SEMI-ANNUAL PERFORMANCE REPORT

COVER SHEET

1. Grant number: 90-CB-0097

2. Grantee name and Address: The Children’s Mercy Hospitals and Clinics

2401 Gillham Road

Kansas City, MO 64108

3. Telephone Number: (816) 234-3000

4. Project Title: TIES Program

5. Period of Performance: October 1, 2007 through March 31, 2008


7. Period Covered by Report: (check one)

   First Semi-Annual  X  Year 4

   Second Semi-Annual  ___  Final Report _____

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: April 28, 2008

11. Report number: (Number sequentially beginning with 1) 7

12. Name of Federal Project Officer: Patricia Campiglia

13. Date Reviewed by Federal Project Officer:
MAJOR ACTIVITIES AND ACCOMPLISHMENTS DURING THIS PERIOD

The TIES Program is 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 November 14, January 9, and March 12. The November meeting featured a presentation by Consortium partner Kansas City, Missouri Health Department. They described their newly re-introduced Nurse Family Partnership program. It is a good complement to the services the Consortium is already offering, and will be a valuable addition. The January meeting was held at Consortium partner ReDiscover Substance Abuse and Mental Health Services. A tour of their new facility was provided as well as an update on the Women’s and Children’s Program services and outcomes. The March meeting was a review of the AIA funding announcement which had just come out. New strategies and components as well as identification of a comparison group were discussed. The May meeting will be held at Consortium partner Operation Breakthrough Family Services Center.

Advisory Council Activities

* The Advisory Council met October 3 and January 3. The October meeting had a presentation about the 211 information and referral system operated by United Way. Advisory Council Alinda Dennis is an administrator with United Way and provided an update on the services and expansions planned for the future. The January meeting was our traditional Advisory Council/TIES staff Winter Breakfast. Contributions by all were recognized as we discussed funding plans for program continuation. The April meeting will be held at the UMKC Institute for Human Development. They will discuss and demonstrate data collected for the AIA cross-site and the TIES Program specific evaluation components.

Amethyst Place Transitional Housing

Amethyst Place is a supported housing program for recovering women and their families that will celebrate its 8th anniversary in May. This exemplary program is an outgrowth of the
Metropolitan Task Force on Drug Exposed Infants and is working on plans for a major expansion. Its model is one of onsite structure and support provided by Amethyst Place staff with each family having a case manager from a community agency, of which TIES is one. The pilot model continues to evolve with TIES providing both families and input. Program Coordinator Oneta Templeton McMann and Principal Investigator Alice Kitchen serve on the Board of Directors of the agency.

**Objective 2:** To develop individualized, comprehensive, culturally appropriate plans with families.

- Identify and enroll families
  - 13 new families were enrolled in the period – 1 prenatal and 12 postpartum and families. Five families were discharged in the period for a total of 39 premature discharges to date. Five families are currently inactive
- Commencement events were held October 12 and March 28 for a total of 14 families, making 37 families who have completed the program.
- There are 40 families active at period’s end, representing 112 children.
- Conduct Assessments
  - The TIES evaluators administered 17 Modified Family Needs Surveys; 17 Family Support Scales; and 17 Brief Symptom Inventories (BSI) to caregivers along with 33 consumer satisfaction surveys with relevant aggregate results shared with Support Specialists.
  - The North Carolina Family Assessment Scale was completed by the Support Specialist for each newly enrolled family.
  - Utilize Individualized Family Service Planning process
    - Support Specialists had 1,791 contacts with families to establish and pursue goals.
  - 13 IFSP Conferences were held to reinforce family goals and update outcomes.
  - Support Specialists were available to families 24 hours per day via pager.
- Promote healthy infant deliveries

There were 2 births this period to women enrolled prenatally. One was positive for cocaine and one delivered out of town and was not tested. There was also one subsequent delivery this period, and both mom and baby were negative at delivery.

- Offer Support Groups

TIES Women’s Support Group met 9 times in the period with a total attendance of 66 participants. There were 3 process groups, 3 activity groups, and 1 holiday celebration. There
were also two commencements, which are always special with the recognition of accomplishments uplifting both the graduates and continuing participants.

**Objective 3:** Identify and address children's needs

- 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.
- Conduct infant assessments
- 21 Bayley Infant Neurodevelopmental Screenings (BINS) were completed along with 28 videotapes for the modified Parent-Child Interaction Rating Scales administered by the TIES evaluation team with results shared with the assigned Support Specialist.
- Provide child-care and early intervention services
- Four children were in TIES supported child care or early intervention programs this period, including siblings.

**Objective 4:** Promote permanency for children

- Support families with home visits
- Families were visited in their homes 460 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.
- Connect families to appropriate agencies for other needed services
- 33 women were in treatment during the period; 11 for the first time since enrollment.
- Transportation was provided to nearly all active families in the period and emergency assistance to a number of families as well.
- Coordinate services with other providers
- Support Specialists had 394 contacts with individual agency staff regarding family needs including child services, health care, and alcohol and other drug treatment providers.
- 113 additional group professional contacts occurred including agency staffings with the Jackson County Children’s Division and Family Court.
- Identify and support relative caregivers within TIES families
• 17 TIES families have children in relative care or with a relative providing substantial caregiving. This represents 36 children.

• Concrete assistance was provided to 10 relative caregiver families this period. Support Specialists also provide parenting information, chemical dependence information, access to available resources, and other support to relative caregivers.

• Relative caregivers continue to be encouraged to attend one of the Family Friends Grandparent Support Groups. Five groups are operating across the city, and Grandparent mobilizers can be called on to provide support when needed.

PROBLEMS

Because our program model requires longer term involvement with families, decision making about enrollment becomes complicated when we do not know whether or not the program will continue to be funded after the end of this project period. After consultation with staff, Consortium and Advisory Council, the decision was made to end active enrollment on April 15. After that date, we will accept referrals for a waiting list only. We are proposing to extend our window for enrollment under new funding opportunities to six months postpartum. Therefore, if we are able to secure ongoing funding, we will be able to enroll families on the waiting list as soon as funds are secured. The families for the waiting list will be assigned to a Support Specialist who will make every effort to have contact by phone with the family at least two times per month in order to maintain contact families so they can be enrolled when funds permit.

Additionally, flat funding continues to make budgeting a challenge, as we finish our final year’s budget period, and see only a $25,000 annual increase in the new funding announcement. The budget constraints make it difficult to provide what is needed for families and to retain our experienced, highly qualified staff.

The Parent Resource Specialist hired with March of Dimes funds resigned in December to accept full time employment elsewhere. She helped us identify another candidate who we were able to hire in January. While there was some disruption in parenting specialist services to families, it was minimized by this quick action to fill the position.

SIGNIFICANT FINDING AND EVENTS

Key findings from the three year evaluation of both AIA cross-site and TIES specific data will be available next period.
**DISSEMINATION ACTIVITIES**

A two year award was made in May to Children’s Mercy Hospital by the Health Care Foundation of Greater Kansas City to replicate the work of the Metropolitan Task Force on Drug Exposed Infants in Cass and Lafayette counties adjacent to Kansas City. The grant provides for planning and building a task force in each of those counties to coordinate services and identify and address gaps for families with young children affected by substance abuse. Principal Investigator Alice Kitchen oversees the project, and Oneta Templeton McMann will help coordinate training for the group. Ms. Kitchen and Ms. McMann have met with both new task forces on multiple occasions. Training has been provided as well as facilitated discussion of some common areas for intervention shared by all the Task Forces. Additionally each Task Force has participated in the Values and Capacity survey instruments designed by the National Center for Substance Abuse and Child Welfare. These results have been illuminating and will guide the work of each task force, including Kansas City’s. Commonalities and differences in rural and urban communities will dictate the direction those efforts take.

Additionally, Ms. Kitchen and Ms. McMann have been asked by El Centro, a multi-service family support agency in Kansas serving a pre-dominantly Latino population, to provide training to their case management staff. El Centro secured a grant from the REACH Foundation of Kansas to fund training provided by Children’s Mercy Hospital social work staff around universal screening and limited comprehensive assessment of families presenting for services. We are looking forward to sharing and learning in this exciting venture.

**OTHER ACTIVITIES**

Principal Investigator Alice Kitchen and Program Coordinator Oneta Templeton McMann attended the Drug Endangered Children Alliance’s national meeting in Kansas City in October. It was sponsored by the Kansas Chapter, and we were able to discuss services for drug affected families with many members of the Alliance.

In October, all the staff from the TIES Program met with members of the community support teams at both of the Women’s and Children’s Drug Treatment Centers – Renaissance West Women’s Center and ReDiscover to exchange ideas and meet new staff. While we work very closely with each of these programs, we felt it important to arrange a personal meeting to make sure that new staff in each of the programs had their questions about TIES answered and to facilitate multi-agency communication once again.

In December, Ms. McMann was asked to participate in an evaluation of the Jackson County Family Drug Court. An extensive interview was conducted and feedback from the TIES Program perspective was provided. The Drug Court is a valuable partner in serving families and we look forward to the recommendations that will come out of the evaluation.
In January, Ms. McMann met with the Jackson County Prosecutor about the COMBAT (Community Backed Anti-drug Tax) funds and its support of the TIES Program. We provided outcome information, and Mr. Kanatzar expressed appreciation for the accomplishments of the TIES Program. He voiced his continuing support for providing match funds from COMBAT to support the TIES Program.

**ACTIVITY PLANNED FOR NEXT REPORTING PERIOD**

- Prepare application for *Abandoned Infants Assistance: Comprehensive Support Services for Families Affected by Substance Abuse and/or HIV/AIDS* funding opportunity

- TIES Program commencement will be held June 13.

- Seek publication of *In the Company of Moms: Unconventional Social Work*

- Implement waiting list for TIES Program comprehensive services.

- Initialize implementation of recommendations from key findings of evaluation.
April 28, 2008

Beth Watzman
Administration for Children and Families
Office of Grants Management
Division of Discretionary Grants
370 L’Enfant Promenade, SW
Aerospace Building-6th Floor East
Washington, DC 20447

Re: Award No. 90-CB-0139 Semi-Annual Program Report

Dear Ms. Watzman:

Enclosed please find our first Semi-Annual Program Report for Year 4 for the TIES Program at The Children's Mercy Hospital. If you have any questions, or need additional information, please contact me at the number above. Thank you.

Sincerely,

Oneta Templeton McMann
TIES Program Coordinator

cc: Patricia L. Campiglia
Children’s Bureau
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#8113
Washington, DC 20024