
Satisfied with the amount of help received	2.8	1.0	3.0	1.1	3.3	0.8	2.0	1.4
Have services been helpful	3.3	0.7	2.9	1.1	3.3	0.8	2.0	1.4
Satisfied with agency And services received	3.5	0.6	3.5	.7	3.5	0.6	3.5	0.7
Would you come back To the program	3.3	.1.0	3.2	1.3	3.3	1.2	2.5	2.1
Receive services promptly	3.2	0.9	2.9	1.1	3.5	0.8	2.0	1.4
Staff respectful of you and your culture	3.2	1.0	3.2	1.1	3.3	1.2	2.0	1.4
Received services your worker said you will receive	3.2	0.9	2.6	1.0	3.5	0.8	2.0	1.4

Summary

The STAR project developed a process and program design for participants targeted for family reunification. The profile of mothers in the program showed multiple problems that were severe and complex. It appears the program has reduced the complexity of problems overall while parents are in recovery. The result of the program development process was the

development of a six-phase program with individually tailored treatment plans for parents along with a concurrent plan for an identified alternate caregiver. The strategy of using a recovery model as central to the program design is supported by the intake data. Participants were able to stay with the program once past the admission Phase and in Phase II. All participants in Phase IV were able to complete reunification plans with either parent or alternate caregiver.