DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR CHILDREN AND FAMILIES

Semi-Annual Performance Report - Cover Sheet


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I. Executive Summary

Arbor Circle’s Mission Inn program has been an Abandoned Infants Comprehensive Service Demonstration Project providing clinical intervention and support to families with young children affected by substance abuse or HIV/AIDS since 1997. The primary goal of Mission Inn is to promote safe, secure, permanent and nurturing homes for infants and young children at risk of abandonment or who have been abandoned due to the effects of parental substance abuse. Mission Inn uses a comprehensive, community-based wraparound model that integrates the principles of Infant Mental Health and substance abuse treatment. This cultural and gender-sensitive treatment approach is provided in the child’s natural environment and addresses the specific needs of substance using women and their young children. The project is located in Grand Rapids, Michigan and primarily serves Kent County.

Since its inception, Mission Inn has served more than 307 families, 149 of which were served during the grant period of 10/1/05-9/30/09. One hundred and fifty index children and fifty-four siblings received services during this time.

Mission Inn has a successful history of providing flexible services using a wraparound model that provides comprehensive, community-based services to families with infants and young children who are at risk of abandonment. Services are designed to prevent the abandonment of infants and young children and to promote safe, secure, permanent, nurturing families through a program that coordinates and provides health, education and social services.

Mission Inn offers an approach to services that combines Infant Mental Health (IMH) therapy with gender-specific substance abuse treatment. Individual specialists, trained in both IMH and substance abuse treatment models provide the core services and coordinate care for the identified family. Peer mentoring, family training and community education are provided to complement
and enrich the model.

Mission Inn provides services that address both the family and the child domain. This includes:

Family Domain:

- Family engagement
- Individualized Family Service Plan (IFSP)
- Service coordination
- Standby guardianship and permanency planning
- Substance abuse
- Basic needs assistance
- Respite services
- Social support network
- Cultural competency
- Transition from services

Child Domain

- Assessment of development and identification of delays
- Knowledge of child development
- Caregiver-child attachment
- Parenting skills

Mission Inn also works on the systems level to enhance skills and abilities of practitioners by (1) sharing the knowledge infant-family therapists have gained through working with these families, (2) developing useful service products for others, and (3) creating a sound plan for continuing this project beyond the period of Federal funding. The project focuses on systems change at family, community and state levels to promote healthy children, families and communities.

C. Findings

Mission Inn has been successful in improving the quality of their services over the last four years as well as improving outcomes for families and children. Mission Inn’s involvement in community collaboratives has led to improved outcomes for the early childhood system.

Improving the Quality of Mission Inn Services

Engaging families. The number of families being served by Mission Inn annually has increased from 36 in FY 2001-2002 to approximately 76 in FY 2008-09. The total number of families
served during this grant period is 149. Mission Inn has an impressive track record of engaging families and keeping them engaged in services. Over time Mission Inn has increased the number of families that remain engaged in services for at least three months. In the first year, 33% stayed in services at least three months. By year two, this had increased to 76% and the most recent data indicates that 93% of families remain engaged in services for at least three months.

**Coordinating services.** In the last four years Mission has worked with a total of 40 other agencies in Kent County to coordinated services for families. This has resulted in (1) reducing family stress that can be caused by multiple service providers making home visits and (2) ensuring that families receive a consistent message from their service providers.

**Providing home-based substance abuse services.** It is difficult to treat mental health, infant mental health and substance abuse as separate issues. Mission Inn staff have been dually trained to address both infant mental health and substance abuse issues with a family. This has resulted in fewer home-based therapists visiting the family, and a more cohesive service plan.

**Satisfaction with services.** Family satisfaction surveys reflect the high quality of services provided by Mission Inn. Ninety-seven percent (97%) of families completing the satisfaction survey strongly agreed or agreed with the statement “I received services promptly” (n=65). Ninety-seven percent (97%) of families strongly agreed or agreed with the statement “Agency/program staff were respectful of me and my culture” (n=66). Ninety-five percent (95%) of families strongly agreed or agreed with the statement “The services I received were helpful” (n=66).

**Improving Outcomes for Families**

**Families are making progress in completing their goals.** All families have an Individual Family Service Plan (IFSP) based on a strengths and needs assessment. The IFSP includes specific goals developed by the family and the family-infant therapist. Many of these goals address child development and substance abuse. Mission Inn families with a child placed out of home are encouraged to develop a permanency plan. Ninety-seven percent (97%) of these
clients were involved with permanency planning process within 12 months (n=11). Overall, 96% of children had less than 3 transitions while receiving services from Mission Inn (n=121).

**Caregivers are addressing their substance abuse issues.** Seventy-five percent (75%) of caregivers are participating in home-based substance abuse services. Based on the Stages of Change model, at intake 73% of caregivers are at the pre-contemplation, contemplation, and preparation stages; 22% are at the action stage and 6% are in maintenance. By Time 2 or their most recent report 66% were at the pre-contemplation, contemplation, and preparation stages; 28% are at the action stage and 7% are in maintenance.

**Healthy attachment between caregivers and their children is improving.** Healthy attachment between the caregiver and child is necessary to provide a nurturing home and to promote positive child development. Based on the Attachment Sub-scale of the Parenting Stress Index, the percentage of caregivers whose attachment scores were within the normal range increased from 50% at intake to 56% at six months. Forty percent (40%) of caregivers rated at significant or severe concern on responsiveness to their infant's needs on the Objectives/Problems Checklist had improved between intake and six months (n=30)

**Improving Outcomes for Children**

**Children with developmental delays are making progress toward developmental milestones.** Twenty-six children were identified as having delays on the Ages and Stages Questionnaire (ASQ) developmental assessment at intake (T1). Twenty-five children were identified as scoring outside of the normal range on the ASQ Social-Emotional (ASQSE) scale, ten of whom also were identified as having delays on the ASQ. Thirty-three children were referred for educational services outside the home and 45 caregivers implemented an intervention strategy at home. Of the 15 identified with delays at T1 with a second ASQ assessment at six months (T2), 11 (73%) scored within the normal range at T2. Of the 17 scoring outside of the normal range on the ASQSE at T1 with a second ASQSE assessment at T2, 7 (41%) scored within the normal range at T2.
Child development is being promoted through appropriate interactions between children and their caregivers. Mission Inn has demonstrated effectiveness in reducing a caregiver’s inappropriate expectations for his/her child(ren). The Objectives/Problems Checklist Infant/Caregiver Relationship Subscale measures a caregiver’s perception of the demands a child places on her that may result from unrealistic expectations. Of the 30 caregivers who were rated as having significant or severe concerns on responsiveness to infant’s needs at T1, 40% had improved by T2.

Improving Early Childhood System Outcomes
Mission Inn involvement in community collaboratives has resulted in more cohesive, higher quality, early childhood services. Because the Mission Inn Program Manager actively participates in with multiple collaborative groups, she is able to share information about duplication of services across agencies, resulting in a better use of resources. Her participation in the development of standards for physical and mental health, early care and education, and family support and education has resulted in increased community support.
II. Introduction and Overview

A. Overview of the community, population and problem

Kent County
Kent County, the project's primary target area, is the fourth largest county in Michigan covering 856 square miles in the western part of the state. The county has a population of approximately 600,659 residents and has experienced a growth rate of 5% from 2004 to 2008.\(^1\) Grand Rapids, the second largest city in Michigan with a population of 200,000, experiences social and economic problems typical for a city of its size. Poverty is a condition recognized as a leading indicator for human service needs. Although Kent County overall has a median household income above that of the national average ($45,980 vs. $41,994), the minority population of Kent County has a median income of $13,531 for African American/Blacks, $13,754 for Native Americans, and $11,841 for Hispanic/Latinos. The unemployment rate for Kent County nearly doubled between January 2008 and 2009 from 6.3% to 10.3%.\(^2\) The number of area residents considered to be in extreme poverty (half of the federal poverty rate) increased 65% between 2000 and 2007.\(^3\)

Children under the age of 5 comprise 8% of the population of Kent County. The infant mortality rate in the county is unacceptably high at 8.5 deaths per 1,000 live births for the general population in Michigan, and 19.4 deaths per 1,000 live births for the African American population (2001-2003).\(^4\) The 2000 US Census data indicate that nearly 17% of children 0-5 live in poverty, and for those children living with a female head-of-household, no husband present,

\(^1\) U.S. Census Bureau, Census 2000.


\(^4\) Michigan Department of Community Health, Infant Mortality Rates by Region and Race, www.mdch.state.mi.us
the poverty rate is 40.2%.

Community Problems Related to Child Welfare

The potential for infant abandonment due to parental substance abuse is of significant concern. Kent County has a significant need for comprehensive, community-based services to meet the needs of the target population.

- In Kent County between October of 2007 and September of 2008, there were 777 substantiated cases of abuse and neglect. Data from prior years show that 18% of substantiated cases involve neonatal substance exposure.\(^5\)

- Kent County Child Protective Services has reported in previous years receives 7-10 infant referrals a month involving parental substance abuse, or 84-120 per year.

Kent County has gaps in services available to families with infants and young children at risk for abandonment due to parental substance abuse.

- In the most recent year for which data are available, publicly funded substance abuse treatment services reported serving 910 women, only 56 of which were pregnant women.

- Local family support programs typically do not enroll families who are actively abusing substances.

- There is only one residential substance abuse program that allows children to accompany their mothers into treatment in the area.

- Very few substance abuse services offer child care for outpatient treatment and none integrate treatment for the women with treatment for the children.

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\(^5\) Kent County Department of Human Services, SWIS database.
• In February 2009 Spectrum Health, the largest area hospital, significantly reduced the Mothers Supporting Mothers (MOMs) program that provided prenatal counseling and assistance to mothers at risk for delivering unhealthy babies due to various risk factors including substance abuse.

• St Mary’s Health Care, the second largest hospital that serves the highest uninsured population, recently eliminated the Maternal Infant Health Program, a preventative health program that provided health education, counseling, referral, nutritional, nursing and advocacy services, due to budget cuts in 2008.

• The state of Michigan has a projected $1.4 billion deficit for FY 2010. As part of budget cuts to address this deficit the fiscal plan released in February 2009 detailed several reductions and eliminations to early childhood services for families which will impact local services: the Nurse Family Partnership (home visitation for first time low income mothers), 0-3 Secondary Prevention programs (family centered prevention services to families at risk for abuse and neglect), and Parents as Teachers (home visitation for parent education)6. Furthermore, the Governor’s Executive Order 2009-22 (May 2009) proposes over a $12 million in cuts to mental health, substance abuse and home visiting services including, but not limited to a $1.5 million cut to substance abuse prevention programs and elimination of funding for children’s mental health respite including respite for young children.

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Mission Inn Program

Arbor Circle Corporation, a 501(c)(3) organization, was created in 1996. Arbor Circle’s Mission Inn program has been an Abandoned Infants Comprehensive Service Demonstration Project providing clinical intervention and support to families with young children affected by substance abuse or HIV/AIDS since 1997.

Mission Inn uses a comprehensive, community-based wraparound model that integrates the principles of Infant Mental Health and substance abuse treatment. This cultural and gender-sensitive treatment approach is provided in the child’s natural environment and addresses the specific needs of substance using women and their young children. The project is located in Grand Rapids, Michigan and primarily serves Kent County.

The primary goal of Mission Inn is to promote safe, secure, permanent and nurturing homes for infants and young children at risk of abandonment or who have been abandoned due to the effects of parental substance abuse.

Target Population

Since its inception, Mission Inn has served more than 307 families, 149 of which were served during the grant period of 10/1/05-9/30/09. One hundred and fifty index children and fifty-four siblings received services. A combined 40% of the biological mothers served were of racial or ethnic minorities (n=121, see Figure 1). Fourteen percent (14%) of the biological
mothers were living in a non-permanent living arrangement at enrollment, which included transitional living or jail \((n=118)\). Sixty-seven percent \((67\%)\) were single female head of household, never married \((n=118, \text{ see Figure 2})\).

### i. Risk Factors – Family of Origin

The following risk factors were present in the families of origin of children served:

- 92% reported history of substance abuse \((n=117)\).
- 10% reported current substance use \((n=118)\).
- 62% had an active or previous case with Child Protective Services \((n=109)\).
- 35% had a history of children being removed from the home due to abuse or neglect \((n=118)\).
- 39% reported a history of childhood physical abuse \((n=117)\) and 48% reported childhood sexual abuse \((n=115)\).
- 75% reported being the victim of domestic violence \((n=115)\).
- 25% confirmed current or past prostitution \((n=116)\).

A combined 75% reported 4 or more of the following risk factors: history of or current substance abuse, childhood physical or sexual abuse, psychiatric illness, domestic violence, HIV/AIDS diagnosis, prostitution,
selling drugs, criminal conviction, current probation or parole, child protective services involvement and children removed from the home (n=114, See Figure 3).

ii. Risk Factors – Index Children

In addition, at enrollment the following risk factors were present for the 150 index children served:

- 70% were home with their biological mother (15% with child welfare involvement, 13% were currently pregnant with index child), 1% were hospitalized, and 29% had been removed or voluntarily relinquished. Of these, 3% were in a pre-adoptive/adoptive home or in temporary foster care and 8% were living with relatives or in formal kinship care.

- 48% were African American, a local population with an infant mortality rate more than twice that of the general population (n=137).

- 83% were exposed to a dangerous drug or alcohol prenatally, 27% of whom scored below average on the developmental assessment at intake (n=113).

- 19% were born with low birth weight (<2500 grams) (n=125), 22% had special care needs at birth (n=132) and 2% had congenital abnormalities (n=131).

B. Overview of Program Model

Mission Inn Services was conceptualized in 1997 to provide comprehensive, community-based services to families with infants and young children who are at risk of abandonment. The primary goal of Mission Inn is:

To promote safe, secure, permanent, nurturing families for infants and young children at risk of abandonment, or who have been abandoned, through a program that coordinates and provides services to promote health, education, and social services for such infants and children and their caregivers in West Michigan.
In order to achieve the above stated vision, Mission Inn works collaboratively with public health, mental health, substance abuse, child welfare, legal, and early intervention services to develop a comprehensive system to address the needs of target families. The project actively engages women with substance abuse issues in services that will:

- Improve their ability to maintain a permanent place of residence for their children
- Reduce the number of changes in guardianship for their infants and children
- Eliminate or minimize their substance abuse and relapse
- Improve their overall mental health by addressing symptoms of depression
- Improve parent-infant attachment
- Reduce abuse and neglect
- Increase use of early intervention services to promote optimal child development

Mission Inn has a successful history of providing flexible services using a wraparound model that provides individualized, family-centered, community-based interventions. Services are provided primarily in the child's natural environment and promote safe, secure, permanent, nurturing families for identified infants and young children.

Mission Inn offers an approach to services that combines Infant Mental Health (IMH) therapy with gender-specific substance abuse treatment. Individual specialists, trained in both IMH and substance abuse treatment models provide the core services and coordinate care for the identified family. Peer mentoring, family training and community education are provided to complement and enrich the model.

The following program description is organized into three sections: Family Domain, Child Domain and Systems Domain. The Family Domain describes services to meet family needs and improve family functioning. The Child Domain describes services to improve child
development, attachment relationships and parenting skills. The Systems Domain describes strategies and collaborative initiatives to further develop an infrastructure of comprehensive support services, community-based agencies and systems to meet the needs of the target population. (See Logic Model, Attachment A) Detailed Goals and Objectives are described in the Action Plan, Attachment B.

i. Family Domain

In order to meet the needs of the target population, three configurations of families caring for infants and young children exposed to parental substance abuse are served by the project: biological families, adoptive/pre-adoptive families and temporary foster families. All families served receive comprehensive, strength-based, family-centered IMH services in the child’s natural environment from a primary infant-family therapist. Crisis interventions and supportive services, such as respite and basic needs assistance, are provided and coordinated with community-based resources and agencies. In substance involved families, services are integrated with gender-specific substance abuse treatment, and in adoptive, pre-adoptive, foster and relative care families; services are integrated with permanency planning.

1. Family Engagement

Substance involved families with infants and young children at-risk of abandonment are difficult to engage in services. Families distrust service providers and equate them with the child welfare system, and such distrust inhibits the development of a therapeutic relationship. In order to meet family engagement goals and objectives as identified in the Action Plan the infant-family therapists:

• Make initial contact with the family within 1 week of receiving a referral;
• Make repeated contacts to engage families who are resistant;
• Develop a signed service agreement with the family that describes the services to be provided and the roles of the family and the therapist;
• Ensure agreed upon contact is maintained.

2. Individualized Family Service Plan

Research indicates that in-home services are effective, in part, because they flexibly assist families in meeting multiple goals. Services are more likely to be effective if they use a wraparound-model that is individualized to each unique family situation, are family driven, and are strength-based.

Mission Inn’s first step to service provision is a thorough screening and assessment of the family, which includes an assessment of the families’ stress and areas of concern using the Parenting Stress Index. Building upon the assessed strengths and needs, the family and the infant-family therapist develop an Individualized Family Service Plan (IFSP) to guide services using short, intermediate, and long-term goals.

The IFSP is generated collaboratively by the infant-family therapist and the family. It documents the agreed upon goals and the action steps and activities that are required to reach those goals. The IFSP and the family’s progress toward goals are reviewed and updated at least every 6 months. A transition plan, based on completion of service goals and reduction of concerns, is included in the IFSP to prepare families for a less intensive level of service and/or

3. **Service Coordination**

Mission Inn collaborates with other community-based agencies to provide comprehensive support services to families. The infant-family therapist acts as case manager in the coordination of these services. Families are referred to needed services, and the infant-family therapist assists the family to advocate for themselves to obtain services and assistance.

4. **Standby Guardianship and Permanency Planning**

Families involved in substance abuse are at risk for needing both standby guardians and a permanency plan. Although standby guardianship is not legally recognized by the State of Michigan, Mission Inn encourages caregivers to develop informal standby guardian plans when the need is identified. A caregiver, for example, may need a standby guardian if she enters residential substance abuse treatment, needs hospitalization or faces incarceration. Without a plan, the child may be placed in foster care rather than with a family member. If a caregiver is unable to be reunited with a child, loses custody of the child, or is unable to continue as the primary caregiver, a permanency plan is needed. A permanency plan allows for smoother and less frequent transitions of custody for the initial caregiver, new caregiver and the child. Children with a permanency plan are less likely to be placed in foster care and more likely to be placed in a permanent family environment.

For infants and young children in temporary care, Mission Inn coordinates services with the child welfare provider to ensure that a permanency plan is adequately developed and implemented. Mission Inn facilitates intensive permanency planning coordination to families.
with a goal of providing these infants and young children with a permanent adoptive family or reuniting them with their biological caregivers. All Mission Inn families are encouraged to develop plans for expected and unexpected separations. The project works with each family individually to:

- Identify the need for standby guardianship and/or a permanency plan;
- Make referrals to legal advocacy and adoption services;
- Provide flexible funding for legal services;
- Support decisions made by caregivers around relinquishment of parental rights;
- Provide grief counseling and mental health treatment;
- Provide flexible spending to refer to psychiatric services when appropriate.

5. Substance Abuse Treatment

Responsibility for care of dependent children is one of the most significant barriers to substance abuse treatment. Women seeking treatment are at risk of losing public assistance support and custody of their children thereby making the decision to begin treatment daunting and overwhelming.

Mission Inn’s underlying philosophy in treating substance abuse is that the framework of women’s lives is defined by her relationships with others. How she feels about, and functions, in her relationships are key to understanding her substance use and motivation for treatment. A relationship with a partner, for example, is often the context of her substance use and her relationship with her children is often a motivating factor for engaging in treatment. Mission Inn is a vehicle to bridge that understanding.

All biological caregivers served by the project have an identified substance abuse treatment need. In the Grand Rapids area, few treatment programs provide gender specific services to assist
women in reducing these barriers. Only one residential substance abuse treatment program, for example, allows children to accompany their mothers into treatment. Very few offer child care for outpatient treatment and none integrate treatment for the women with treatment for the children. Mission Inn meets the needs of the target population and fills a community gap in service as the only provider in the area that offers families in-home services that integrates both substance abuse treatment and services for infants and young children.

Trained, competent infant-family therapists provide and coordinate substance abuse treatment to families in their home and integrate treatment approaches with services focused on the infant or young child. The project uses intervention strategies from several best practice and innovative substance abuse treatment models to assist women in reducing/eliminating their substance use and improving family functioning.

Techniques from Stages of Change, Motivational Interviewing, Cognitive-Behavioral Therapy and Harm Reduction models are integrated into a comprehensive approach. The Stages of Change model, developed by Prochaska and colleagues,\(^\text{11}\) is an evidence based model that has undergone testing and has generated countless other research projects and publications.\(^\text{12, 13}\) It has been successfully used as a model of substance abuse treatment, as well as other health and lifestyle changes. Motivational Interviewing, a model that incorporates a person-centered approach using empathy and unconditional positive regard, is considered highly effective in treating women with substance use disorders. Cognitive-Behavioral Therapy (CBT) helps women to develop new thinking skills to reorganize their drug-related beliefs that promote urges

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and cravings. CBT changes women's behaviors, which in turn changes and reinforces new thinking skills. Harm Reduction is a treatment model that views any treatment goal that helps to reduce harm to an individual as valid. Strategies are used to assist families in limiting the negative effects of substance abuse. Mission Inn matches and integrates strategies from each of these models to match the family's individual treatment needs, educate the family about the effects of substance use on functioning and demonstrate the impact of substance abuse on the child.

6. Basic Needs Assistance

A primary caregiver cannot adequately protect and nurture her infant or young child if the family's basic and immediate needs for such things as food, medical care, and housing are not met. When families are unable to meet basic needs, they are at increased risk for abuse or neglect. Mission Inn reduces that risk by providing and coordinating assistance to meet basic needs of families. The power of such assistance is described in Weatherston's statement, "Such assistance offers a powerful metaphor for the help that a specialist will be able to give to support caregivers in caring for their infants and in reducing risks of failure in families." Mission Inn reserves discretionary funds to assist families with basic and other needs such as transportation, psychiatric services, legal assistance and respite care.

In addition to providing direct assistance, the project assists families to identify and access community resources and develop skills to better meet the needs of their family. Families need other services not provided directly by the project. They are often unaware of the constellation of services available in their service area or may need assistance in accessing these services.

Mission Inn broadens the scope of accessible services by:

- Providing an up-to-date handbook of services and resources available.
- Facilitating and assisting access to services.
- Advocating for families when trying to access other services.
- Removing barriers to access, including transportation.
- Maintaining positive working relationships with other community agencies.

7. **Respite Services**

The demands of an infant or young child can become overwhelming when a family is experiencing extreme stress. These demands are particularly overwhelming when caring for an infant or young child with behavioral or emotional concerns. Respite care allows caregivers the opportunity to attend to family needs, access other services, or engage in activities that reduce stress caused by such family demands. Infant-family therapists educate caregivers about the nature and value of respite care and assist families to identify and access appropriate natural or community-based options.

8. **Problem Solving**

Increasing problem solving skills, especially among substance abusing women, decreases stress and may reduce a potential crisis. The project works to empower families to act on their own behalf to successfully identify and achieve new goals with minimal support. The project supports the development of problem solving skills in caregivers by:

- Teaching priority-setting skills.
- Assisting families to identify potential barriers to success.
- Assisting families in reviewing lessons learned from previous problem solving experiences.
• Modeling successful problem-solving behavior when acting as an advocate for caregiver or child.
• Helping families to anticipate and plan for potential crises.

9. Increased Social Support Network

Addictive behaviors often disconnect the individual and family from their natural support system. Disconnection and isolation leads to stress, depression and feelings of incompetence. Together, these conditions place the child at heightened risk of abuse, neglect or abandonment.

Mission Inn works with families to identify strategies to build positive support systems. The project helps families clarify what supports they need. The family identifies who can act as a support by using a Family Resources Map, a visual representation of the extent and complexity of the family's support system. Infant-family therapists coach families on how to ask others for support and on building an informal support system including peer mentors, support groups and healthy recreational activities.

10. Cultural Competency

This project is committed to ongoing improvement in the quality of care provided. Mission Inn recognizes that cultural and linguistic competency improves access to care, promotes engagement, improves recovery and eliminates treatment disparity, thus improving quality of care.

Mission Inn demonstrates culturally competent care by responsively adapting services to meet the needs of families from diverse cultural backgrounds and experiences. The cultural context of the relationship between women and their children is a core element of service planning.

Together, the family and infant-family therapist explore the cultural context of substance use and
the values, beliefs, traditions and norms that guide the family in caring for their children.

Mission Inn incorporates special accommodations to meet family needs, including translation or interpreter services, into the assessment, service planning and delivery processes.

11. **Transition from Services**

Discharge criteria are based on progress toward goals identified in the Individualized Family Service Plan (IFSP). Planning for transition from service assists families to recognize successful completion of goals, access services that better meet the family’s current needs and build family independence and self-sufficiency. As families complete their service goals plans are implemented to transition families to a lesser intensive level of service and/or discharge families from care.

ii. **Child Domain**

1. **Assessment of Development and Identification of Delays**

Children exposed to substances in-utero are significantly more likely to experience special needs such as developmental delays, physical disabilities and lower cognitive functioning than those who are not substance exposed. In addition, they are more difficult to care for and more likely to be placed in foster care.\(^{15}\)

Current brain research confirms that development in infancy and early childhood impacts lifelong developmental outcomes. Identifying and appropriately treating developmental delays, including social and emotional delays, aids the child to meet his/her potential, educates the family on how best to help the child, and reduces the risk of abuse, neglect and abandonment. Infants and young children served by this project benefit from developmental screenings using the Ages and Stages Questionnaire (ASQ). Family involvement is required in the administration of these screenings.

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of the developmental screening which provides an opportunity to address child development issues with the family. These issues are addressed in the context of their own child’s developmental level.

When and whether a child reaches developmental milestones often predicts future functioning. Observing and documenting progress toward milestones offers concrete information to monitor developmental progress. As developmental delays are recognized, consultation from specialists is sought to identify the source and appropriate intervention for the delay. The infant-family therapist, together with the consulting specialist, develops recommendations and interventions to address the concern. The infant-family therapist and family work together to implement the recommended developmental strategies and activities. The infant-family therapist supports the family in integrating the strategies and activities into their care giving routine.

2. Increasing Knowledge of Child Development

Unreasonable expectations of a child’s developmental progress impede effective parenting, exacerbate attachment problems, and hinder normal child development. Increasing such knowledge is a necessary step toward improving parenting skills that support positive development.

Mission Inn educates caregivers about child development using the ASQ to provide direction about developmental expectations. Infant-family therapists and mentors model appropriate age and developmental expectations and interactions for caregivers.

3. Improving Caregiver-Child Attachment

Bowlby’s well-known Attachment Theory recognizes that healthy attachment is a promising
indicator for future development. Healthy attachment can predict future emotional health, socialization success, and normal societal behavior. Understanding the relationship between the infant and the circumstance of the caregiver is key to successfully interrupting the infant’s stressful, fearful or insecure experience. The Infant Mental Health (IMH) model provides a structural, culturally competent clinical approach that meets the needs of the infant and supports the caregiver in developing their competencies. The project works with families in which the caregiver-infant relationship is at risk, incorporates interventions that recognize the significance of the caregiver-infant relationship and assists the caregiver to develop new, healthier patterns of interaction with the infant.

The needs of infants and young children are unique, and therefore the services and interventions Mission Inn provides for this population require a unique approach. Infants have no voice of their own and require observational interventions to discern what he/she is communicating. Infants are particularly influenced by their natural environment and respond best when interventions are provided in their usual setting. Infants are entirely dependent upon their caregiver to meet their needs and benefit most when interventions teach and model interactions that the caregiver can replicate and practice. Infants are shaped and defined by their relationship with their caregiver and require interventions to focus on that relationship.

4. Improved Parenting Skills

Many caregivers who abuse substances report a childhood history of poor parenting and report feeling incompetent as caregivers. Improved parenting skills and improved confidence in

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parenting competence increase the likelihood that healthy attachments will result. Improved parenting skills, and the resulting attachment relationship, reduce the likelihood of future behavior problems, criminal involvement and poor social functioning. Parenting skills education and modeling are most effective in the home setting where natural caregiver-child interactions are more easily observed. Mission Inn provides such services through:

- Modeling effective parenting through play;
- Practicing appropriate disciplinary techniques;
- Teaching parenting models and tools;
- Building on existing positive parenting skills;
- Involving caregivers in developmental screening and assessment.

iii. Systems Domain

Mission Inn works with multiple systems to enhance skills and abilities of practitioners by (1) sharing the knowledge infant-family therapists have gained through working with these families, (2) developing useful service products for others, and (3) creating a sound plan for continuing this project beyond the period of Federal funding. The project focuses on systems change at family, community and state levels to promote healthy children, families and communities.

1. System Change at the Family Level

Developing healthy attachment relationships and learning skills to effectively care-give while overcoming the effects of substance abuse are complex and difficult goals for many families to achieve. The intensive, multiple needs of these families often go beyond the resources and competencies of any single service provider. Success for these families and their infants and young children requires multi-agency involvement, detailed service coordination and a commitment from the community. Multiple systems working together toward a common goal
maximizes effective treatment and supportive community resources to increase the likelihood of successful child and family outcomes.

Coordinating services at the family level is a key component to successful intervention and lasting change for families with infants and young children at risk for abandonment. The target population is identified and referred for services to Mission Inn from multiple community-based providers and systems in the service area. The project maintains positive working relationships with, exchanges referrals between and coordinates care among child welfare, mental health and substance abuse services, local hospitals and public health providers, educational and child care institutions, caregiver support programs and community providers.

The child welfare system (represented in Family Services in Figure 4) refers families and coordinates care with Mission Inn. All families referred to Child Protective Services in Kent County who do not meet criteria for investigation are referred to prevention services, and target population referrals are coordinated with Mission Inn. Similarly, for infants and young children in temporary care, Mission Inn coordinates services with the child welfare provider to ensure that a permanency plan is adequately developed and implemented.

The criminal justice system, including law enforcement, refers families to the project to ensure that target families receive support and coordinated care. Typically these families have become involved in the system due to substance abuse and/or prostitution offenses and Mission Inn coordinates care to reduce the likelihood of future involvement.

Health and behavioral health care providers, including local hospitals, collaborate with Mission Inn by facilitating access to care and services for infants and young children served by the project. Mission Inn coordinates access and discharge planning with inpatient and partial-hospital based substance abuse and mental health treatment programs in order to smoothly
transition women with infants and young children into and out of a more intensive level of care. In addition, the project collaboratively facilitates child, caregiver and caregiver support, psycho-educational and play groups in the community to better reach and meet the needs of the target population. Figure 4 represents the agencies with which Mission Inn shares service coordination.

Figure 4. Community Based Agencies and Systems Coordinating Services with Mission Inn

2. System Change at the Community Level

In addition to the demonstrated community support for the project, four area collaborative networks have continued the development and maintenance of an infrastructure of community-based agencies and systems. Mission Inn's continued involvement in these collaborative networks builds upon and maximizes the use of Federal dollars in the community. Mission Inn continues to collaborate with these comprehensive support initiatives to promote safe, secure, permanent, nurturing families for infants and young children at risk of abandonment, or who
have been abandoned, due to parental substance abuse.

**a. Infant Health Implementation Team, Drug Exposed Infants (DEI) committee**

The Infant Health Implementation Team is a subcommittee of Healthy Kent 2010, a county-wide community initiative to assess community health needs and assets, develop and implement a Community Health Plan, and monitor the progress of community action, change and outcomes. The Infant Health Implementation Team brings together community representatives from multiple systems including health and public health, mental health and substance abuse, and early childhood education to ensure optimal health for all children in Kent County by improving and providing quality care during pregnancy through infancy.

The Mission Inn project has been an active participant and leader on this Team, advocating for and ensuring that the needs of infants and young children affected by parental substance abuse or HIV/AIDS status are prioritized. The Drug Exposed Infants (DEI) committee (a subcommittee of the Infant Health Implementation Team) is made up of a multi-disciplinary team that actively promotes abstinence from alcohol, tobacco, and other drugs during pregnancy. This group has actively promoted awareness to the dangers of substance abuse during pregnancy and has advocated for universal testing of infants.

**b. Network 180**

Network 180, the local Community Mental Health and Substance Abuse Coordinating Agency have been committed to early identification and screening for the project population, ensuring timely access to appropriate services and exploring Medicaid reimbursement possibilities for the project as part of the projects sustainability plan at project end.

**c. Great Start Collaborative of Kent County -First Steps Welcome Home project**
The Great Start collaborative was initially developed from an Early Learning Opportunities (ELOA) grant. It brings together key multi-system stakeholders into a consortium of community-based agencies to implement a data-based Community Plan to ensure that every young child in Kent County is ready to succeed in life and in school. The proposed Mission Inn project complements and enhances Great Start activities focused on family support and family health by ensuring that the needs of infants and young children affected by parental substance abuse are prioritized. Arbor Circle, the Mission Inn project's host organization, has been collaborative partner in the development of the Great Start community infrastructure since its inception to ensure that a coordinated, integrated system of early childhood services is developed in this community.

The First Steps – Great Start Welcome Home Baby project supports and builds upon the goals of the proposed Mission Inn project. In an effort to further develop the infrastructure to address the needs of the project's target population, the Welcome Home Baby project is planning to develop a system-wide approach to screen for prenatal and infant exposure to alcohol and other drugs and/or HIV, refer infants and their families to appropriate community resources when these issues are identified and promote the use of evidence-based practices for quality family support programs.

d. Strong Beginnings

Strong Beginnings, a federal Healthy Start initiative, is a community consortium formed to reduce the disparate incidence of infant mortality in the Grand Rapids African American community. Multi-system providers, including Arbor Circle, participate in this consortium to improve health care and health education for African American mothers and their babies from pregnancy through early childhood. Strong Beginnings supports the goals of the proposed
Mission Inn project and the local community to reduce the effects of maternal substance abuse on infants and young children and to promote improved health.

Strong Beginnings strives to engage the African American community in reducing racial disparities in health, build a coordinated system of care that addresses unmet mental health and substance abuse needs among pregnant and postpartum African American women, and provide advocacy regarding the needs of the service population.

C. Overview of Evaluation

1. Program Evaluation

The Principal Investigator for the project is Cynthia Cameron, Ph. D. of the Systems Reform Program, Michigan Public Health Institute (MPHI). Dr. Cameron provides oversight and direction on projects to reform health and human services systems to better meet the needs of children, families and communities. Together with Mission Inn staff, the Michigan Public Health Institute (MPHI) evaluators under Dr. Cameron's direction collect, manage and analyze process and outcome data and to provide required data to the Abandoned Infants Assistance Resource Center (AIA).

Mission Inn is evaluated using multiple methods including the following components:

- Collection of descriptive data
- A process evaluation;
- An evaluation of stakeholder satisfaction; and
- An outcome evaluation.

2. Descriptive Data

The data from the Intake Form is used to describe the families being served by Mission Inn.

Mission Inn utilizes a Client Face Sheet which is completed by Mission Inn staff and includes information on services used. Questions answered using these descriptive data include:
• What are the characteristics of the families being served by Mission Inn?
• What Mission Inn services do they use?
• What services outside of Mission Inn do families use?

3. Process Evaluation

A thorough process evaluation is used to determine if the program is being implemented as planned. Data outlined in the Process Indicator column of the Action Plan are used to determine if the services were implemented as planned (See Action Plan, Attachment B). Discussions with project staff collect information on the following questions:

• What worked well?
• What barriers were identified? What solutions were implemented?
• How could linkages/service delivery be improved?

MPHI reviews the data with the Program Manager at least every six months for purposes of continuous quality improvement.

4. Family Satisfaction Evaluation

All families who participate in Mission Inn services are asked to complete the Family Satisfaction Survey. The stakeholder satisfaction evaluation addresses the following questions:

• Did the services you received meet your needs?
• Was staff sensitive to your culture?
• Were the services helpful to you and your family?

At six months, annually and at termination, families are provided with a stamped envelope addressed to MPHI in which to return their satisfaction surveys in order to ensure confidentiality.

5 Outcome Evaluation

The Action Plan identifies the Goals, Objectives and Outcome Indicators for this evaluation.

The outcome evaluation questions are:
**Family Domain**

- Are families successfully engaged in services?
- Were there fewer unplanned transitions?
- Did caregiver problem solving skills improve?
- Was there a reduction in substance use by caregivers?
- Did the home environment become more safe, secure and nurturing?
- Did the social support network increase?
- Was there an improvement in caregiver/child interaction?

**Child Domain**

- Was there a decrease in age at referral to services for children with developmental delays?
- Did children make progress in reaching developmental milestones?

**Systems Domain**

- Did referral sources increase?
- Was service coordination improved?
- Was access to services improved?
- Did Mission Inn and its collaborative partners make progress in building a system of care for infants and young children of substance using mothers in Kent County?

6. **Outcome Data Collection Instruments**

1. **Ages and Stages Questionnaire (ASQ)/Ages and Stages Questionnaire Social-Emotional (ASQ-SE).** The ASQ is a parent completed, child development early detection system that has been well validated, with a sensitivity range from 76-91% and a specificity of 81-92%\(^\text{18}\). There is 94% agreement between parent’s assessment using the ASQ and expert clinician assessment. The more recently developed ASQ-SE has also been found to be a reliable and valid measure.

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and an effective means to describe and quantify a child’s social-emotional impairments\textsuperscript{19}. The ASQ is used to screen for developmental delays at intake. The ASQ-SE is used at T1 and T2 to benchmark progress of index children served by Mission Inn.

2. Objectives/Problems Checklist (O/P). The Objectives Problems Checklist was designed for use with Infant Mental Health Programs. It is used to identify issues of concern at intake, quarterly and termination\textsuperscript{20}. It consists of 58 items that are scored (0) no concern, (1) some concern, (2) significant concern or (3) severe concern. The O/P Checklist is used benchmark parent progress on depression, social support and parent discipline and will provide descriptive data on the nature of family needs and if those needs are met.

3. Arbor Circle Face Sheet. The Face Sheet is completed by the primary therapist and includes items that rate parents on Stages of Change (related to substance abuse). The Face Sheet is completed at T1 and T2 and is used to benchmark progress of Mission Inn parents related to recovery and to compare the stage of change achievement between service and control group parents.

4. Parenting Stress Index (PSI). The PSI is a 101-item questionnaire designed to measure stress in parent-child systems. It includes six subscales to measure stress in the child domain and seven subscales to measure stress in the parent domain. The PSI has been used in over 30 studies of the relationship between parents and their children with disabilities and has been empirically validated with diverse populations. The PSI demonstrates high levels of internal consistency with


Cronbach coefficient alpha values of .70-.83 for the Child Domain, .70-.84 for the Parent Domain, and .90 and higher for Total Stress. Test-retest reliability has also been demonstrated to be significant (p<.01) with .82 for the Child Domain and .71 for the Parent Domain. Each subscale score, a total child domain score, a total parent domain score and a total stress score indicate whether or not a parent is within “normal range.” The Attachment Subscale, which measures emotional closeness between parent and child, is used to benchmark the progress of MI parents.

5. Supplement to the Home Observation for Measurement of the Environment (HOME) Scale for Impoverished Families (SHIF). Mission Inn began using the SHIF in 2005. The SHIF was originally developed to be used concurrently with the HOME Scale to assess nurturance and stimulation provided to young children in their homes. The SHIF was designed to make the HOME more meaningful for use with children living in impoverished settings. The AIA national evaluation contractor gained permission from Dr. Forsyth, one of the developers, to use the SHIF as a stand alone instrument for the AIA comprehensive programs. The SHIF consists of 20 items answered yes or no. The total score at intake is compared to the score at six months to determine improvement. Sample items include: (#1) Family has regular and appropriate morning routine; and (#9) Child is not regularly cared for by other children in place of an adult.

6. Family Resource Mind Map- The Family Resource Mind Map was implemented in early 2005 to provide staff and families with a qualitative method to assess their resources. Families record resources available to them under the following categories: child care, respite, someone to talk

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to, transportation, income, daily needs, counseling, recovery, someone to have fun with, spirituality, health, helps/gives advice about child, and talks about concerns with child development. Over time, the goal is for families to create a richer web of supports available to them. The Map is also a useful tool for Mission Inn Staff to identify needs of the family and refer them to additional resources. Many families feel isolated and may not recognize the number of supports they have until they see them mapped out on paper. The Map is a useful reference tool for both the family and their caseworker.

7. Data Collection

Data were collected at intake (T1) and 6 months (T2) as required by AIA. In order to evaluate effectiveness, Mission Inn continues to collect data at 12 months and annually through the family’s participation in services, adding additional data point beyond those required by AIA.

III. Project Implementation and Evaluation

The activities and objectives of the Mission Inn project are outlined in the attached Action Plan. Listed below are barriers, lessons learned for each activity and results for each objective. (See Action Plan, Attachment B)

FAMILY DOMAIN

Activity 1: Engage caregivers in services

Infant-family therapists conduct outreach attempts in order to engage families in service. Outreach attempts can continue up to three months.

Outputs: The number of families being served by Mission Inn annually has increased from 36 in FY 2001-2002 to approximately 76 in FY 2008-09. The total number of families served during this grant period is 149. Mission Inn has an impressive track record of engaging families and
keeping them engaged in services. Over time Mission Inn has increased the number of families that remain engaged in services for at least three months. In the first year, 33% stayed in services at least three months. By year two, this had increased to 76% and the most recent data indicates that 93% of families remain engaged in services for at least three months.

Objective: 75% of caregivers agree to participate in services

- 75% of families that were referred and contacted agreed to participate in services (n=198).

Objective: Caregivers will be available for 75% of scheduled contacts

Mission Inn clients are wary of service providers due to past experiences with the child welfare system and fear of having their children removed from the home. The population is also highly transient and stability of residence can be an issue. Mission Inn staff are persistent in gaining the family’s trust and engaging them in services with home visits occurring on a weekly, bi-weekly or monthly basis depending on the family’s need for intensive services. Staff continue to follow up and try to engage or find a family for three months after the last contact.

- 73% of scheduled visits occurred (n=98)

Objective: 95% of families will indicate services met family needs

- 95% strongly agreed or agreed with the statement “Services met my family’s needs” (n=44)
- 97% strongly agreed or agreed with the statement “I received services promptly” (n=65)
- 95% strongly agreed or agreed with the statement “The services I received were helpful” (n=66)

Contextual influence: The community has placed more emphasis on addressing substance abuse in the last few years. Community collaboratives have specifically formed to address the growing
trend of children in foster care due to parental substance abuse. Services to substance abusing women have declined over the years in the Grand Rapids area; therefore, Mission Inn has been one of only two programs providing in-home services to families with young children affected by parental substance abuse. These factors have contributed to an increase in referrals to Mission Inn and better community support around prioritizing services to these families.

**Barriers**

**Barriers 1a:** Families who meet Mission Inn eligibility criteria can be difficult to engage due to family transience, substance relapse, and fear of removal of their children by the child protection system.

**Lesson learned 1a:** Activities and services intended to reach-out to the target populations have been essential components of successful engagement. Likewise, a culturally diverse staff positively impacted the program's success in engaging culturally diverse families in Mission Inn services. Project satisfaction data reports that 79% of families strongly agreed and 18% agreed with the statement, "Agency/Program Staff were respectful of me and my culture." (n=66).

**Barrier 1b:** Lack of coordination and integration between services impacted families' ability to engage in the most appropriate service to meet their needs.

**Lesson learned 1b:** At Arbor Circle, the host agency for Mission Inn, a single point of entry was created for families with young children needing service at the beginning of this grant period. An intake coordinator screens all families to help determine the most appropriate program to best meet the service needs. Therefore, families who meet Mission Inn criteria are referred appropriately.

**Activity 2: Provide home based services**

**Outputs:** Infant-family therapists conduct home visits weekly, bi-weekly or monthly depending on the families' identified needs.
Objective: 95% of caregivers will make progress on items rated significant or severe concern at T1

- 80% of caregivers rating significant or severe concern at T1 for prenatal care had improved by T2 (n=10).
- 43% of caregivers rating significant or severe concern at T1 for coordination of services had improved by T2 (n=23).
- 39% of caregivers rating significant or severe concern at T1 for problem solving skills had improved by T2 (n=44).
- 40% of caregivers rating significant or severe concern at T1 for responsiveness to infant needs had improved by T2 (n=30).

Contextual influence: Neighborhoods and homes are at times not safe for home visitors due to gang activity, drug use and domestic violence. Every feasible effort is made to regularly meet and engage with families while protecting the safety of the staff. Families in the target population also frequently have co-occurring mental health and substance use issues as well as distrust of service systems that further complicate engagement and therapy.

Barrier 2a: Families may be guarded about service providers in their homes. Family-infant therapists also encounter families not being present for their scheduled home visits.

Lesson Learned 2a: Families in the target population engage in services at varying speeds. Flexibility in programming contributed to successful engagement as families developed a trusting relationship with their assigned therapist at their own pace. Providing incentives with client discretionary dollars also helped families to prioritize home visits. Lastly, instead of having a separate therapist to address the substance abuse issues, Mission Inn has ensured all infant-family therapists are trained and credentialed to treat co-occurring disorders alongside
provision of Infant Mental Health therapy. Clients have reported in discussion groups that having only one therapist who coordinates and assists them with multiple services is helpful and reduces their level of stress because multiple service providers are not coming in and out of their homes.

**Activity 3: Develop a plan based on strengths and needs**

Mission Inn uses a strength-based, family-centered approach when formulating goals with families.

**Outputs:** 100% of families served by Mission Inn have an Individualized Family Plan of Service based on a thorough assessment of strengths and needs.

**Objective:** 95% of caregivers will make progress on items rated significant or severe concern at T1

- 52% of caregivers rating significant or severe concern on equipment, clothing, and supplies for the infant at T1 had improved by T2 (n=23).
- 52% of caregivers rating significant or severe concern on surrogate or relief care at T1 had improved by T2 (n=31).
- 39% of caregivers rating significant or severe concern on problem solving skills at T1 had improved by T2 (n=44)

**Contextual influence:** Families are often involved with other systems that have a heavier focus on problem identification as opposed to family strengths. Client feedback in discussion groups indicated that Mission Inn clients receiving peer mentoring services through Mission Inn along with in home services report greater control of sobriety and understanding of their need to improve their life and environment for their children.
Barrier 3a: Often families have multiple problematic issues affecting their lives. Helping the family recognize their strengths can be challenging as can prioritizing the goals the family wishes to address during treatment.

Lesson learned 3a: The program began greater focus this grant period on utilizing data collection instruments to help families recognize their strengths and prioritize their goals on the service plan during this grant period. Such instruments can be a natural source of strengths and needs assessment information. In addition, divergences between client completed and therapist completed tools were used by the evaluators to assist project managers in identifying areas of training needs for the therapists and monitoring of inter-rater reliability.

Activity 4: Coordinate services

Outputs: Mission Inn works with a total of 39 other agencies to coordinate services for families.

Objective: 95% of families rated at significant or severe concern on coordination of services will improve by T2

- 43% of caregivers rating significant or severe concern at T1 for coordination of services had improved by T2 (n=23).
- 34% of caregivers rating significant or severe concern at T1 for use of helping agencies had improved by T2 (n=32).

Contextual Influence: The Mission Inn Program Manager and other Mission Inn staff actively participate in multiple community collaborative groups in part to increase collaboration between services.

Barrier 4a: Fragmentation in the service provider system could lead to poor coordination of care and at times, duplication.
Lessons learned 4a: Clear coordination of services is essential for families’ ability to succeed. Mission Inn should continue to collaborate with other providers to ensure that families do not become overwhelmed by multiple service providers, families receive consistent care and treatment, and families and multiple providers establish shared treatment plans when appropriate.

Activity 5: Promote a permanent home for the child

Outputs: All families have goals in the IFSP that address secure, permanent, nurturing care.

Objective: 95% of those in need will have a permanency plan in place within 12 months

• 97% of clients were involved with permanency planning process within 12 months (n=11).

Objective: 95% of children will have fewer than 3 transitions during services

• 96% of children had less than 3 transitions while receiving services from Mission Inn (n=121).

Contextual Influence: Poor economic conditions can make it difficult for parents to afford safe and permanent housing. The stress of unemployment, poor housing conditions, and inadequate income can affect the parent’s ability to focus on the needs of the child in a nurturing manner. Furthermore, in the community the service is provided, African Americans tend to experience these conditions at a higher rate than the Caucasian population.

Barrier 5a: Mission Inn staff have encountered environmental issues that impact this goal. The neighborhoods in which many of the families reside are poor, lack low income housing options, and have few available jobs. A poor public transportation system compounds the impact the other economic conditions have on the family’s ability to provide a stable and nurturing environment for their child.
Lessons learned 5a: The availability of discretionary dollars have been an essential program component that have supported families in providing a safe, consistent environment for a child. Discretionary dollars for such family needs as food, clothing, rent, transportation to and from employment opportunities, child care, and job training should continue to be a core component of program services.

Barrier 5b: Once families enter the foster care system, reunification can be a long and difficult process. Staff have found it exceedingly difficult to engage families in permanency planning when their children have been removed from the home because they must abide by the court schedules. This is especially true for African American families who are over-represented in the foster care system.

Lesson learned 5b: Staff can provide advocacy for the child’s best interest, but are unable to influence the process and timelines of reunification. Furthermore, The Strong Beginnings Project aimed at reducing infant mortality in the African American community is having an impact on raising awareness on the racial disparities in the community.

Barrier 5c: During the previous grant period the Mission Inn Program Manager became aware that not all staff have the same definition of permanency planning. Mission Inn began use the Objectives/Problems Checklist in 2005 to collect more accurate data on the provision of a safe, consistent, nurturing environment.

Lessons learned 5c: Use of the Objectives/Problems Checklist tool highlighted a need for ongoing training in provision of not only the O/P Checklist tool but also a re-focusing on Infant Mental Health therapy. Over time staff had increased focus on substance use therapy and had subtly shifted away from provision of Infant Mental Health therapy. The O/P Checklist with its comprehensive rating of the array of issues facing both the parent and child highlighted
misperceptions by the staff that were quickly brought back into line with additional training and monitoring for differences in ratings between therapists.

**Activity 6: Provide home-based substance abuse services/support recovery**

**Outputs:** Sixty-one percent (61%) of parents are receiving home visiting substance abuse services and recovery support from Mission Inn and an additional twenty percent (20%) received substance use services from another provider that were coordinated by Mission Inn (n=46). All families are assessed using the Stages of Change model.

**Objective:** 75% of caregivers will progress at least one stage in the stages of change

Mission Inn clients with substance use problems are assessed on a regular basis utilizing the Stages of Change measure.

- 49% of caregivers with substance use issues progressed at least one stage on the stages of change in this grant period (n=98)
- 68% of caregivers with substance use issues served in the last year of the grant period progressed at least one stage on the stages of change (n=20)

**Contextual influences:** There is a greater emphasis among treatment providers to address co-occurring conditions together as opposed to treating substance abuse and mental health problems separately. During this grant period Mission Inn implemented a new peer mentoring program, “Lies that Bind”, to assist clients with substance use issues in their recovery and maintaining sobriety.

**Barrier 6a:** Utilizing two home-based therapists – one for infant mental health and one for substance abuse – had the potential to create confusion and mixed messages for the families.

**Lesson learned 6a:** It is better practice to treat mental health, infant mental health and substance abuse as co-occurring conditions. The infant-family therapists have been dually trained and
credentialed to recognize and provide services for families affected by co-occurring conditions. Use of the Objectives/Problems checklist and ongoing monitoring by the Program Manager to identify staff training needs have enabled the staff to provide consistent high quality co-occurring conditions therapy.

Barrier 6b: Substance abuse recovery is not always a linear process and substance use is generally part of a complex paradigm of unhealthy beliefs and childhood trauma.

Lesson learned 6b: It is more effective to address unhealthy belief systems and childhood traumas as part of substance use recovery support than to focus solely on the substance using behavior. Mission Inn implemented a new peer mentoring program as part of its services during this grant period. This “Lies that Bind” peer mentoring group is an intensive program that guides participants through the process of confronting their past traumas and unhealthy beliefs that led to and enable their substance use. Feedback from participants in discussion groups has indicated a high degree of satisfaction among “Lies that Bind” participants and self reports of effectiveness in maintaining sobriety.

Activity 7: Connect families with other resources to meet basic needs

Outputs: A total of 120 families received referrals to other agencies, educational services and community supports. Mission Inn has increased the number of agencies to which it refers clients for support from 25 during the initial grant period to 39 this period. (See Attachment C)

Objective: 65% of families will follow through on at least one referral

- 75% of families followed through on at least one referral (n=120).

Contextual influence: Kent County is a resource rich county. The availability of a variety of resources is more prominent and access to services is relatively easy; however due to economic conditions, more families are in need of accessing available resources in the community.
2008-2009 as the economy worsened substantially in Michigan Kent County services to those in need were further stressed by increased demand.

**Barrier 7a:** For the families served by Mission Inn, follow through on referrals is often difficult due to lack of transportation and general distrust of "the system".

**Lessons learned 7a:** Client discretionary funds are essential to helping families pursue the resources that they need. Exploring individual family barriers to accessing resources are also important.

**Barrier 7b:** Families may not meet eligibility requirements and some resources are limited. Families may have a greater need than what the resource is able to provide them (for example a heating bill that is too high for any one agency to assist with). Increasing needs in the Kent County area due to increasing unemployment has further stressed the assistance system.

**Lesson learned 7b:** Client discretionary funds help supplement other community resources that are available.

**Activity 8: Encourage families to use respite**

**Outputs:** Staff refer families to Arbor Circle’s Neighborhood Drop-In Center and assist with enrollment paperwork. Staff also periodically use client discretionary funds to help pay an appropriate caregiver (such as a family member or friend) to provide respite for parents.

**Objective: 50% of families will use respite**

- 33 families reported utilizing respite during this period (31%) (n=62). This was an increase from 17% in the previous grant period.

- 52% of caregivers rating significant or severe concern on the O/P Checklist for surrogate or relief care at T1 had improved by T2 (n=31).
**Contextual influences:** There are no other free respite facilities in the community. Arbor Circle's Neighborhood Drop-In Center is not located near the neighborhoods where the target population is most likely to reside and offers limited service hours.

**Barrier 8a:** Many families are guarded of service providers and fear having their children removed by the Child Protection system. Families have a general lack of trust in the system; which leaves them feeling scrutinized. Having their child in respite care means one more professional “judging” their abilities as a parent. Families are more comfortable leaving their children in the care of friends who may be inappropriate caregivers due to their own substance use.

**Lesson learned 8a:** Exploring these issues with families and the barriers in accessing respite should be natural discussions with families. The program can assist families to identify appropriate respite options for each family in need. Transportation is essential for families who wish to use respite at the Neighborhood Drop-In Center and client discretionary funds are accessible to those families using other options. Mothers have also used the facility while they attend a therapeutic group on the same campus. Once mothers have accessed the facility under these circumstances, they are more likely to use the facility again for other reasons (such as other appointments, employment seeking, grocery shopping, etc.)

**Activity 9: Support/teach problems solving skills**

**Outputs:** Supporting and or teaching problem solving skills is a natural part of the service provided. More effective problem solving skills lead to decreased stress and an increase in overall functioning. All participating parents are assessed with the O/P Checklist.

**Objective:** 75% of those rated significant or severe concern on denial of problems and problem solving skills will improve by T2
• 48% of caregivers rating significant or severe concern on denial of problems at T1 improved by T2 (n=46).

• 39% of caregivers rating significant or severe concern on problem solving skills at T1 had improved by T2 (n=44)

Contextual influences: None reported

Barrier 9a: Families who are overwhelmed by a multitude of problems often have difficulty determining how to resolve individual issues.

Lesson learned 9a: Using discretionary dollars can assist families to resolve one-time issues such as a deposit on a rental unit. Staff have learned that offering discretionary funds to families needs to be balanced with empowering and supporting families rather than enabling families. Teaching families the skills to overcome barriers is the most effective approach. In 2005 Mission Inn implemented additional peer mentoring supports for clients through provision of the “Lies that Bind” program. “Lies that Bind” is an intensive 15 week program offered to clients who are deemed by the peer mentor to be ready to address the unhealthy paradigms through which they live their lives and facilitate them in the process of confronting these beliefs and developing healthier paradigms through which to live sober, healthier lives. Clients participating in discussion groups about services report a high degree of satisfaction with the “Lies that Bind” program and the Mission Inn peer mentor.

Activity 10: Encourage families to expand/enrich support systems, connect with peer mentor

Outputs: The Mission Inn project has demonstrated success in assisting families to build social support using the Objective/Problems Checklist social support subscale.
Objective: 90% of caregivers rated significant or severe concern on social support at T1 will improve by T2

- 39% of caregivers rating significant or severe concern on their relationship with partner/other household adult at T1 had improved by T2 (n=31)

- 23% of caregivers rating significant or severe concern on their support from extended family and friends at T1 had improved by T2 (n=39)

- 24% of caregivers rating significant or severe concern on their geographic/cultural isolation at T1 had improved by T2 (n=34)

Contextual influence: Unsafe neighborhoods and the lack of natural supports (such as extended family) can impact isolation with families.

Barrier 10a: Understanding cultural issues that impact support systems is a critical element in increasing families’ supports. A lack of diversity in staff as well as a lack of a peer mentor can impact success toward this goal.

Lesson learned 10a: Mission Inn utilizes a peer mentor to help staff better understand families’ issues, to help better assist families to expand support systems, and to help families better access resources. Feedback from families during satisfaction discussion groups indicate a high degree of satisfaction with the peer mentor and her support of their recovery.

Barrier 10b: Families may not have a conscious awareness of the existing and potential support systems that are available to them.

Lesson learned 10b: Staff implemented the Family Resource Map to collect information on families’ support systems and to provide a visual representation of a family’s support system. Copies were given to families to aid in the facilitation of reducing isolation. Implementation and comparison data revealed that the maps were not an effective tool for this population. Clients
with substance use issues must rebuild their entire support systems because their existing support systems are largely composed of fellow substance users or enablers. In order to support their sobriety they must build healthier support systems and remove unhealthy supports from their lives. While the maps were useful to the therapists in determining the client's support network, use of the Family Resource Maps only highlighted a loss of supports for families during this restructuring period and was found to be discouraging. Usage of the Family Resource Maps was discontinued as comparison data consistently showed a decline in supports without the ability to distinguish between healthy and unhealthy supports.

**Barrier 10c:** In the recovery process families must restructure their support systems with family, neighbors, and other natural supports.

**Lesson Learned 10c:** Once the Family Resource Map was implemented and comparison data became available it was apparent that the map was not an effective tool for depicting an increasing support system for Mission Inn families. In the substance use recovery process it is necessary for clients to restructure their support systems and replace unhealthy supports with healthy supports. For Mission Inn clients this means ending relationships with many of their previous family and friend supports. Comparison data from the Family Resource Maps highlighted this loss of supports for clients and was found to be discouraging instead of empowering. Data revealed a shift from family and friends to predominantly agency supports for clients and an overall reduction in the number of supports. Because the resource map was not found to be useful as a tool for clients to see their expanding healthy support system it was discontinued in 2008.

**Activity 11: Provide culturally competent services**
Outputs: Mission Inn demonstrates culturally competent care by responsively adapting services to meet the needs of families from diverse cultural backgrounds and experiences. The cultural context of the relationship between women and their children is a core element of service planning.

**Objective:** 100% of caregivers will agree that services were respectful of culture

- 97% of families strongly agreed or agreed with the satisfaction survey statement “Agency/program staff were respectful of me and my culture” (n=66).

Contextual influence: The target population is composed of individuals from diverse ethnic, religious, environmental and childhood trauma backgrounds.

**Barrier I I a:** Services must be adapted on an individual family level to meet the needs of families from diverse cultural backgrounds and experiences.

**Lesson learned I I a:** Cultural competency is a critical component of service delivery the target population. Use of culturally diverse staff or peer mentors can aid in identifying specific issues that affect families’ progress toward treatment goals.

**Activity 12: Support parent to reunite with child**

Outputs: Supporting and encouraging parents to fulfill their parent-agency agreements with the foster care agency is one way staff support reunification. Staff observe supervised visits with parent and their children and offer feedback to the parents. Staff also are available to advocate in the court system when appropriate.

**Objective:** 50% of those rated significant or severe concern on interaction with infant of parent living out of household at T1 will improve by T2

- 15% of parents rated as having significant or severe concern on interaction with their child placed out of home at T1 improved by T2 (n=13).
• In a satisfaction discussion group held with clients one mother reported that she was incredibly grateful for the support of her therapist being with her while her child was removed and “sticking by” her while advocating for her child’s best interest. She reported that though she was initially upset with Mission Inn for “reporting” on her she came to understand that they had her child’s best interest at heart and that she needed to make improvements to put her child first as well. She was surprised and grateful that her therapist continued to work with her on improving the home environment while assisting her in navigating the court process and the subsequent reunification process with her child.

**Contextual influences:** Family courts must abide by the timelines or “clocks” that has been set forth by Michigan law. Influencing the family court and the foster care systems can be extremely difficult.

**Barrier 12a:** Once families entered the foster care system, reunification can be a long and difficult process. Staff have found it exceedingly difficult to influence reunification when their children have been removed from the home because they must abide by the court schedules. This is especially true for African American families who are over-represented in the foster care system.

**Lesson learned 12a:** The Strong Beginnings Project aimed at reducing infant mortality in the African American community is having an impact on raising awareness on the racial disparities in the community. Staff can provide advocacy for the child’s best interest, but are unable to influence the process and timelines of reunification.

**Activity 13: Prepare families for termination**
Outputs: Staff create a transition plan for each family based on completion of service goals and reduction of concerns. This plan is included in the IFSP to prepare families for a less intensive level of service and/or discharge.

Objective: 95% of families are terminated based upon termination policy guidelines

- Termination guidelines were restructured during this grant period into planned vs. unplanned categories. 100% of clients were terminated according to these policy guidelines (n=101).
- 31% of families completed goals leading to completion of services with Mission Inn and transition to less intensive services and 32% moved out of the service area or had unknown whereabouts (n=96).

Contextual influences: None observed.

Barrier 13a: The population is also highly transient and stability of residence can be an issue. Mission Inn staff are persistent in gaining the family’s trust and engaging them in services with home visits occurring on a weekly, bi-weekly or monthly basis depending on the family’s need for intensive services but families often move without notifying Mission Inn.

Lesson learned 13a: Staff continue to follow up and try to engage or find a family for three months after the last contact. Every effort is made to locate the family and the family is readmitted into service if they contact the program at a later date and still qualify for services.

CHILD DOMAIN

Activity 14: Assess child for developmental delays

Outputs: One hundred and sixteen index children received at least one developmental assessment during this period (n=150). Some children may not be screened or assessed for
developmental concerns because the child is already engaged with special education services. Therefore a developmental screening or assessment would be unnecessary.

**Objective:** 90% of children with identified delays will be screened and referred for services within 60 days of intake

- 94 (87%) of the 108 index children old enough to be assessed at intake were assessed within 60 days of intake using the Ages and Stages Questionnaire.
- 41 were identified to have delays on either the ASQ or ASQ:SE and 80% were referred for educational services or additional screening.

**Contextual influence:** Several agencies in the community are screening for developmental delays which can lead to duplication. Some older children with delays enter the Mission Inn program previously enrolled in services and therefore do not necessitate a referral.

**Barrier 14a:** Lack of coordination between Mission Inn, the Kent County Health Department and Early On (Part C of IDEA), leads to some children being assessed multiple times.

**Lesson learned 14a:** Coordination for families regarding developmental assessments for their children can be improved by Mission Inn acting as a service coordinator for Early On. This will reduce duplication and increase coordination between agencies screening and assessing for developmental concerns.

**Activity 15:** Assist family to implement strategies to promote positive development

**Outputs:** Thirty-three children were referred for educational services outside the home and 45 caregivers implemented an intervention strategy at home.

**Objective:** 60% of those rated significant or severe concern on items in the Infant Age-Appropriate Development Subscale of the O/P Checklist at T1 will improve by T2
• 64% of children rated significant or severe concern on Motor Skills improved by T2 (n=22)

• 39% of children rated significant or severe concern on Play-Social Interaction improved by T2 (n=28)

• 59% of children rated significant or severe concern on Language improved by T2 (n=22)

Objective: 70% of children will score within the normal range on the ASQ:SE by T2

• 75% of children screened at T2 scored within the normal range on the ASQ:SE

• Of the 15 identified with delays at T1 with a second ASQ assessment at six months (T2), 11 (73%) scored within the normal range at T2.

• Of the 17 scoring outside of the normal range on the ASQSE at T1 with a second ASQSE assessment at T2, 7 (41%) scored within the normal range at T2.

Contextual influence: None noted

Barrier 15a: For caregivers who use substances, the focus for the parent is primarily on sobriety and preventing relapse. It may be difficult for these caregivers to focus more on their child’s development.

Lesson learned 15a: Having a single home-based therapist who is dually trained in infant mental health and substance abuse allows both issues to be addressed at the same time.

Barrier 15b: Mission Inn reduced service coordination efforts with Early On which had led to fragmentation of services.

Lesson learned 15b: Mission Inn understands the value in providing service coordination for Early On.

Activity 16: Promote caregiver-child attachment.
Outputs: All families are assessed using the infant mental health principals of attachment. The foundation of the Mission Inn work is based in a thorough understanding of the relationship between the caregiver and child and the factors that impact a healthy attachment.

Objective: 70% of caregivers will score within the normal range on attachment at T2

- 56% of caregivers scored within the normal range on the attachment scales at T2 (n=55).
- 40% of caregivers rated at significant or severe concern on responsiveness to their infant’s needs on the Objectives/Problems Checklist had improved between intake and six months (n=30)

Contextual influence: The community better understands the concepts of attachment and social emotional health for infants and young children. A community collaborative group has been formed to address prominent issues in early childhood and how it affects children’s ability to succeed in school and later in life.

Barrier 16a: Mission Inn staff have needed additional support in the utilization of the infant mental health model.

Lesson learned 16a: Staff now have access to individual reflective supervision with a trained clinical supervisor that can aid staff in the implementation of the infant mental health model. Bi-weekly case consultations are also offered to staff which is led by an infant mental health specialist. Ongoing supervision and training ensures that staff provide consistent therapy according to the Infant Mental Health model.

Activity 17: Model effective parenting skills

Outputs: Staff model effective parenting techniques such as emphasizing playing with one’s child, reading a child’s cues, and encouraging positive physical contact. Furthermore, staff may
educate families about discipline techniques that may be helpful such as behavior charts, 1-2-3 Magic, and concepts of the Love and Logic principals.

**Objective:** 60% of caregivers rated significant or severe concern on the Infant’s Physical Needs subscale of O/P Checklist will improve by T2

- 40% of caregivers rated significant or severe concern on Responsiveness to Infant’s Needs had improved by T2 (n=30).
- 35% of caregivers rated significant or severe concern on Infant’s Safety and Protection had improved by T2 (n=26).
- 38% of caregivers rated significant or severe concern on Infant’s Feeding had improved by T2 (n=21).
- 52% of caregivers rated significant or severe concern on Equipment, clothing, and supplies for infant had improved by T2 (n=23).

**Contextual influence:** There are few parenting classes available in the community for parents that are not involved in the child protection system.

**Barrier 17a:** Mission Inn families may have unrealistic expectations of wanting immediate results from their parenting efforts.

**Lesson Learned 17a:** Staff need to have an ongoing awareness of family’s needs regarding parenting, they have developed a multitude of resources to help families improve their parenting.

**SYSTEMS DOMAIN**

**Activity 18:** Develop a referral network for Mission Inn clients

**Outputs:** The project maintains positive working relationships with, exchanges referrals between and coordinates care among child welfare, mental health and substance abuse services, local
hospitals and public health providers, educational and child care institutions, caregiver support programs and community providers.

Objective: Referrals will be received from at least 30 sources

- At the end of the first grant period, Mission Inn was receiving referrals from 25 agencies. Throughout this grant period, Mission Inn has worked to increase the awareness of their unique services through outreach to other agencies. The number of programs that refer clients to Mission Inn has now grown to include 39 different local agencies and services. (See Referral Sources, Attachment C)

Contextual influence: Community collaboratives have specifically formed to address the growing trend of children in foster care due to parental substance abuse. Services to substance abusing women have declined over the years in the Grand Rapids area; therefore, Mission Inn is the only one of two programs providing in-home services to families with young children affected by parental substance abuse. Within the last year a case management service was developed with a specific focus on alcohol exposure during pregnancy. These factors have contributed to an increase in referrals to Mission Inn and better community support around prioritizing services to these families.

Barrier 18a: None noted.

Lesson Learned 18a: Mission Inn provides a unique services that fulfills a service gap in Kent County.

Activity 19: Develop a coordinated system of services for Mission Inn clients

Outputs: Mission Inn staff work diligently to identify needs of families and connect them to appropriate resources. Over 185 referrals were made with at least one referral for additional assistance, educational services, or other needs were made to 120 families.
Objective: 95% of caregivers rated significant or severe concern on **Coordination of Services** at T1 will improve by T2.

- 43% of caregivers rating significant or severe concern at T1 for coordination of services had improved by T2 (n=23).
- 34% of caregivers rating significant or severe concern at T1 for use of helping agencies had improved by T2 (n=32).

**Barrier 19a:** Fragmentation in the service provider system could lead to poor coordination of care and at times, duplication.

**Lessons learned 19a:** Clear coordination of services is essential for families’ ability to succeed. Mission Inn should continue to collaborate with other providers to ensure that families do not become overwhelmed by multiple service providers, families receive consistent care and treatment, and families and multiple providers establish shared treatment plans when appropriate.

**Barrier 19b:** For the families served by Mission Inn, follow through on referrals is often difficult due to lack of transportation and general distrust of “the system”.

**Lessons learned 19b:** Client discretionary funds are essential to helping families pursue the resources that they need. Exploring individual family barriers to accessing resources are also important.

**Activity 20:** Build a coordinated system of care for infants and young children of substance using mothers in Kent County

**Outputs:** Mission Inn staff have been actively involved in ten coalitions and collaborative groups.

**Objective:** Mission Inn staff will participate in collaborative meetings

- Mission Inn staff have participated in ten different local coalitions and collaboratives:
1. **Healthy Kent 2010**: Program Manager has participated as an executive member to the initiative’s Infant Health Implementation Team. This committee has been involved in activities in an effort to reduce infant mortality and improve birth outcomes and health of infants. The committee has several sub-committees that are addressing such issues as post-partum depression; universal psycho-social screening for all pregnant women and universal psycho-social screening for all infants, creation of resource decision trees to aid service providers on where to referral women and their infants when concerns arise from the screening tools, creation and implementation of an infant resource guide and creating a reporting system when racism/discrimination is experienced in the health care system;

2. **Drug Exposed Infants group**: A sub-committee of the Infant Implementation team, it is addressing the need for universal infant drug screening at birth. The committee created a pamphlet about the harms of drugs and alcohol during pregnancy which also includes referral options. They also surveyed health care practitioners about their process for screening pregnant women for alcohol and drugs;

3. **Strong Beginnings**: addresses disparity in infant mortality rates in the African-American population;

4. **HIV/AIDS Services**: addresses various issues related to HIV/AIDS;

5. **Michigan Hepatitis C Foundation (MCHF)**: focuses on education and awareness regarding Hepatitis C;

6. **Michigan Association of Infant Mental Health**: focuses on social-emotional health of infants and young children within an infant mental health model. One staff member sits on the state board. The local chapter has arranged for monthly discussion groups;

7. **Early On Local Interagency Community Council**: focuses on services and needs of children with identified delays and/or health concerns;

8. **Early Head Start Advisory Board**: focuses on early care standards and school readiness for Head Start families; and

9. **Great Start Collaborative of Kent County (formerly Children’s Commission) and First Steps (formerly Connections for Children)**: Working on building a comprehensive system of health, parent education/family support, and early care and education. The
collaborative is working on a county-wide referrals system for all new parents called Welcome Home Baby. All new parents will receive a home visit by a nurse that will help families get connected to appropriate services.

**Contextual influence:** The community has prioritized the importance of early childhood issues and the life-long results that early intervention can have on children.

**Barrier 20a:** Some agencies and collaborative groups are duplicating efforts. This can hinder the efforts for these groups to impact change.

**Lesson learned 20a:** With Mission Inn staff involvement in a number of collaborative groups, recognizing and highlighting duplicative work is easier to determine. Staff can encourage joint efforts toward common goals.

**Barrier 20b:** Some collaborative members are focused on the needs of their own agency, rather than the needs of the community.

**Lesson learned 20b:** Mission Inn staff consistently advocate for and work toward a common goal shared by other collaborative members. The program should continue to participate with community collaborative initiatives.

**Barrier 20c:** Not all service providers are comfortable screening for drug and alcohol either when the mother is pregnant or during infancy.

**Lesson Learned 20c:** Comprehensive psycho-social screening tools have been developed for the use with pregnant women and for the use with infants. The screening tool includes questions about drug and alcohol use of the pregnant woman or the infant's caregivers. The screening tool was accompanied by resource decision trees to assist with appropriate referrals.

**Objective:** 80% of activities in collaborative action plan will be completed on time

**Contextual influence:** Collaborative planning bodies are guided by action plans, but each body has a different reporting system on the results of their efforts.
• There is no current method of measuring this objective. Each collaborative has their own action plans and timelines that are subject to change on an ongoing basis.

Barrier 20d: It is difficult to measure progress on the timeliness of activities of collaboratives. Each collaborative has its own action plan that influences the activities that it participates in. Although all collaboratives have action plans that directs the work that is being done, some are less formal about recording results of its work or the information is not shared publicly.

Lesson learned 20d: Staff have had better influencing that tasks get completed and that committees stay on track toward meeting their goals, rather than the timeliness of goal completion.

Barrier 20e: Sometimes the priorities of a collaborative are influenced and changed, either due to lessons learned or because funding has changed.

Lesson learned 20e: Staff can insure that projects are changed for acceptable reasons and advocate for continuation of relevant goals despite environmental influences.

Objective: Increase number of minorities on planning bodies by 50%

Contextual influence: The community has several community efforts that are intended to positively impact diverse populations. The community also has awareness of the importance of culturally competent practice. However, some of the collaboratives have struggled with engaging minority communities in helping to plan and lead these efforts.

• Less than 10% of planning bodies that staff participate on in Kent County are composed of minorities.

Barrier 20f: Each collaborative makes its own decisions about who participates on its planning bodies. For some of the planning bodies, participation is by invitation only. Other planning bodies are dictated by funding; therefore only supervisors of service providing agencies are
invited to participate. Lastly, other collaboratives have an open invitation to all who are interested in participating, but the membership is variable and changing.

**Lesson learned 20f**: Staff can advocate for diverse participation on planning bodies where they have a presence and ability to do so. For those collaboratives that have an open invitation, influencing the make-up for the group is more effective.

**Activity 21: Develop a systems wide approach to screen for prenatal exposure to substances**

**Outputs**: The percentage of children served by Mission Inn who have been screened for prenatal exposure has increased over time.

**Contextual influence**: Prenatal drug exposure testing is not mandatory in Kent County.

**Objective: 80% of infants will be screened at birth**

- The percentage of infants screened at birth has increased over time from 50% in the previous grant period to 68% screened for drug exposure at birth during this grant period (n=149).

**Objective: No more than 50% of infants served by Mission Inn will test positive at birth**

- The percentage of infants testing positive has declined from 75% in the previous grant period to 56% during this grant period.

**Barrier 21a**: Whether or not a mother is tested prior to or during delivery is at the discretion of the physician. There are no protocols for identifying who should be tested and physicians make the decision on a case by case basis and their decisions are guided by their individual observations of the pregnant mother. Some physicians are reluctant to bring up the subject of testing because they believe that their patient will not come in for prenatal care if they are pushed on prenatal drug exposure.
Lesson learned 21a: Mission Inn staff will continue to educate other service providers about the impact of substance use during pregnancy on the developing fetus and encourage physicians to talk with their patients about the long term impacts of drug use during pregnancy.

Activity 22: Promote use of evidence based practices

Outputs: At least one new evidence-based program targeting mothers with young children has been implemented during this grant cycle.

Objective: 100% of collaborative partners will use evidence based practices

Contextual influence: Collaboratives and funders are more widely promoting the use of evidence based practice and/or promising practices. However, 100% of the collaborative partners are not using them. The following are a list of current evidenced-based practices and/or promising practices that are available in the community to families with young children:

- Parent Child Assistance Program: Program that works with women with infants who were prenatally exposed to alcohol.
- Strong Beginnings: Federal Healthy Start program intended to reduce infant mortality in the African-American population
- Nurse Family Partnership: Program intended to reduced infant mortality in the African American population
- Healthy Start of Kent County: Healthy Families America model available to all first time parents in Kent County
- Infant Toddler Development Services: Infant Mental Health program to improve parent child attachment relationships.
- Bright Beginnings: Parent as Teachers program using a combination of parent – child play groups and home visiting.
Barrier 22a: Availability of evidence-based programs for mothers with young children is rather limited and can be expensive to implement.

Lesson learned 22a: Including promising practices to the array of available services is an acceptable alternative. Continued advocacy to support the implementation of these practices needs to continue.

Barrier 22b: Some programs have had anecdotal success with families and young children, but lack the evidence to prove their success.

Lesson learned 22b: Continued advocacy for funding unbiased evaluation for programs that have anecdotal success is needed.

V. Conclusions

Mission Inn has been successful in improving the quality of their services over the last four years as well as improving outcomes for families and children. Mission Inn’s involvement in community collaboratives has led to improved system and community-wide outcomes for the local early childhood continuum of care.

Improving the Quality of Mission Inn Services

Engaging families. The number of families being served by Mission Inn annually has increased from 36 in FY 2001-2002 to approximately 76 in FY 2008-09. The total number of families served during this grant period is 149. Mission Inn has an impressive track record of engaging families and keeping them engaged in services. Over time Mission Inn has increased the number of families that remain engaged in services for at least three months. In the first year, 33%
stayed in services at least three months. By year two, this had increased to 76% and the most recent data indicates that 93% of families remain engaged in services for at least three months.

**Coordinating services.** In the last four years Mission has worked with a total of 39 other agencies in Kent County to coordinated services for families. This has resulted in (1) reducing family stress that can be caused by multiple service providers making home visits and (2) ensuring that families receive a consistent message from their service providers.

**Providing home-based substance abuse services.** It is difficult to treat mental health, infant mental health and substance abuse as separate issues. Mission Inn staff have been dually trained so they address both infant mental health and substance abuse issues with a family. This has resulted in fewer home-based therapists visiting the family, and a more cohesive service plan.

**Satisfaction with services.** Family satisfaction surveys reflect the high quality of services provided by Mission Inn. Ninety-seven percent (97%) of families completing the satisfaction survey strongly agreed or agreed with the statement “I received services promptly” (n=65). Ninety-seven percent (97%) of families strongly agreed or agreed with the statement “Agency/program staff were respectful of me and my culture” (n=66). Ninety-five percent (95%) of families strongly agreed or agreed with the statement “The services I received were helpful” (n=66).
Improving Outcomes for Families

*Families are making progress in completing their goals.* All families have an Individual Family Service Plan (IFSP) based on a strengths and needs assessment. The IFSP includes specific goals developed by the family and the family-infant therapist. Many of these goals address child development and substance abuse.

*Families are working to provide a secure and permanent home for their children.* All Mission Inn families are encouraged to develop a permanency plan. Ninety-seven percent (97%) of clients were involved with permanency planning process within 12 months (n=11) and ninety-six percent (96%) of children had less than 3 transitions while receiving services from Mission Inn (n=121).

*Caregivers are addressing their substance abuse issues.* Seventy-five percent (75%) of caregivers are participating in home-based substance abuse services. Based on the Stages of Change model, forty-nine percent (49%) of caregivers with substance use issues progressed at least one stage on the stages of change in this grant period (n=98).

*Healthy attachment between caregivers and their children is improving.* Healthy attachment between the caregiver and child is necessary to provide a nurturing home and to promote positive child development. Based on the Attachment Sub-scale of the Parenting Stress Index, 56% of caregivers scored within the normal range on the attachment scales at T2 (n=55). Additionally, 40% of caregivers rated at significant or severe concern on responsiveness to their infant’s needs on the Objectives/Problems Checklist had improved between intake and six months (n=30).
Improving Outcomes for Children

*Children with developmental delays are making progress toward developmental milestones.*

Twenty-six children were identified as having delays on the Ages and Stages Questionnaire (ASQ) developmental assessment at intake (T1). Twenty-five children were identified as scoring outside of the normal range on the ASQ Social-Emotional (ASQSE) scale, ten of whom also were identified as having delays on the ASQ. Thirty-three children were referred for educational services outside the home and 45 caregivers implemented an intervention strategy at home. Of the 15 identified with delays at T1 with a second ASQ assessment at six months (T2), 11 (73%) scored within the normal range at T2. Of the 17 scoring outside of the normal range on the ASQSE at T1 with a second ASQSE assessment at T2, 7 (41%) scored within the normal range at T2.

*Child development is being promoted through appropriate interactions between children and their caregivers.* Mission Inn has demonstrated effectiveness in reducing a caregiver’s inappropriate expectations for his/her child(ren). The Infant/Caregiver Relationship subscale of the O/P Checklist assesses interactions between parents and their children. Thirty-four percent (34%) of caregivers rated significant or severe concern on Caregiver Pleasure in Parenting at T1 had improved by T2 (n=35) and 40% of caregivers rated significant or severe concern on Responsiveness to Infant’s Needs had improved by T2 (n=30).
Improving Early Childhood System Outcomes

*Mission Inn involvement in community collaboratives has resulted in more cohesive, higher quality, early childhood services.* Because the Mission Inn Program Manager actively participates in with multiple collaborative groups, she is able to share information about duplication of services across agencies, resulting in a better use of resources. Her participation in the development of standards for physical and mental health, early care and education, and family support and education has resulted in increased community support of Mission Inn goals.

VI. Implications of Results and Recommendations

**Recommendations for Administrators**

- Particular target populations that have not been adequately reached could benefit from Mission Inn Services. It is recommended that Mission Inn improve outreach to people in treatment facilities and jails due to the multiple risks these women and children face during placement and after release from such programs.

- Cultural competency is a critical component of service delivery the target population. Use of culturally diverse staff or peer mentors can aid in identifying specific issues that affect families' progress toward treatment goals.

- Mission Inn should continue to integrate mental health, infant mental health and substance abuse issues into a model that treats these concerns as co-occurring. Future ability to replicate the model should be a goal.

- Mission Inn should continue to collaborate with community partners in order to facilitate the development of a coordinated system of care of the population served.
Recommendations for Project Funders

- Client discretionary dollars are an essential component of the model. Client discretionary dollars assist families in a number of ways including reducing parental stress, supplementing other community resources, and helping to create familial independence.

- Outreach efforts are an essential element to providing services to this population. Funds should be available to support these efforts.

- Additional community support should be sought out in order to ensure sustainability.

Recommendations to the general field

- Clinicians should be prepared to dually treat co-occurring conditions including mental health issues, infant mental health issues and substance abuse problems.

- Knowledge about child development, attachment theory, and infant mental health is essential to understanding the impact substance abuse has on a child’s future.

- The community needs to continue to be educated about the specific issues that affect young children. Advocacy efforts need to continue to support the collaborations already formed.
ATTACHMENT A

Mission Inn Logic Model
Child Domain

**Assumptions**

Children who have been exposed to substances in utero or exposed to abuse and neglect are more likely to have developmental delays than non-exposed children.

Early referrals and interventions to services can minimize developmental delays.

Positive child development is promoted through:
- Caregiver/infant attachment
- Good parenting skills
- Knowledge and utilization of developmental stages when interacting with child.

Home-based services allow therapists to teach and model appropriate parenting, attachment and development interactions.

**Actions**

- Screen for developmental delays
- Refer to services to address developmental delays as needed
- Assist family to implement strategies to promote positive development
- Promote caregiver/child attachment
- Model effective parenting skills

**Goals**

- Decrease age at referral to services for children with delays
- Increase caregiver/child interaction to promote development
- Improve caregiver/child attachment
- Improve appropriate parenting skills
Assumptions

Women who use substances are at risk of abandoning their infants

Engaging families in services who are at risk for abandoning their children will
  • Prevent abandonment
  • Lead to permanent placements

Services to prevent abandonment will be more effective if they address the following issues:
  • Substance use
  • Meeting basic needs
  • Accessing multiple coordinated services
  • Ways to decrease stress
    o Respite
    o Problem solving
    o Expanded social networks
  • Permanency planning

Substance abuse services for women with young children are more effective if they are home-based

Actions

Engage families in services

Provide home-based services which include
  • Developing a plan to address strengths and needs
  • Promoting a permanent home for the child
  • Support parent to reunite with child (if appropriate)
  • Providing home-based substance abuse services
  • Teaching problem solving skills
  • Encouraging caregiver to expand support systems

Connect families with other services to meet basic needs

Encourage families to use respite

Coordinate services

Provide culturally competent services

Prepare families for termination

Goals

Caregivers participate in services

Decrease level of concern for caregiver needs

Improve parent/child interaction

Decrease number of unplanned transitions

Reduce substance use/relapse

Increase caregiver access to services

Improve caregiver problem solving skills

Improve coordination of services

Increase use of respite

Increase social support networks

Increase family satisfaction with services
  • Maintain high level of caregiver satisfaction with cultural competency

Promote independence from Mission Inn services
Assumptions

In order to address the issue of abandoned infants in Kent County effectively, a systems-level infrastructure needs to be developed.

All programs involved in serving substance using pregnant women/mothers of infants and young children need to collaborate on:
- Building the infrastructure;
- Referring families to appropriate services;
- Service delivery.

In order to promote a lasting change in community-based services, each program must be responsible for their part in supporting the infrastructure.

Mission Inn staff can be an advocate for promoting lasting change by:
- Participating in collaborative groups and advisory boards for these programs;
- Ensuring that the development of the infrastructure to support services for this population remains on the agenda.

Strategies

For Mission Inn:
- Develop a referral network for Mission Inn clients.
- Develop a coordinated system of services for Mission Inn clients.

For Kent County:
- Build a coordinated system of care for infants and young children of substance using mothers in Kent County
  - Engage minority populations in building the system of care
  - Develop a systems wide approach to screen for prenatal to substances
    - Develop and promote community-wide prenatal and infant standards of care, including screening for substance abuse and sexually transmitted diseases
    - Develop a system to monitor whether babies are born to substance using women
    - Develop a tracking system to determine if babies are born drug free as a result of intervention

Identify evidence-based practices and promote their use by family support programs.

Outcomes

For Mission Inn:
- Maintain number of referral sources.
- Improve service coordination.

For Kent County:
- Increase the number of minority participants involved in designing the system of care
- Increase the number of babies screened for prenatal substance exposure
- Increase the number of family support programs using evidence-based practices
- Reduce the number of babies who test positive for substances at birth
## ATTACHMENT B
### MISSION INN ACTION PLAN

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<th>Process Indicator</th>
<th>Goals</th>
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<tr>
<td>Engage caregivers in services</td>
<td>Infant-Family Therapist (IFT)</td>
<td>Make initial contact with caregiver</td>
<td>Within 1 week of referral</td>
<td>Case records</td>
<td>Caregivers participate in services</td>
</tr>
<tr>
<td></td>
<td>Caregiver</td>
<td>Sign agreement to participate</td>
<td>With 3 months of 1st contact</td>
<td>Signed agreement</td>
<td></td>
</tr>
<tr>
<td></td>
<td>IFT/ Caregiver</td>
<td>Build trusting relationship</td>
<td>Ongoing</td>
<td>Case records</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Caregiver</td>
<td>Complete Family Satisfaction Survey</td>
<td>Within 30 days of termination</td>
<td>Returned satisfaction surveys</td>
<td>Increase family satisfaction with services</td>
</tr>
<tr>
<td>Provide home-based services</td>
<td>IFT</td>
<td>Make home visits &amp; other contacts that meet caregiver needs</td>
<td>1 or more per month, as needed</td>
<td># of home visits &amp; contacts</td>
<td>Decrease level of concern for caregiver needs</td>
</tr>
<tr>
<td>Develop a plan based on strengths &amp; needs</td>
<td>IFT</td>
<td>Complete O/P Checklist, Parenting Stress Index (PSI)</td>
<td>Within 30 days of intake</td>
<td>Completed instruments</td>
<td></td>
</tr>
<tr>
<td></td>
<td>IFT/ Caregiver</td>
<td>Discuss identified needs</td>
<td></td>
<td>Case records</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Explore family strengths</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Set goals with family</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Coordinate services</td>
<td>IFT/ other service providers</td>
<td>Make collateral contacts with other service providers</td>
<td>Ongoing</td>
<td>Case records</td>
<td>Improve coordination of services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Make joint home visits with other provider</td>
<td>As needed</td>
<td></td>
<td></td>
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<tr>
<td>Action</td>
<td>Project Services</td>
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</tr>
<tr>
<td>Promote a permanent home for the child</td>
<td>Assist families to identify need for standby guardian/permanency plan</td>
<td>Within 6 months of intake</td>
<td>Case records</td>
<td>Decrease number of unplanned transitions</td>
<td>95% of those in need will have a permanency plan in place within 12 months</td>
</tr>
<tr>
<td></td>
<td>Refer to legal services for advocacy/adoption</td>
<td>As needed</td>
<td># of referrals made</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provide flexible funds for legal services</td>
<td>As needed</td>
<td>Gap funds used</td>
<td></td>
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<tr>
<td></td>
<td>Develop standby guardian/permanency plan</td>
<td>Within 12 months of intake</td>
<td>Plan in file</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Implement standby guardian/permanency plan</td>
<td>As needed</td>
<td>Case records</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide home-based substance abuse services/support recovery</td>
<td>Assist individuals to identify substance use triggers</td>
<td></td>
<td></td>
<td>75% of caregivers will progress at least one stage in the stages of change</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Educate about the effects of substance use on functioning</td>
<td>Ongoing</td>
<td>Case records</td>
<td></td>
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<tr>
<td></td>
<td>Educate about impact of substance use on child’s development</td>
<td></td>
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<tr>
<td></td>
<td>Support recovery</td>
<td></td>
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<tr>
<td></td>
<td>Provide home-based substance abuse services using the Stages of Change</td>
<td></td>
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</tr>
<tr>
<td>Connect families with resources to meet basic needs</td>
<td>Refer to services to meet additional needs</td>
<td>As needed</td>
<td>Case records</td>
<td>Increase caregiver access to services</td>
<td>65% of families will follow through on at least one referral</td>
</tr>
<tr>
<td></td>
<td>Advocate for caregiver enrolling in other services</td>
<td></td>
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<tr>
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<tr>
<td>Encourage families to use respite</td>
<td>Assist with transportation</td>
<td>Ongoing</td>
<td>Increase use of respite</td>
<td>50% of families will use respite</td>
<td>Face Sheet</td>
</tr>
<tr>
<td></td>
<td>Educate families about the value of respite</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Refer to respite</td>
<td>As needed</td>
<td></td>
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<tr>
<td></td>
<td>Assist families to pay for respite services</td>
<td>As needed</td>
<td></td>
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</tr>
<tr>
<td>Support/teach problem solving skills</td>
<td>Assist caregiver to set priorities</td>
<td>Ongoing</td>
<td>Improve caregiver problem solving skills</td>
<td>75% of those rated a 2 or 3 (significant or severe concern) on denial of problems and problem solving skills will improve by T2</td>
<td>O/P Checklist Items D2 &amp; D3</td>
</tr>
<tr>
<td></td>
<td>Assess barriers to success</td>
<td></td>
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<td></td>
<td>Review history of success/failure solving a particular problem</td>
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<td></td>
<td>Model successful problem solving behavior when acting as advocate</td>
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<td></td>
<td>Assist in planning for crisis</td>
<td></td>
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<tr>
<td>Encourage caregivers to expand/enrich support systems, connect with peer mentor</td>
<td>Assist caregiver to identify needed supports</td>
<td>Ongoing</td>
<td>Increase social support network</td>
<td>90% of those rated a 2 or 3 on social support will improve</td>
<td>O/P Checklist Items C1-3</td>
</tr>
<tr>
<td></td>
<td>Identify possible supports</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Assist caregiver to build informal supports</td>
<td></td>
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<tr>
<td></td>
<td>Refer to peer mentor if socially isolated</td>
<td></td>
<td></td>
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<tr>
<td>Provide culturally Program</td>
<td>Hire/retain IFTs that</td>
<td>Ongoing</td>
<td>Maintain</td>
<td>100% of Family Satisfaction</td>
<td></td>
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</table>
### MISSION INN ACTION PLAN

<table>
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<tr>
<th>Action</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Demonstrate cultural competency when working with families</td>
<td>Manager</td>
<td>demonstrate cultural competency when working with families</td>
<td></td>
<td>high level of caregiver satisfaction with cultural competency</td>
<td>caregivers will agree that services were respectful of culture</td>
<td>Survey</td>
</tr>
<tr>
<td>Contract with staff from diverse cultures to assist with recruiting and service provision</td>
<td></td>
<td>Contract with staff from diverse cultures to assist with recruiting and service provision</td>
<td></td>
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<tr>
<td>Provide continuing training on cultural competency</td>
<td></td>
<td>Provide continuing training on cultural competency</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Support parent to reunite with child</td>
<td>IFT</td>
<td>Accompany parent to foster care visits</td>
<td>Ongoing</td>
<td>Improve parent/infant interaction</td>
<td>50% of those rated severe concern will improve</td>
<td>O/P Checklist Item G-2</td>
</tr>
<tr>
<td>Support parent to make lifestyle changes necessary to regain custody of child</td>
<td></td>
<td>Support parent to make lifestyle changes necessary to regain custody of child</td>
<td>Ongoing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prepare families for termination</td>
<td>IFT/Caregiver</td>
<td>Develop termination policy based on completion of goals and reduction of concerns</td>
<td>Within 90 days of grant notification</td>
<td>Promote independence from Mission Inn services</td>
<td>95% of families are terminated based on termination policy guidelines</td>
<td>IFSP O/P Checklist</td>
</tr>
<tr>
<td>Review goals &amp; O/P Checklist to determine progress</td>
<td></td>
<td>Review goals &amp; O/P Checklist to determine progress</td>
<td>Quarterly</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop transition plan based on completion of goals &amp; concerns</td>
<td></td>
<td>Develop transition plan based on completion of goals &amp; concerns</td>
<td>As needed</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Transition family to less intensive services</td>
<td></td>
<td>Transition family to less intensive services</td>
<td>When ready</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transition report</td>
<td></td>
<td>Transition report</td>
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</table>
# ATTACHMENT B

## MISSION INN ACTION PLAN

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<thead>
<tr>
<th>Action</th>
<th>Process Services</th>
<th>Who</th>
<th>What</th>
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<th>Goals</th>
<th>Objectives</th>
<th>Outcome Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address developmental delays</td>
<td>IFT</td>
<td>Complete Ages and Stages Questionnaire (ASQ)</td>
<td>Within 60 days of intake</td>
<td>Completed ASQ in case file</td>
<td>Decrease age at referral to services for children with delays</td>
<td>90% of children with identified delays will be screened &amp; referred for services within 60 days of intake</td>
<td>ASQ scores, Face Sheet</td>
<td></td>
</tr>
<tr>
<td>IFT</td>
<td>Discuss child’s development</td>
<td></td>
<td>During assessment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IFT/ Caregiver</td>
<td>Explore potential cause for delay</td>
<td></td>
<td>Within 30 days if needed</td>
<td>Case records</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IFT</td>
<td>Refer to other service providers to address special needs</td>
<td></td>
<td></td>
<td>As needed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assist family to implement strategies to promote positive development</td>
<td>IFT/ Caregiver</td>
<td>Discuss age appropriate expectations</td>
<td></td>
<td></td>
<td>Increase caregiver/child interaction to promote development</td>
<td>60% of those rated a 2 or 3 on age appropriate development will improve by T2</td>
<td>O/P Checklist Items I-6</td>
<td></td>
</tr>
<tr>
<td>IFT</td>
<td>Identify developmental strategies with parent</td>
<td></td>
<td>Ongoing</td>
<td>Case records</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>IFT</td>
<td>Model play to develop skills</td>
<td></td>
<td>Ongoing</td>
<td>Case records</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>IFT</td>
<td>Monitor caregiver’s implementation of strategies</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Promote caregiver-child attachment</td>
<td>IFT</td>
<td>Explore misconceptions that interfere with attachment</td>
<td>Ongoing</td>
<td>Case records</td>
<td>Improve caregiver/child attachment</td>
<td>70% of caregivers will score in the normal range on attachment at T2</td>
<td>PSI Attachment Scale</td>
<td></td>
</tr>
<tr>
<td>IFT</td>
<td>Explore caregiver’s relationship with her/his parents</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Action</td>
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<td>When</td>
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</tr>
<tr>
<td>Model effective parenting skills</td>
<td>IFT</td>
<td>Model effective parenting through interaction with child</td>
<td>Ongoing</td>
<td>Case records</td>
<td>Improve appropriate parenting skills</td>
<td>60% of those rated a 2 or 3 on parenting will improve by T2</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>IFT/ Caregiver</td>
<td>Explore/model appropriate disciplinary techniques</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Use parenting models</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Watch and discuss parenting videotapes</td>
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**SYSTEM DOMAIN**

<table>
<thead>
<tr>
<th>Action</th>
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<tbody>
<tr>
<td></td>
<td>Who</td>
<td>What</td>
<td>When</td>
<td></td>
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</tr>
<tr>
<td>Develop a referral network for Mission Inn clients</td>
<td>IFT, Program Manager</td>
<td>Identify potential referral sources</td>
<td>Ongoing</td>
<td>List of contacts to other service providers</td>
<td>Referrals will be received from at least 30 sources</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Promote Mission Inn’s work with caregivers affected by substances</td>
<td></td>
<td></td>
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<tr>
<td>Develop a coordinated</td>
<td>IFT</td>
<td>Identify potential service providers</td>
<td>Ongoing</td>
<td>Maintain number of referral sources</td>
<td>Case records</td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
<td>O/P Checklist Item A6.</td>
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<tr>
<td>Action</td>
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</tr>
<tr>
<td>Develop/maintain relationships so clients have access to services</td>
<td>List of memberships</td>
<td>Increase involvement of Mission Inn staff with collaborative partners</td>
<td>Mission Inn staff will participate in collaborative meetings</td>
<td>Meeting minutes</td>
<td></td>
</tr>
<tr>
<td>Work to ensure that families involved with multiple agencies have coordinated services</td>
<td>Meeting agendas</td>
<td>Increase attention to developing system of care</td>
<td>Each meeting will include a discussion of the system of care</td>
<td>Meeting minutes</td>
<td></td>
</tr>
<tr>
<td>Participate in collaborative groups, advisory boards</td>
<td>Collaborative Action Plan</td>
<td>Increase number of activities related to developing a system of care</td>
<td>80% of activities in collaborative action plan will be completed on time</td>
<td>List of activities completed on time</td>
<td></td>
</tr>
<tr>
<td>Ensure that development of a system of care is addressed on every agenda</td>
<td>Membership list</td>
<td>Increase minority participation in planning</td>
<td>Increase # of minorities on planning bodies by 50%</td>
<td>List of minority members involved in planning</td>
<td></td>
</tr>
<tr>
<td>Carry out agreed upon tasks and responsibilities for creating the system of care</td>
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<tbody>
<tr>
<td>Develop a systems wide approach to screen for prenatal exposure to substances</td>
<td>Infant Health Implementation Team</td>
<td>Develop prenatal and infant standards of care, including screening for substance abuse</td>
<td>Printed standards of care</td>
<td>Increase the number of infants/young children screened</td>
<td>80% of infants will be screened at birth (currently 50% of Mission Inn caregivers report infants were screened)</td>
<td>% of infants served by Mission Inn who were screened at birth</td>
</tr>
<tr>
<td></td>
<td>Network 180</td>
<td>Develop a system to monitor whether babies are born to substance using women</td>
<td>Meeting notes stating system is in place</td>
<td>Reduce the number of babies who test positive for substances at birth</td>
<td>No more than 50% of infants served by Mission Inn will test positive at birth (currently 75%)</td>
<td>% of infants served by Mission Inn who test positive</td>
</tr>
<tr>
<td></td>
<td>Network 180 &amp; partners</td>
<td>Expand the tracking system to other programs</td>
<td>List of programs using system</td>
<td>Increase the number of programs that use evidence-based practices</td>
<td>100% of collaborative partners will use evidence-based practices</td>
<td>List of practices used</td>
</tr>
<tr>
<td>Promote use of evidence-based practices</td>
<td>Connections for Children</td>
<td>Identify evidence-based practices for use in family support programs</td>
<td>To be determined by collaborative partners</td>
<td>List of evidence-based practices</td>
<td>List of practices used</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Promote use of evidence-based practices by family support programs</td>
<td></td>
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### EVALUATION

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</tr>
</thead>
<tbody>
<tr>
<td>Obtain IRB approval</td>
<td>MPH1</td>
<td>Prepare IRB application</td>
<td>Upon notification of grant</td>
<td>Approval letter</td>
<td></td>
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<tr>
<td>Action</td>
<td>Project Services</td>
<td>Process Services</td>
<td>Goals</td>
<td>Objectives</td>
<td>Outcome Indicator</td>
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<td><strong>Who</strong></td>
<td><strong>What</strong></td>
<td><strong>When</strong></td>
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</tr>
<tr>
<td>IRB</td>
<td>Review application award</td>
<td></td>
<td></td>
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<tr>
<td>Mission Inn staff</td>
<td>Complete intake form</td>
<td>At intake, 6 months</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Complete Client Face Sheets</td>
<td></td>
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<td>Program Manager</td>
<td>Submit data to MPH</td>
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<td>MPH</td>
<td>Enter and analyze data</td>
<td>Ongoing</td>
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<tr>
<td>MPH</td>
<td>Review data with Mission Inn</td>
<td>Every 6 months</td>
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<tr>
<td></td>
<td>Train Mission Inn staff on data collection instruments</td>
<td>Within 30 days of hire</td>
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<tr>
<td>IFT</td>
<td>Complete case notes, Face Sheets</td>
<td>Ongoing</td>
<td>Data tracking sheet</td>
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<tr>
<td>Mission Inn staff</td>
<td>Collect agendas, meeting notes from Collaborative meetings</td>
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<td>Every 6 months</td>
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<td>Share systems data with collaborative partners</td>
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<td>Notes from collaborative meetings</td>
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<td>Develop forms to collect collaboration data</td>
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<td>Complete outcome</td>
<td>Collect systems data</td>
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### MISSION INN ACTION PLAN

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<td>Collect family intake data</td>
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<td>Program Manager</td>
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<td>Revised logic model and action plan</td>
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<td>Develop strategies to improve program effectiveness</td>
<td>As needed</td>
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Referral Sources for Mission Inn

1. 61st District Court
2. AC Infant-Toddler Program
3. Early Impact
4. Outpatient AOS
5. Lowell Teen Group
6. Devos Hospital
7. Bethany Christian Services
8. Spectrum Health
9. Catholic Social Services
10. Cherry Street Health Services
11. Community Mental Health
12. Child Protective Services
13. Crystal Burnett
14. DA Blodgett
15. Early On KISD
16. Families First
17. Family Life Center
18. Family Outreach School Program
19. FET
20. Lies that Bind
21. Healthy Start
22. House of Blessings
23. Kent County Health Department
24. Life Guidance
25. Strong Beginnings
26. Lesly King-Borrego
27. Spectrum OB GYN Clinic
28. Network 180
29. Parent Child Assistance Program
30. Dr. Simms
31. Project Access
32. Spectrum Healthy Moms Program
33. Head Start Marywood Academy
34. Women Connect Support Group
35. Rachel Fox, RN
36. Terry Sprader
37. Probation Officer Leslie Beak
38. Probation Officer Cindy Sikkema
39. Mark Olthof