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2. Grantee Name and Address: University of New Mexico Health Sciences Center, Financial Services, MSC 09-5220, 1 University of New Mexico, Albuquerque, New Mexico 87131-0001

3. Telephone Number: (505) 272-6264

4. Project Title: Reflejos Familiares (Family Reflections): AIA Support Services for Families Affected by Substance abuse or HIV

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12. Name of Federal Project Officer: Patricia Campiglia

13. Date Reviewed by Federal Project Officer: ________________

14. Comments, (if any):
The following narrative incorporates information from the Reflejos Familiares administrative and clinical staff; specifically by the Senior Program Manager, Harrie Freedman, the Principle Investigator, Dr. Andrew Hsi, the Senior Social Worker, Nikki McCarthy, the Evaluation Coordinator, Patricia Peebles and the Evaluation Statistician, Marnie LaNoue.

The information reflects the first six (6) months of first year of the project. Consequently data collection and sources for collecting the data are not included, rather the status of the evaluation along with projected activities is included. Program information includes progress during this time period and projected activities for the remaining project year.

1. Major Activities and Accomplishments

GOAL I: Engage pregnant women in services through to delivery to improve their preparation for parenting

Objective IA (Activity): Provide intensive case-management services through to delivery to at least 65% of pregnant women who initiate services with the Project.

To date 16 pregnant women have been referred to the Reflejos Familiares (RF) program for intensive case management, 100% of whom have engaged in the program and are receiving services. The referrals have come from the Milagro Program, the Family Practice Clinic and from Youth Development Inc. (YDI), a community based program serving adolescents.

An additional Case Manager (1 FTE) has been hired in order to meet the case load demands related to receiving referrals for serving pregnant women in addition to the infants and toddlers and their families who continue to be referred for supports and services. Thus, there is a total of eight (8 FTE’s) case managers available to provide services to women who are referred to the Reflejos Familiares (RF) program for case management services during their pregnancy, and to infants and their families who are referred to the FOCUS Program (formerly known as the Los Pasos Program) for developmental and case management services.

Regular meetings have been established and referral procedures developed with the Milagro program’s behavioral health and prenatal care nursing staff. The Milagro Program provides prenatal care and substance abuse counseling to substance using pregnant women. In addition, outreach to Family Practice Clinics serving pregnant women is occurring along with information to the community regarding the availability of the service.
The case record has been developed that includes the intake, procedural safeguards, HIPAA/privacy safeguards, the treatment plan or Family Reflection Plan, and contact note format. The intake form has been developed which has been adapted from the cross site evaluation Time 1 Data Collection Tool from which a unique identifier is assigned to each client enrolled in the project. The unique identifier follows the taxonomy required for the cross site evaluation. The administrative assistant enters this date into the spreadsheet provided by UMKC for data reporting purposes. The data obtained from the intake form will be incorporated into the evaluation of the project.

Two (2) of the pregnant women enrolled in the RF project have delivered healthy infants who are in the process of being enrolled in the FOCUS program for ongoing developmental monitoring, primary medical care and continued family support including case management, developmental guidance and emotional support. All services are coordinated with the substance abuse counseling program in which the women are participating.

**GOAL II: Promote parental efficacy that supports optimal development of infants and young children.**

*Objective IIA (Activity):* Provide ten 12 week cycles of a Mi Hijito-Mi Hijita parent support group program to at least 100 mothers of infants aged 4-12 months.

The Infant Mental Health Consultant and the Sr. Social Worker have met with the program director of All Faith’s, which is the community collaborating agency that will provide the site and material support for MH-MH Parent group. Child care needs during the parent discussion portion of the group were discussed and the day and time for group was established. All Faith’s will provide a conference room suitable for the group, and will have two (2) additional rooms for childcare, staffed by an agency staff person and volunteers. They will also provide audiovisual equipment for the group sessions.

The IMH consultant and the Sr. Social Worker have been meeting weekly to discuss and develop the curriculum for the mother-child group intervention. They are collaborating with Glen Cooper, Bert Powell and Kent Hoffman from the Circle of Security™ Project, [http://www.circleofsecurity.org](http://www.circleofsecurity.org), and are adapting the Circle of Security™ interview and curriculum materials with their permission. The Circle of Security™ collaborators will provide weekly supervision regarding the curriculum.

Recruitment and intake procedures have been developed and identification of potential participants for the intervention group and the comparison group has begun. Recruitment for the mother-child group intervention has been delayed pending approval of the research study by the University of New Mexico Human Research Review Committee (gained 4/9/09).
**Objective IIF (Activity)** - **Dissemination Activity:** Develop a facilitator guide for Mi Hijito-Mi Hijita group program in order to disseminate information to the greater community of providers of services to infants at risk for abandonment.

This activity will occur during Year 3 of the RF project and according to the anticipated timeline submitted with the proposal.

**GOAL III: Develop and sustain an integrated, community-based system of services for infants and young children prenatally exposed to drugs and alcohol and their families**

**Objective IIIA (Activity):** Create an advisory council of community stakeholders that includes consumers, providers and others to inform and advise regarding the system of care for young children at risk.

A Training and Development Consultant, Carolyn Hilton Miney was hired in January to provide coordination and support for this activity and community stakeholders are in the process being engaged and recruited. Ms Miney along with the Sr. Program Manager attend the New Mexico Behavioral Health Collaborative subcommittee on the Children’s System of Care.

The Training and Development Consultant has also begun developing the Family Solutions Council by working with the case managers to recruit and engage family participants in the Council. Flyers and newsletter templates have been created, a meeting space and childcare at the UNM Children’s Center has been secured and interested parents have been contacted.

**Objective IIIB (Activity):** **Dissemination Activity:** By the end of the fourth year of the project, develop a web-based community resource guide and training module for general dissemination.

The Training and Development Consultant has requested server space for the Reflejos Familiares web page within the Center for Development and Disability and began the process of drafting the page design in compliance with the web requirements of the Center for Development and Disability.

The Training and Development Consultant created different recruitment materials including three different brochures targeting both clients and community stakeholders, and a number of flyer templates for use in advertising events and meetings. These outreach and information brochures that have been developed will be finalized for distribution during the next reporting period.

**Evaluation Activities and Accomplishments:**
Data collection and analysis will begin during the second six (6) months of the project and during each subsequent funding cycle for the following Objectives:
• **Objective IB (Outcome):** Women who have received the project’s pre-natal case-management services demonstrate an increased preparation for parenting between time of enrollment in the Milagro Program and time of enrollment at FOCUS after delivery.

• **Objective IC (Outcome):** Women who have received the project’s pre-natal case-management services demonstrate greater preparation for parenting and less parental stress after the birth than the women in a comparison group comprising women who join the FOCUS program after delivery.

• **Objective IIB (Outcome):** Women who participate in the 12 week Mi Hijito-Mi Hijita parent support group program demonstrate more parental efficacy than women in matched comparison groups who receive case management services but do not participate in the group.

• **Objective IIC (Outcome):** A greater proportion of infants whose mothers participate in the Mi Hijito-Mi Hijita program demonstrate typical socio-emotional development than infants whose mothers are in matched comparison groups, receiving services but not participating in the support group.

• **Objective IID (Outcome):** Families where mothers participate in the 12 week Mi Hijito-Mi Hijita group program demonstrate greater improvement in their scores on the North Carolina Family Assessment Scale (NCAFS) than families in matched comparison groups who receive services but do not participate in the support group.

• **Objective IIE (Outcome):** Families where mothers participate in the Mi Hijito-Mi Hijita group program have a greater number of contacts with services in the period from birth to completion of the support group than families in matched pairs comparison groups who receive services but do not participate in the group.

The application for approval of the evaluation design and implementation was submitted to the Human Research Review Committee (HRRC), the University of New Mexico’s Institutional Review Board, for a full committee review because the study involves a ‘vulnerable’ population. The application included (i) the 26-page application form (ii) a 12-page investigator’s protocol, (iii) four different 4-6 page informed consent forms, appropriate for each stage of the study, and group of women participating, (iv) a data monitoring protection plan, and (v) other required permission, withdrawal, recruitment forms/materials. The committee asked for clarification on the application and responses to these questions were prepared and submitted. Full approval was obtained on April 9, 2009.

In anticipation of approval, recruitment materials and consent procedures, including the development of the script that will be used to obtain consent, have been developed in accordance with the HRRC recommendations. The Training and Development Consultant (see Goal III) has been hired and will implement the consent process as an unbiased staff not providing direct service to the potential evaluation participants.

The evaluation team including the Evaluation Coordinator, the Sr. Program Manager and the Sr. Social Worker met with the evaluation statistician to begin planning the
data bases and procedures for data collection and analysis. See Evaluation Activities Planned for the Next Reporting Period below for detail.

All assessment instruments including the Adult-Adolescent Parenting Inventory, the Parenting Stress Index, the ASQ-SE questionnaire and the NCFAS have been obtained along with the accompanying instruction, scoring and data entry manuals. The Sr. Program Manager has been recertified at the 90% reliability level in the administration of the NCAST Parent-Child Teaching Observation assessment that will be used in the evaluation.

2. Problems and Barriers

- The length of time it took to complete the HRRC application and to get it approved turned into a much longer process than anticipated. The fact that this was occurring during the holiday season contributed to the delay as the University closed for approximately 2 weeks during this time. We had hoped for an expedited committee but a full committee hearing was required. Once reviewed by the committee we needed to submit the requested clarifications. Fortunately the application received a favorable review and was approved on April 9th.

- Recruitment of pregnant women was slower than anticipated. Some of the barriers have been related to obtaining the necessary consent (CFR-42) from the women participating in Milagro program which is a substance abuse treatment program. It took several meetings with both the Reflejos Familiares staff and the Milagro behavioral health staff to identify and establish a process for these referrals.

- The group intervention was delayed pending approval of the University of New Mexico Human Research Review Committee.

- Recruiting parents for the Family Solutions Council has been challenging. Five (5) parents indicated they were interested, a meeting was arranged and the parents did not attend. Lack of transportation was identified as a barrier. The need for direct contact from the Training and Development Consultant was also identified as a need.

3. Significant Events and Other activities

- Dr. Hsi, the Principle Investigator, Patricia Peebles the Evaluation Coordinator and Harrie Freedman, the Sr. Program Manager attended the AIA Kick Off meeting in December 2008.

- Ms. Freedman, the Sr. Social Worker, Nikki McCarthy, and other staff participated on committees the address the needs of Reflejos Familiares and FOCUS families including: New Mexico Association for Infant Mental Health (the Sr. Program Manager is on the Board of Directors); IMH System of Care Summit for the greater Albuquerque Metro area; The Bernalillo County Local
Collaborative (Behavioral Health); The Children’s Sub Committee of the NM Behavioral Collaborative; the Metro Region Family Infant-Toddler Program Provider meetings and the Metro Region Transition Team; Health Policy Legislative Forum sponsored by the Early Childhood Action Network and the NM Public Health association.

- Dr. Andrew Hsi presented the following: “Caring for Children in a Pediatric Medical Practice When Parents Have Intellectual Challenges,” workshop presentation to the North American Coalition for Parents with Intellectual and Cognitive Disabilities at the 2008 Southwest Conference on Disability, Albuquerque, NM; “Substance abuse (Placental transfer and breastfeeding),” workshop presentation to 3rd International Meeting on Indigenous Child Health: Many Voices into One Song, Albuquerque, NM; “The Care of Infants and Children with Prenatal Opiate Exposure,” Indian Health Services National Obstetricians’ and Pediatricians’ meeting, Telluride, CO; "Prenatal Opiate and Methadone Exposure and Neonatal Abstinence Syndrome,” Presentation to FOCUS staff and the Center for Development and Disabilities, Albuquerque, NM; "Adverse Childhood Events and Influences on Health Behavior and Health Risks over the Lifespan: A case study for collaboration between the clinical law program and the FOCUS Program.” Lecture to Clinical Law Student Program Class at University Hospital, UNM School of Law, Albuquerque, NM; "Prenatal Drug Exposure and Effects on Child Health and Development.” Presentation to LEND Program graduate students and the Center for Development and Disabilities, Albuquerque, NM.

- FOCUS and RF Program staff participated in a variety of trainings and workshops during this reporting period including: The New Mexico 4th Annual Interdisciplinary Early Care and Intervention Conference in November featuring Dr. Neil Boris from Tulane University School of Medicine, New Orleans, LA as the keynote speaker who addressed: "Attachment and Development: From Science to Practice”; The Children’s Law Institute: Trauma: Foundations For Effective Response and included a full day workshop with Dr. Bruce Perry on “Maltreatment and the Developing Child and the Neurosequential Model of Therapeutics”; The New Mexico Association for Infant Mental Health annual meeting presentation on “The Intersection of Trauma and Attachment in Infants and Toddlers”; Dr. Kristi Brandt for the Child Trauma Academy on “Shaping the Brains of Babies and Parent: the Neuroscience of Attachment and Infant Mental Health”; A workshop with Dr. Andrew Hsi on the “Management of Newborns and Infants with Prenatal Drug Exposure”; Ybeth Iglesias presented a workshop on “Supporting Parents Who are Cognitively Limited”.

4. Activities Planned for the Next Reporting Period
Program Activities:
- Continued outreach to family practice clinics, the Maternal and Infant Program that provides prenatal care to low income women, WIC and other community
programs will occur during the next six (6) months of the project and ongoing in subsequent funding periods. The Case Management staff of the RF and FOCUS Programs are our ambassadors in the community and support outreach activities for recruiting eligible women. It is anticipated that the rate of enrollment will increase so that two (2) to four (4) referrals are received most weeks and that the project will have served 40 – 50 pregnant women by the end of September.

- The first 12-week group will start in May. For the first MH-MH parents support group, the Infant Mental Health Consultant, who has been trained and certified in Circle of Security™ interview procedures, will conduct the MH-MH interviews. Recruiting for the second MH-MH group will begin in July 09, and that group will take place beginning in August 09.

- The Sr. Social Worker has registered for their 10-day intensive training, June 16-25, on the Circle of Security Interview and Assessment procedures.

- The Training and Development Consultant will meet parents interested in the Family Solutions Council directly and the Council will have its first meeting and then meet on a regular basis. Funds will be allocated for transportation as this seems to be a barrier to attendance. At least two (2) representatives from the Family Solutions Council will be recruited for the Community Advisory Council.

- The Community Advisory Council will meet and will develop a set of shared values and goals and identify was it can interface with the activities of the NM Behavioral Collaborative Children’s Sub-Committee on a System of Care for Children.

- Planned training activities include: a presentation by Dr. Bruce Trigg on the use of Buprenorphine; a workshop on Pregnancy: a Developmental Transition by Harrie Freedman, the Sr. Program Manager and a 1 and ½ day training on Using Videotaping to Enhance Nurturing Parent/Caregiver-Child Relationships by Jacqui Van Horn MPH, IMH-E.

- **Dissemination Activity:** The Training and Development Consultant will complete the web page which will become active and will begin to develop the web-based community resource guide for general dissemination with the guidance of the advisory council of community stakeholders and the Family Solutions Council.

**Evaluation and data collection activities**
With the HRRC approval in April recruitment of women for the prenatal case management intervention and for the parent-child support group intervention and for the comparison groups will occur. Once parents and/or pregnant women have signed the informed consent to participate in the study, pre-test instruments will be administered.
The Training and Development Consultant and the Sr. Program Manager are working together to orient project staff about their role in the study with an orientation to the use of these instruments planned in early May. Orientation includes training on the administration of the evaluation instruments: the Adult-Adolescent Parenting Inventory, the Parenting Stress Index, the ASQ-SE questionnaire the NCFAS which will be administered by the case managers. The NCAST Parent Teaching Observation Scale will be administered by the Sr. Program Manager who is certified as reliable in the administration of this observational assessment.

The Training and Development Consultant will formalize the consent acquisition and tracking processes as the study proceeds, and continue to develop recruiting and training materials as needed.

The evaluation statistician will work with the project’s administrative assistant to create the specific access data bases needed for the project and data entry will occur as the data is collected.

A code book will be created that has explicit directions for data management and entry -- where/how to retrieve non-local data sources, how to compute the analytic variables, how to compute summary statistics for analytic variables, etc. At this stage the references for the scales that will be used will be identified and their reliability/validity information will be entered in this codebook.

A 'shell' of a "master" database will be created for the all women screened for research, whether they participate or not, that includes things like demographics, age, number of children, previous participation in programs, intake date, reasons for refusal or drop out of program, how they were referred, dates of service delivery etc. Much of this information will be derived from the intake information along with the progress or contact logs.

Syntax files will be written and saved that perform all the necessary operations on the raw scores to compute their final analytic form, and output all this to an analysis database. A list of databases will be created and maintained for central data management.

The analysis plan is to use, to the greatest degree possible, the method of hierarchical linear modeling (HLM; Raudenbush& Bryk, 2002), which is capable of detecting both between group differences as well as statistical analyses of change over time, which is often more sensitive than just between group comparisons. Initial analyses will focus on screening the incoming data for completeness for the purposes of tracking/quality assurance on the data collection and management processes. Also, as data are collected, the statistician will attempt to estimate the magnitude of proposed treatment effects on the basis of actual data, which is often useful for determining the minimum number of participants needed to detect an effect. Actual hypothesis testing will take place when data collection is closed.