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<tr>
<td>1.</td>
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| 2. | Grantee Name and Address: The Children's Mercy Hospital  
2401 Gillham Road  
Kansas City, MO 64108 |
| 3. | Telephone Number: (816) 234-3000 |
| 4. | Project Title: TIES Program |
| 7. | Period Covered by Report: (check one)  
- First Semi-Annual  
- Second Semi-Annual  
- Final Report X  |
| 8. | Principal Investigator's Name and Telephone Number:  
Alice Kitchen  
(816) 234-3670 |
| 9. | Author's Name and Telephone Number:  
Oneta Templeton McMann  
(816) 234-3113 |
| 10. | Date of Report: December 27, 2000 |
| 11. | Report Number: (Number sequentially beginning with 1) 15 |
| 12. | Name of Federal Project Officer: Patricia Campiglia |
| 13. | Date Reviewed by Federal Project Officer: |
| 14. | Comments, (if any): |
MAJOR ACTIVITIES AND ACCOMPLISHMENTS DURING THIS PERIOD

The TIES Program concluded this funding period on schedule with objectives according to the timeline. Specific activities are detailed for each objective.

Objective 1: Interagency Collaboration

Community Consortium Activities

* The Consortium met 43 times in the period.

- New agencies were added including Samuel Rodgers and Swope Parkway community health centers and the American Indian Center.

- We dealt with implementation of managed care for Missouri Medicaid including a carve-out for the model C-STAR program of alcohol and other drug treatment for women and children.

- A multitude of needs were identified and addressed and the group continues to strive for integrated service provision.

Advisory Council Activities

* The Advisory Council met 15 times in the period.

- The Advisory Council continued as a conduit to the community in providing feedback and access to ongoing resources.

- The group was instrumental in dealing with access to family planning and mental health services. They provided information to area legislators and were actively involved in development of the continuing application.

Other Collaborative Activities

* The TIES Program worked with community alcohol and other drug treatment providers on a Continuum of Care Committee that promoted understanding and relationship building between both administrative and clinical level personnel in the various programs. This collaboration produced substantially more successful coordination of services for families.
The TIES Program was a significant contributor to the establishment and implementation of a family drug court in Jackson County. Though this program continues to refine its procedures, the overall effort has been a great success.

The Amethyst Place transitional housing program for recovering women and their children is a program in which TIES has been a key player. Program Coordinator Oneta Templeton McMann is on the board of this exciting pilot, and TIES families have been some of the first residents. This is the first such program in the area to serve recovering families exclusively in a housing/community case management approach.

Objective 2: Provide crisis intervention and case management

* Recruit and enroll families
  - Our stated goal was to enroll 100 families. We enrolled 118. A demographic summary is attached to detail family characteristics.
  - 8 commencement events were held with 53 families recognized for having completed the program. An additional 29 families are on track to graduate in the new program period. If all succeed, an overall retention rate of nearly 70% for the 18+ month period will be achieved, which is a significant accomplishment for this very high-risk population.

* Promote drug free deliveries
  - Stated goal was 60% of prenatally enrolled women with an infant drug-free at delivery.
  - 81% (35 of 43) had infants drug-free at delivery.

* Promote alcohol and other drug treatment
  - Our goal was for 60 mothers to enter a drug treatment program.
  - 100 mothers and 13 male partners entered drug treatment while involved in TIES.

Objective 3: Comprehensive Service Delivery

* Conduct Assessments
  - 131 Bayley II Developmental exams were conducted, and 130 Parent-Child Early Relational Assessment (ERA) videotapes were made and evaluated.
* Utilize Individualized Family Service Planning process
  - Family Support Specialists had 11,021 contacts with families to establish and pursue goals.
  - 92 IFSP Conferences were held to reinforce family goals and update outcomes.

* Provide services with 24 hour availability
  - Support Specialists were available to families 24 hour per day via pager.

* Support families with home visits
  - Families were visited in their homes 4,364 times in the period to provide supportive counseling, parenting information and modeling, encouragement of alcohol and other drug treatment, provision of concrete services, and implementation of IFSP.

* Promote primary pediatric care
  - Well child visits for all children were encouraged. Physician offices were solicited for information when needed and staff often provided transportation and sometimes participated in pediatric visits.
  - There were 13 subsequent births in the period. Eight were negative at delivery; 3 were positive; and 2 were not tested.

* Connect families to appropriate agencies for other needed services.
  - 57 families received TIES supported child care or early intervention services this period, including siblings.
  - Transportation was provided to nearly all families and emergency assistance to most as well.

* Coordinate services with other providers
  - Support Specialists had 7,767 contacts with agency staff in both individual and group settings regarding client family needs including child services, health care and alcohol and other drug treatment providers.

* Offer Support Groups
  - TIES Waiting to Exhale Women’s Support Group met 77 times in the period. These included process groups, recreational events, holiday celebrations and commencement ceremonies.
Objective 4: Relative Caregiver Support

* Identify relative caregivers within TIES families
  - 43 relative caregiver families were identified for TIES families who provided substantial care for the children in both formal and informal arrangements.

* Provide ongoing assistance
  - Support Specialists provided parenting information, chemical dependence information, access to available resources, and other support to relative caregivers.

* Offer Support Groups
  - Relative caregivers were encouraged to attend one of the Family Friends Grandparent Support Groups. Four groups operate across the city, and Grandparent Mobilizers were called on to provide support when needed.

Objective 5: Provide Community Education

* Many presentations were made to community groups in a variety of formats. Most are noted on the attached listing of presentations and publications.

A brief listing of TIES Accomplishments is included as an attachment.

PROBLEMS

Our gravest problem in the period was two infant deaths, both ruled as SIDS. One child in his mother's custody and doing well died in March 1997, and one child in foster care died at a child care center in November 1997. The first mother had had parental rights terminated on her other children, so this was her only child. Though the Support Specialist tried very hard to keep her engaged, she could not; and we eventually were unable to locate her. The other mother became pregnant shortly after the death; and though her life remained unstable, the Support Specialist was able to stay connected with her.

Another major concern is subsequent pregnancies among enrolled women. As the program serves families only until the infant is 18 months old, our goal is no subsequent births during enrollment, according to APA guidelines for interconceptional spacing. Family planning is an important area of work with families and though we do not discourage additional children, we certainly do encourage planning. Families are encouraged to consider spacing, the needs of their present children, and the needs and
abilities of the parents as well. Still, 13 of 82 or 15% of active families had a subsequent birth during their involvement with the program. Though some of these were planned births, many were not. Very active steps have been taken by Specialists to address family planning, but additional work is needed.

The only component not fully implemented this period was the TIES Friend or mentoring program. We did accomplish three matches, and two of them were quite successful. However, we were not able to secure other volunteers or to generate substantial enthusiasm for the program among participants. The Children's Mercy Family Friends Program was initially involved in recruiting and training volunteers, but their focus shifted to support of relative caregivers, especially grandparents. For our continuation, we will link with the National Council on Alcoholism and Drug Dependence for recruitment and training of volunteers. We will also re-focus the presentation to program participants.

Housing for families continues as a major barrier to comprehensive services to families. TIES Staff met with staff from Housing Authority of Kansas City (HAKC) to streamline the Section VIII application process for enrolled families. Principal Investigator Alice Kitchen serves on the HAKC Advisory Council regarding residents' self-sufficiency pacts. Program Coordinator Oneta Templeton McMann serves on the HUD Coordinated Plan Continuum of Care Committee and the Homeless Services Coalition. We have participated with the DMH/HUD Housing Task Force for the Disabled. TIES is a founding member of the Amethyst Place transitional housing program for recovering women and their children. Still, housing for families needing 4 or more bedrooms is almost impossible to locate, even with subsidy. Model pilot programs, including Amethyst Place, are extremely valuable to the small number of families they can serve. We continue to work with Missouri Department of Mental Health, but their Shelter + Care waiting list is currently closed. With all the collaborative efforts we have undertaken, the picture remains bleak. We will continue efforts in all these areas, with the recognition that sustained recovery is impossible without adequate housing.

DISSEMINATION ACTIVITIES

A substantial number of publications and presentations have been completed during this period. These are noted in the TIES Presentations and Publications and Brief Summary of TIES Publications attachments.

Additionally, members of the TIES Waiting to Exhale Women's Support Group prepared and submitted an article for the 10 year anniversary edition of the AIA Resource Center's The Source newsletter. They shared experiences and benefits from their TIES Program participation in a profound and moving way. We applaud their hard work and appreciate their compliments. (Article copy was attached to previous report.)
Program Coordinator Oneta Templeton McMann continues her participation with some of the initially funded AIA programs around development of a Lessons Learned monograph as well.

A substantial attachment to this report is the highly informative Final Report of the TIES Evaluation.

**OTHER ACTIVITIES**

TIES staff and volunteers have been involved in a multitude of other activities at a number of levels. We advocate for child welfare resources by supporting the State Division of Family Services (DFS). Staff served as community representatives on family support team meetings regularly. We received training from DFS regarding implementation of the dual track response to child abuse/neglect reports mandated by new legislation. We worked closely with sub-contractors providing Newborn Crisis Assessment services to high risk families with newborns who are frequently drug exposed.

In August 1997, a panel of experts was convened to reviewed TIES six year data as it related to managed care. Mary Haack of the Center for Health Policy Research and Judith Larson, attorney consultant to the National County Juvenile and Family Courts in Washington DC participated in this “think tank” along with local and regional experts. Dr. Haack and Ms. Larson then met with the TIES Support Specialists and a group of local attorneys representing family law and the Prosecutor’s Office to discuss the inter-relatedness of substance abuse and child welfare. These preliminary introductions and discussion, facilitated by Alice Kitchen, ultimately lead to the establishment of a Family Drug Court in Jackson County with partial funding from CSAT.

The TIES Program co-sponsored Stand for Children events for three years. In February 1997 the group hosted First Lady Hillary Rodham Clinton in an address promoting child welfare efforts in the area. In 1998 a Children’s Press Conference highlighted children’s needs in their own words. In 1999 the Kansas City City Council recognized a number of children from St. Vincent’s Operation Breakthrough and provided access for them to the City Council members and the mayor.

TIES remains an active member of the Metropolitan Drug Exposed Infants Task Force. The Task Force was appointed the Interdisciplinary Coordinating Team for SB 190 which provided for services to pregnant, drug involved women as well as the Jackson County Family Court Liaison Committee in the period. TIES participated in a Task Force retreat in September 1999 to review the task force’s ten years of work and a look to future work as well. This Task Force has provided consultation to other groups throughout the state who are trying to coordinate services to drug involved families with young children.

We worked closely with the Office of Justice Programs KIDSAFE grant to promote interagency child abuse and neglect prevention and intervention. Alice Kitchen served on
the systems change subcommittee to develop new strategies for cooperation between law enforcement, child, protection, family court and criminal court. She supervised the Child Protection Center housed at Children’s Mercy until its re-assignment to the Jackson County Family Court. Children’s Mercy helped TIES Consortium partner St. Vincent’s Operation Breakthrough Child Care Center open a primary pediatric clinic on their site accessible to the families they serve in February 1998. Children’s Mercy is a subcontracted site for the Maternal Child Health Bureau’s Healthy Start Program in Kansas City. Oneta Templeton McMann supervised this program as well in order to integrate the approaches used.

Opportunities were sought to provide consumer input from TIES participants to public policy decisions. When the Missouri Department of Mental Health offered a system redesign for providing mental health services in September 1999, TIES staff attended public hearings to make their participants’ needs known. Oneta Templeton McMann served on the Board of the Maternal and Child Health Coalition of Greater Kansas City. TIES participants, then, were surveyed by the Coalition regarding initiatives being considered by the group.

We have supported legislative efforts as well. Missouri HB 509 provided foster care benefits to grandparents and other relative caregivers. TIES helped identify a number of those families and get them started on the process. Missouri passed its Children’s Health Insurance plan in June 1998 and we have worked hard to educate families and get them enrolled.

In a variety of roles, the TIES Program has been a leader in promoting collaborative efforts in the community.

**ACTIVITY PLANNED FOR NEXT REPORTING PERIOD**

The Project Period has ended. We appreciate the opportunity to have conducted this service demonstration and feel that families have benefited greatly. We believe the knowledge and feedback gained from our first ten years will make our next four years even more successful.
List of Attachments

- TIES Program Demographic Summary
- TIES Program Significant Accomplishments
- TIES Presentations and Publications
- Brief Summary of TIES Publications
- Final Report of the TIES Program Evaluation
### TIES PROGRAM DEMOGRAPHIC SUMMARY

**Period:** October 1, 1996 - September 30, 2000

<table>
<thead>
<tr>
<th><strong>Number of families enrolled</strong></th>
<th>118</th>
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<tbody>
<tr>
<td>Prenatal</td>
<td>48</td>
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<tr>
<td>Postpartum</td>
<td>70</td>
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| **Number of children enrolled families** | 354 |

<table>
<thead>
<tr>
<th><strong>Race of mother</strong></th>
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<tr>
<td>African American</td>
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<tr>
<td>Caucasian</td>
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<td>Other</td>
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<tr>
<th><strong>Mean Maternal Age</strong></th>
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<tr>
<th><strong>Drug of Choice</strong></th>
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<tr>
<td>Cocaine alone</td>
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<tr>
<td>Marijuana alone</td>
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<td>Methamphetamine alone</td>
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<td>Alcohol alone</td>
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<tr>
<td>Polyuse without alcohol</td>
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<tr>
<td>Polyuse with alcohol</td>
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<td>Other</td>
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<tr>
<th><strong>Deliveries to prenatally enrolled women</strong></th>
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<tbody>
<tr>
<td>Negative</td>
<td>35</td>
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<tr>
<td>Positive</td>
<td>8</td>
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| **Number of families completing program** | 53 |

| **Number of families discharged prior to Program completion** | 36 |

<table>
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<tr>
<td>Postpartum</td>
<td>15</td>
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<tr>
<th><strong>Subsequent births (since enrollment)</strong></th>
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<tr>
<td>Negative</td>
<td>8</td>
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<tr>
<td>Positive</td>
<td>3</td>
</tr>
<tr>
<td>Not tested</td>
<td>2</td>
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TIES PROGRAM SIGNIFICANT ACCOMPLISHMENTS
October 1, 1996 - September 30, 2000

Collaboration

* TIES Consortium now consists of 14 member agencies who meet monthly to review program.
* TIES Advisory Council now consists of 14 community volunteers who meet quarterly to address linkages and ongoing funding.

Case Management

* 118 families enrolled, representing 354 children
* 48 families enrolled prenatally
  • 43 known deliveries
  • 34 were negative for drugs at delivery
* 11,021 contacts with enrolled families including 4,364 home visits
* 92 Individualized Family Service Plan (IFSP) conferences held
* 7,767 contacts with professionals on behalf of families both individually and in group settings.
* 113 parents (100 women and 13 men) entered drug treatment while involved with the TIES Program.
* 57 families received child care or early intervention services for infants, older, and subsequent siblings. These services included community child care, specialized child care and day treatment services.
* Nearly all families received some kind of emergency assistance.
* 43 relative caregiver families were identified serving in formal or informal capacities. All relatives were offered the full range of program services including assessments, childcare and emergency assistance.

Developmental Assessments

* 131 Bayley II Developmental exams were conducted with children and 130 Parent-Child Early Relational Assessment (ERA) videotapes were made and evaluated.
* Each newborn received a range of periodic developmental assessments provided by early childhood specialists and health care providers to screen for any identified need. Comprehensive services were obtained when needed.

Support Groups

* Waiting to Exhale Women's Support Group met 77 times to provide support, education and social interaction for both present participants and alumni.
* Relative Caregiver Support Groups for those family members caring for children of a drug involved parent were formed. 4 groups exist currently and are supported by the Family Friends Program of Children's Mercy.

Community Education

* Over 100 Presentations have been made by TIES staff to various local, regional, and national groups. The program has been the subject of at least 10 media reports both local and national.
TIES Presentations and Publications


Continued...
TIES Presentations and Publications (Continued):


Brief Summary of TIES Publications


This brief policy paper offers several observations and recommendations for consideration by managed care organizations as they attempt to better serve drug-affected, multiply challenged families within their enrolled population.


This technical report assesses the implications of findings from the TIES Program with regard to managed care for substance-using pregnant and postpartum women. Issues addressed include prenatal care, maternal mental health and social risk issues, clinic attendance, emergency room usage, child immunizations, drug exposure of subsequent children, and incidence of prematurity among drug-exposed children.


The TIES Program employs a videotaped assessment of the relationship between drug-using mothers and their infants. Mothers, infants, and dyads are scored on a number of factors, based on their interaction in feeding, play, and structured task situations. This technical report describes potential applications of such assessment tools, the findings of this assessment, and the implications for intervention programs serving this population.


This technical report describes the families of pregnant and postpartum women with problems related to substance abuse or HIV served by the TIES Program. Demographic information and findings from the administration of *The Family Risk Scales* by Magura, Moses, and Jones (1987) are presented.


The process of individualized goal planning for families enrolled in the TIES Program, families of pregnant or postpartum women addressing substance abuse or HIV challenges, is described in this technical report. The outcomes are presented for families with regard to these five key goals: (1) becoming drug-free, (2) improving parenting, (3) securing...
adequate housing, (4) achieving economic stability, and (5) providing children with appropriate health care services.


This technical report provides the preliminary findings from videotaped assessments of caregivers and children who participated in a study of cocaine-exposed infants between 1990 and 1996. The children, who now range from 5 to almost 8 years of age, were videotaped playing with their caregivers, with ratings presented for the caregiver, the child, and the dyad. Comparisons were made between dyads based on prenatal drug exposure, early case management, the caregiver's relationship to the child, and child age and gender.


The TIES Program employs a videotaped assessment of the relationship between drug-using mothers and their infants. Mothers, infants, and dyads are scored on a number of factors, based on their interaction in feeding, play, and structured task situations. This technical report describes potential applications of such assessment tools, the early findings from administration of this assessment, and the implications for intervention programs with this population.


This manual customizes an orientation plan for new personnel who offer community-based service coordination and social services for Children's Mercy Hospital. The orientation proactively provides the opportunity for new employees to share important information about their strengths, experiences, and learning styles; to gather key information through varied strategies; and to become fully integrated as members of the staff.


The process of individualized goal planning for cocaine-using pregnant or postpartum women who are enrolled in the TIES Program is described in this technical report. The outcomes are presented for families with regard to these four key goals: (1) becoming drug-free, (2) improving parenting skills, (3) securing adequate housing, and (4) achieving economic independence.

This comprehensive final report describes the evaluation of the TIES Program from 1993 to 1996. The TIES Program provided multi-faceted supportive services to families of pregnant and postpartum women with substance abuse or HIV infection. Data was collected regarding the children, the mothers, and the families served, and information was gathered from the TIES Program personnel and involved community partners. Analysis of this information provides the basis for future recommendations presented in the report.


This technical report provides the most recent findings from videotaped assessments of caregivers and children who participated in a study of cocaine-exposed infants between 1990 and 1996. The children, who now range in age from 5 to 8 years, were videotaped playing with their caregivers, with ratings presented for the caregiver, the child, and the dyad. Comparisons were made between dyads based on prenatal drug exposure, early case management, the caregiver's relationship to the child, and child age and gender.


In this technical report, findings from a survey of the personnel of the TIES Program are presented. The Family Support Specialists provide intensive home-based services to prenatal and postpartum women affected by substance abuse or HIV and their families. The survey allows the respondents to reflect on TIES Program objectives and activities, their involvement with families, their relationships with other partners in the community, the resources available for families, and their own training and staffing needs.


The TIES Program serves families of pregnant and postpartum women facing problems with substance abuse or HIV. At the time of the infant assessments at 1 month and 12 months, women enrolled in the TIES Program are surveyed concerning their needs, social support, and symptoms of depression. This technical report presents the findings from these surveys, along with a comparison between the prenatal and postpartum enrollees and a comparison over time.

This dissertation explores patterns of social support for low-income mothers of prenatally cocaine-exposed infants of families served by the TIES Program between 1990 and 1996. Children received three years of pediatric care, and mothers received either routine hospital-based case management or intensive home-based case management services. This study considers the relationship between case management approach and perceived social support, using an adaptation of the *Family Support Scale* by Dunst, Jenkins, and Trivette (1984).


This publication describes the neurodevelopmental outcomes of cocaine-exposed term or near-term infants. Few differences were noted between the cocaine-exposed group and a matched, non-drug-exposed group from the same low-income urban area.


This brief paper provides reflection on a six-year intensive home-based intervention of families affected by drug exposure or HIV. The five most notable health-related findings, key aspects of the intervention, the role of the support specialist, and a profile of a successful home-based care coordinator are included.


The TIES Program provides this brochure to inform personnel in managed care organizations with information about families affected by substance abuse, HIV, and other multiple challenges. Included are strategies to maximize success in serving this population.


This brief article summarizes key findings of the TIES Program with regard to case management for drug-involved families. Highlights include information concerning well child appointments and immunizations, use of the emergency room, child and family outcomes, and the description of a multidisciplinary approach.

This technical report describes the families of women who delivered cocaine-exposed infants who participated in the TIES Program. The TIES Program provided comprehensive service coordination and an array of community-based services to the enrolled families. Demographic information, a self-report, and findings from a risk assessment conducted upon enrollment in the program are presented.


This technical report describes the families of pregnant women identified as cocaine users during pregnancy who were enrolled in the TIES Program. The TIES Program provided comprehensive service coordination and an array of community-based services to the enrolled families, aimed at the delivery of a healthy infant. Demographic information, a self-report, and findings from a risk assessment conducted upon enrollment in the program are presented.


Women participating in the TIES Program, which offers comprehensive services to the families of prenatally cocaine-exposed infants, completed surveys regarding their perceptions of and satisfaction with the program. This technical report summarizes the findings.


The coordination of comprehensive, intensive services may be a vital component of programs serving families with multiple challenges, in order to address the range of issues facing the family. Few guidelines are available to help personnel make decisions about appropriate actions to take in given circumstances. This report describes an exploratory effort with staff in two such programs to apply a reflective critical thinking process in this decision-making.
December 27, 2000

Gale Meadows-Holcomb  
US Department of Health & Human Services  
Administration for Children and Families  
Office of Grants Management  
330 C Street, SW  
Switzer Building, Room 2070  
Washington, DC 20447

Re: Grant No: 90CB0060 Final Report – TIES Program

Dear Ms. Meadows-Holcomb:

Enclosed please find an original and two copies of our Final Program Progress Report including the Evaluation Report and the Property Inventory statement. The Final FSR has been sent under separate cover.

I appreciate your assistance with the management of this grant and look forward to working with you on our continuation. Please call me if you need any additional information.

Sincerely,

Oneta Templeton McMann  
TIES Program Coordinator

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