DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR CHILDREN AND FAMILIES

Semi-Annual Performance Report - Cover Sheet

1. Award Number: 90-CB-0125

2. Budget Period 9/30/04 to 9/29/05  Project Period 9/30/01 to 9/29/05

3. Grantee Name and Address: Arbor Circle Corporation
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5. Project Title: Mission Inn Services

6. Period Covered by Report: 9/30/01 thru 9/30/05 (check one)*

   First Semi-Annual Report
   Second Semi-Annual Report
   x Final Report

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9. Date of Report: December 22, 2005

10. Report Number (number sequentially beginning with 1): 8

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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 170 families, 115 of which were served during the grant period of 10/1/01-10/1/05. One hundred and fifteen index children and forty-six siblings received services during this time.

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.
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 75 in FY 2004-05. Over time Mission Inn has increased the number of families that remain engaged in services for at least three months. In the
first year of the grant, 33% stayed in services at least three months. By year two, this had increased to 76% and the most recent data indicates that 97% 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. 90% of families completing the satisfaction at termination strongly agreed or agreed with the statement “I received services promptly”. 100% of families strongly agreed or agreed with the following two statements: “The services I received were helpful;” Agency/program staff were respectful of me and my culture.”

**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. 90% of families have made progress in completing at least 50% of their goals (n=61).

**Families are working to provide a secure and permanent home for their children.** All Mission Inn families are encouraged to develop a permanency plan. 89% of families were involved with the permanency planning process within six months. Sixty percent (60%) of children being
served by Mission Inn had no transitions during service, 26% had one transition, and 11% had two transitions. Only one child had more than three transitions while participating in Mission Inn services.

**Caregivers are addressing their substance abuse issues.** Fifty-nine percent (59) of caregivers are participating in home-based substance abuse services. Based on the Stages of Change model, 50% of caregivers are at the pre-contemplation, contemplation, and preparation stages; 34% are at the action stage and 11% 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 61% at intake to 71% at six months. Based on the most recent reports of family-infant therapists, 87% of caregivers showed consistent affection for their child and 73% were regularly observed to hold their child.

**Improving Outcomes for Children**

**Children with developmental delays are making progress toward developmental milestones.** Twenty-nine children were identified as having delays on their developmental assessment at intake (T1). Twenty-four children were referred for educational services outside the home and 29 caregivers implemented an intervention strategy at home. Of the 13 with a second assessment at six months (T2), 7 scored within the normal range.

**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 Parenting Stress Index Child Demandingness Subscale measures a caregiver’s perception of the demands a child places on her that may result from unrealistic expectations. The percent of caregivers scoring outside the normal range on this subscale decreased from 49% to 34% from intake (T1) to six months (T2).
Family-infant therapists reported that 78% of caregivers demonstrated appropriate age expectations “frequently” or “consistently.”

**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 575,000 residents and has experienced a growth rate of 3.41% from 2000 to 2004.\(^1\) 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.

At the end of 2004, Kent County had an unemployment rate of 6.9% and a Grand Rapids rate of 9.6%, as compared to 7.1% statewide and 5.5% nationally.

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).\(^2\) 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, 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.

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

\(^2\) Michigan Department of Community Health, Infant Mortality Rates by Region and Race, www.mdch.state.mi.us
• In Kent County during 2004, there were 584 substantiated cases of abuse and neglect known to involve parental substance abuse — 104 of which involved neonatal exposure.\(^3\)

• Child Protective Services receives an average of 7 infant referrals a month involving parental substance abuse, or 72-84 per year.

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

• In Kent County during 2003, there were an estimated 1,296 alcohol-exposed pregnancies and 259 pregnancies with binge drinking. In 2004, publicly funded substance abuse treatment services reported serving 910 women, 56 of which were pregnant women.

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

• The number of residential substance abuse programs that allow children to accompany their mothers into treatment has decreased from two to one. Very few substance abuse services offer childcare for outpatient treatment and none integrate treatment for the women with treatment for the children.

• Mission Inn is the only home-based substance abuse treatment services in Kent County that serve both the mother and her infant and young children.

\textbf{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.

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\(^3\) Kent County Department of Human Services, SWIS database
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 170 families, 115 of which were served during the grant period of 10/1/01-10/1/05. One hundred and fifteen index children and forty-six siblings received services. A combined 41% of the biological mothers served were of racial or ethnic minorities (n=105, see Figure 1). Twelve percent (12%) of the biological mothers were living in a non-permanent living arrangement at enrollment, which included transitional living or jail (n=89).

Sixty-four percent (64%) were single female head of household, never married (n=105, see Figure 2).
i. Risk Factors – Family of Origin

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

- 87% reported history of substance abuse (n=103).
- 20% reported current substance use (n=99).
- 62% had an active or previous case with Child Protective Services (n=105).
- 48% had a history of children being removed from the home due to abuse or neglect (n=103).
- 52% reported a history of childhood physical abuse and 53% reported childhood sexual abuse (n=94).
- 76% reported being the victim of domestic violence (n=95).
- 33% confirmed current or past prostitution (n=96).

A combined 72% 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=102, See Figure 3)

Figure 3 - Biological Mother Risk Factors

[Diagram showing risk factors with percentages]

□ One-Three Factors ■ Four-Six Factors □ Seven-Ten Factors

ii. Risk Factors – Index Children

In addition, at enrollment the following risk factors were present for the 115 index children served:
• 59% were home with their biological mother (10% with child welfare involvement, 10% were currently pregnant with index child), 2% were living in residential treatment with their caregiver, and 40% had been removed or voluntarily relinquished. Of these, 25% were in a pre-adoptive/adoptive home or in temporary foster care and 10% were living with relatives or in formal kinship care.

• 22% were African American, a local population with an infant mortality rate more than twice that of the general population (n=110).

• 85% were exposed to a dangerous drug or alcohol prenatally, 36% of whom scored below average on the developmental assessment at intake (n=107).

• 27% were born with low birth weight (<2500 grams), 19% had special care needs at birth (n=105) and 2% had congenital abnormalities (n=103).

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.

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.\(^4\)

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.\(^5,6\) 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.\(^7\)

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

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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 discharge.

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, is an evidence based model that has undergone testing and has generated countless other research projects and publications. 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 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

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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.

"I've found Mission Inn to be a consistent, reliable resource for Ana and me. I also use the drop in center which is great.”

Mission Inn Client

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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 Social Support 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**

"I'm a loner and sometimes embarrassed to be around people, but my coordinator has helped me come out of my comfort zone a little."

Mission Inn Client
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.

II. 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.\textsuperscript{12}

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 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. \textit{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.\(^3\),\(^4\) 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
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. **Connections For Children** – an Early Learning Opportunities (ELO) project, 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 school and in life. Mission Inn complements and enhances Connections 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, Mission Inn's host organization, has been collaborative partner in the development of the Connections for Children community infrastructure since its inception to ensure that a coordinated, integrated system of early childhood services is developed in this community.

   b. **Strong Beginnings** – a 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 Mission Inn and
the local community to reduce the effects of maternal substance use on infants and young children and to promote improved health.

c. **Network 180** – the local Community Mental Health and Substance Abuse authority, provides treatment support to families by ensuring timely access to services for pregnant and parenting women, and to establish early identification and resolution of psychiatric stress, active and effective outreach of community-based resources, and partnership and advocacy with other systems in the community. Network 180 is committed to developing a prevention strategy to monitor when babies are born to substance abusing women. It is anticipated that once this monitoring system is developed, it will be expanded to other systems. Mission Inn has collaborated in a number of ways with Network 180. Network 180 has identified clients that are eligible for Mission Inn services through their Project Access program. Project Access also developed a support/psycho-educational group called Women’s Connect for women who use substances and have had involvement with the local Child Protection System. Mission Inn assisted with the group by referring mothers to the group, giving presentations at the group about Mission Inn Services, at times co-facilitating the group, and providing group services to the children while the parents attended Women’s Connect.

d. **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.
Mission Inn 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 Team supports the goals of Mission Inn by developing and promoting community-wide prenatal and infant standards of care, including screening for prenatal and infant exposure to substance use and STD's.

3. Systems Change at the State Level

In addition to local collaborative initiatives, Mission Inn addresses aspects of Michigan's Program Improvement Plan that was developed under the Child and Family Services Review and focuses on improving substance abuse services for child welfare families. Kent County has a number of initiatives to focus on systems training that addresses a substance abuse/child welfare collaborative project. These initiatives include identifying and using best practices and exploring the feasibility of establishing a Family Drug Court.

The Kent County Family and Children’s Coordinating Council (KCFCCC), the area's local multi-purpose coordinating body, has assumed leadership for implementing these components of the State Plan in Kent County. The Ongoing Family Support sub-committee is coordinating and providing specialized substance abuse training for workers in the child welfare system including prevention, Child Protective Services and foster care. Mission Inn is actively engaged in this process and provides training to the child welfare system to raise awareness of substance abuse as a risk factor for abuse and neglect, screen for and identify families with a substance abuse concern, and link identified families to appropriate treatment and support services.

The Community Coordination sub-committee of the KCFCCC has taken a multi-system approach to studying the feasibility of a county Family Drug Court and evaluating local systems coordination between substance abuse and child welfare against best practices. Mission Inn staff
have participated on the work of the sub-committee, which developed recommendations for local best practice models. These recommendations incorporate key components of the proposed Mission Inn model of care.

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.

During this reporting period, Mission Inn transitioned from using a quarterly report to using 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?
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. 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**

   a. **Ages and Stages Questionnaire (ASQ).** The ASQ is a caregiver completed, child development early detection system that has been well validated, with a sensitivity range from 76-91% and a specificity of 81-92%. There is 94% agreement between caregiver’s assessment using the ASQ and expert clinician assessment.

   b. **Face Sheet.** The Face Sheet is completed by the primary therapist and includes items that rate families on age appropriate interactions and Stage of Change (related to substance use), identifies referrals and follow-through on referrals.

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c. Parenting Stress Index (PSI). The PSI is a 101-item questionnaire designed to measure stress in caregiver-child systems. It includes six subscales to measure stress in the child domain and seven subscales to measure stress in the caregiver domain. The PSI has been used in over 30 studies of the relationship between caregivers and their children with disabilities. Each subscale score, a total child domain score, a total caregiver domain score and a total stress score indicate whether or not a caregiver is within “normal range.” The Attachment Subscale, which measures emotional closeness between caregiver and child, and the Isolation Subscale, which indicates social isolation and lack of social support, are of particular interest to Mission Inn.

d. Supplement to the Home Observation for Measurement of the Environment (HOME) Scale for Impoverished Families (SHIP). Mission Inn began using the SHIP in 2005. The SHIP was originally developed to be used concurrently with the HOME Scale to assess nurturance and stimulation provided to young children in their homes. The SHIP 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 SHIP as a stand alone instrument for the AIA comprehensive programs. The SHIP 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.

e. 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 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

Prior to 2004, data were collected at intake, six months, termination and 6 months post termination. Discussion at the AIA annual meeting in Washington, DC, determined that projects would report intake data (T1) and 6 month data (T2) and no longer report termination or post-termination data. When working with families affected by substance use, however, it may require several months to gain trust and engage the family in service to facilitate positive change. It is anticipated that, in many cases, measurable change may not be achieved within the first six months of service requiring a subsequent data collection point. 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 Attachment B)

FAMILY DOMAIN

Activity 1: Engage families 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 75 in FY 2004-05. The total number of families served during this grant period is 115. 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 97% of families remain engaged in services for at least three months.

Objective: 75% of families referred & contacted agreed to participate in services

- 66% of families that were referred and contact agreed to participate in services (n=175).

Objective: 95% of participating families complete at least 50% of their goals

It has been determined that completion of goals is not an adequate measure for this population as many goals are related to sobriety and their child’s development and therefore ongoing. Tracking the number of goals on which progress is made is a better indicator.
- 90% of families with stated goals made progress in completing at least 50% of their goals (n=61).

**Objective:** 95% of families will indicate services met family needs (n=40 at termination)

- 98% strongly agreed of agreed with the statement "I received services promptly"
- 100% strongly agreed or agreed with the statement "The services I received were helpful"

**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 is the only program 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 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 80% of families strongly agreed and 20% agreed with the statement, "Agency/Program Staff were respectful of me and my culture." (n=40).

**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 has been created for families with young children needing service. 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: Make home visits

Outputs: Infant-family therapists conduct home visits weekly or bi-weekly, depending on the families’ identified needs.

Objective: 95% of families complete at least 50% of their goals

It has been determined that completion of goals is not an adequate measure for this population as many goals are related to sobriety and their child’s development and therefore ongoing. Tracking the number of goals on which progress is made is a better indicator.

- 90% of families with stated goals made progress in completing at least 50% of their goals (n=61).

Contextual influence: Neighborhoods and homes are at times not safe for home visitors due to gang activity, drug use and domestic violence.

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.
Activity 3: Assess strengths & 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 families complete at least 50% of their goals

It has been determined that completion of goals is not an adequate measure for this population as many goals are related to sobriety and their child’s development and therefore ongoing. Tracking the number of goals on which progress is made is a better indicator.

- 90% of families with stated goals made progress in completing at least 50% of their goals (n=61).

Contextual influence: Families are often involved with other systems that have a heavier focus on problem identification as opposed to family strengths.

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 should utilize data collection instruments to help families recognize their strengths and prioritize their goals on the service plan. Such instruments are a natural source of strengths and needs assessment information.

Activity 4: Coordinate services

Outputs: Mission Inn works with a total of 39 other agencies to coordinate services for families.
Objective: 95% of families complete at least 50% of their goals

It has been determined that completion of goals is not an adequate measure for this population as many goals are related to sobriety and their child's development and therefore ongoing. Tracking the number of goals on which progress is made is a better indicator.

- 90% of families with stated goals made progress in completing at least 50% of their goals (n=61).

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. Furthermore, joint service efforts are occurring in the community. Mission Inn collaborated with Project Access at Network 180 (the local Community Mental Health entity) to be a participating service provider for Women's Connect (a group for women with children with substance abuse issues). Recently, Arbor Circle was awarded two new contracts in a competitive bid that provide case management services for families with substance abuse issues. This allows for easier coordination of care and service delivery for families referred to Mission Inn.

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: Assist families to provide safe, secure, permanent, nurturing care

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

Objective: 95% of those with goal will be involved in permanency process within 6 months
• 89% of clients were involved with permanency planning process within 6 months (n=57), however there are concerns that this data is an incorrect representation of permanency planning.

**Objective:** 75% of families faced with using permanency plan will follow through.

• 97% of families with a permanency plan are following through as reported on the Face Sheet (n=34).

**Objective:** 75% of families will have fewer than 3 transitions during service

• Only one child had more than three transitions during service. Ninety nine percent (99%) had three or less transitions. Sixty percent (60%) had no transitions, 26% had one, and 11% had 2 transitions (n=65).

**Objective:** 85% of children are living in a safe, secure, permanent, nurturing homes at service completion.

• At T2, 70% of caregivers scored within the normal range of attachment on the PSI as compared to 61% at T1.

• The Mission Inn Staff began collection of the SHIF in 2005 to provide a better picture of the home environment, but comparison data are not yet available.

**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. There is little prominent African Americans leadership in the Grand Rapids community which can further impact this population’s poverty and isolation.
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 work, 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.

Lessons 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: The Mission Inn Program Manager has become aware that not all staff have the same definition of permanency planning. Therefore, reliable data is questionable regarding the number of families with permanency plans.

Lessons learned 5c: Mission Inn will use the Objectives/Problems Checklist to collect more accurate data on the provision of a safe, consistent, nurturing environment. The Program
Manager will review with staff a shared definition and process for identifying families in need of a permanency plan in the coming grant period.

**Activity 6: 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 Parenting Stress Index.

**Objective: 60% of families will show decreased stress scores at termination**

- Only 13 families have available scores at T1 and Termination. For those caregivers, there was no decrease in total stress scores, with 64% scoring within the normal range at both times.
- Data are more complete for T1 and T2 (6 months) with 61 caregivers. The percentage of caregivers scoring within the normal range on Total Stress showed a modest increase from 51% at T1 to 56% at T2.
- In the Child Domain on the PSI, the percentage of caregivers scoring in the normal range increased from 48% at T1 to 54% at T2. (n=61)
- In the Parent Domain on the PSI, the percentage of caregivers scoring in the normal range remained consistent at 57% at T1 and T2. (n=61)

**Contextual influences:** None reported

**Barrier 6a:** Families who are overwhelmed by a multitude of problems often have difficulty determining how to resolve individual issues.

**Lesson learned 6a:** 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.

**Activity 7: Provide home-based substance abuse services/support recovery**

**Outputs:** Fifty-nine percent (59%) of parents are receiving home visiting substance abuse (n=49).

All families are assessed using the Stages of Change model.

**Objective: 60% will complete identified treatment goal**

It has been determined that completion of substance abuse goals is not an adequate measure for this population as goals related to sobriety are usually ongoing. Utilizing Stages of Change is a better measure.

- 50% of parents are at the pre-contemplation, contemplation, and preparation stages (n=42)
- 34% are at the action stage and 11% are in maintenance (n=42)

**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.

**Barrier 7a:** 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 7a:** 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.

**Activity 8: Promote healthy attachment between child & primary caregiver.**
 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 at or above norm on attachment scale

- 71% of caregivers scored within the normal range on the attachment scales at T2, a 10% increase over T1 (61%) (n=61).
- 87% of caregivers showed consistent affection for child (n=55)
- 73% of caregivers were regularly observed to hold the child (n=55)

Contextual influence: The community has had some difficulty understanding 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 8a: Mission Inn staff have needed additional support in the utilization of the infant mental health model.

Lesson learned 8a: 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.

Activity 9: 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: For those with goal, 60% of caregivers will have an increase number of unsupervised visitations.

- There are no data available for this objective at this time. In the future, data will be collected using the Objectives/Problems Checklist.

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

Barrier 5b: 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 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.

Activity 10: 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

- 20 families utilized respite during this period (17%)
**Contextual influences:** There are no other 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 10a:** 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.

**Lesson learned 10a:** 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.

**Activity 11: Connect families with other resources/services**

**Outputs:** A total of 137 referrals were recorded for 58 families. Seventy one percent (71%) of families for which data are available were referred to other resources/services (n=82). Mission Inn has increased the number of agencies to which it refers clients for support from 25 during the initial grant period to 33 this period. (See Attachment C)

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

- 44% of families followed through on at least one referral, and 22% followed through on more than one (n=82).

**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.
**Barrier 11a:** 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 11a:** 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 11b:** 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).

**Lesson learned 11b:** Client discretionary funds help supplement other community resources that are available.

**Activity 12:** Encourage families to expand/enrich support systems

**Outputs:** The Mission Inn project has demonstrated success in assisting families to build social support using the Parenting Stress Index, Isolation Subscale. The percent of families with isolation scores within the normal range increased from 59% at T1 to 66% at T2 (n=61).

**Objective:** 90% of families will have an increased number of social supports

- Twenty-nine initial maps were completed during this period but there are no comparison data available on this objective at this time.

**Objective:** 90% of families will have increased layers of support for identified needs

- Comparison data are not available on this objective at this time.

**Contextual influence:** Unsafe neighborhoods and the lack of natural supports (such as extended family) can impact isolation with families.
**Barrier 12a:** 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 12a:** Mission Inn has hired 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.

**Barrier 12b:** Families may not have a conscious awareness of the existing and potential support systems that are available to them.

**Lesson learned 12b:** 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 are given to families to aid in the facilitation of reducing isolation.

**CHILD DOMAIN**

**Activity 13: Assess child for developmental delays**

**Outputs:** Ninety-four index children received at least one developmental assessment during this period \((n=115)\). 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 will be assessed for developmental delays using the IDA within 60 days of intake

- 74 (89%) of the 83 index children old enough to be assessed at intake were assessed within 60 days of intake using either the Infant-Toddler Developmental Assessment or the Ages and Stages Questionnaire
**Contextual influence:** Several agencies in the community are screening for developmental delays which can lead to duplication.

**Barrier 13a:** 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 13a:** 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 14: Assist family to implement early intervention strategies**

**Outputs:** Twenty-four children with delays were referred for educational services outside the home, 29 caregivers implemented an intervention strategy in home.

**Objective: 75% of families who have a child with delays will implement strategies**

- 66% of caregivers of children exhibiting delays implemented intervention strategies in home (n=44)

**Objective: 95% of children with identified delays will make progress toward developmental milestones**

- 29 children were identified as having delays on their developmental assessment at T1, of the 13 with an assessment at T2, 7 scored within the normal range (54%).
- 42 of the 61 families for which data on goals are available indicated an identified delay or concern about their child’s development as one of their goals. 90% of these families made progress on this goal; only four families failed to make any progress in the area of assisting with their child’s development.

**Contextual influence:** None noted
Barrier 14a: 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 14a: 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 14b: Mission Inn reduced service coordination efforts with Early On which had led to fragmentation of services.

Lesson learned 14b: Mission Inn has made a renewed effort to service coordinate for Early On.

Activity 15: 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 families will score at or above norm on competence scale

- 57% of caregivers scored within the normal range on the competence scale at T2, an increase from 49% at T1 (n=61)

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

Barrier 15: Mission Inn families may have unrealistic expectations of wanting immediate results from their parenting efforts.

Lesson Learned 15: 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.

Activity 16: Increase knowledge of child development
Outputs: Mission Inn has demonstrated effectiveness in reducing inappropriate expectations by parents. The Parenting Stress Index – Child Demandingness Subscale – measures a caregiver’s perception of the demands a child places on her that may result from unrealistic expectations. The percent of caregivers scoring outside the normal range on this subscale decreased from 49% to 34% between T1 and T2 (n=61).

Objective: 60% of families will demonstrate appropriate age expectations at least “frequently”

- 78% of caregivers demonstrated appropriate age expectations “frequently” or “consistently” (n=82)

Objective: 60% of families will engage in appropriate developmental interactions with child (n=55)

- 96% made eye contact with child
- 40% read to their child
- 45% of caregivers participated in regular floor play
- 51% disciplined appropriately
- 78% responded to child’s needs

Objective: 95% of children with identified delays will make progress toward developmental milestones

- 29 children were identified as having delays on their developmental assessment at T1, of the 13 with an assessment at T2, 7 scored within the normal range (54%).
- 42 of the 61 families for which data on goals are available indicated an identified delay or concern about their child’s development as one of their goals; 90% of these families made progress on this goal; only four families failed to make any progress in the area their child’s development.
Contextual influence: Research and information is continually changing regarding child development (for example, when to introduce solids, sleep position with baby, using a pacifier, etc.)

Barrier 16: Caregivers often have unrealistic expectations of their children.

Lesson Learned 16: The program should continue to remain abreast of the latest research regarding child developmental issues in order to provide families with accurate and consistent information on child development.

SYSTEMS DOMAIN

Activity 17: Connect with and attend meetings of community coalitions and collaborative groups

Outputs: Mission Inn staff are currently actively involved in nine coalitions and collaborative groups.

Objective: Increase the number of local/regional trainings/conferences on issues related to target population

- Mission Inn provided 99 local trainings on issues related to the target population during this period. Topics included prenatal substance exposure, Stages of Change, HIV prevention, working with clients with high risk behavior, Fetal Alcohol Syndrome, helping young children with transitions and strategies to encourage speech and language development.

Contextual influence: Connections with Children (a local ELOA early childhood collaborative) has assisted the community to focus on early childhood issues in the community.

Barrier 17a: Some agencies and collaborative groups are duplicating efforts. This can hinder the efforts for these groups to impact change.
Lesson learned 17a: 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 17b: Some collaborative members are focused on the needs of their own agency, rather than the needs of the community.

Lesson learned 17b: 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.

Activity 18: Provide education and training for other agencies and foster care parents regarding needs of target population

Outputs: Ninety-nine trainings were provided to local agencies, foster care parents, and healthcare workers on a variety of topics including the following: prenatal substance exposure, Stages of Change, HIV prevention, working with clients with high risk behavior, Fetal Alcohol Syndrome, helping young children with transitions and strategies to encourage speech and language development.

Objective: Complete at least 4 trainings per quarter

- A total of 99 trainings were provided throughout the grant period.
- 98% of participants indicated that they had learned new information that they would utilize. (n=563)
- 95% of participants rated the presentation as “above average” or “excellent”. (n=588)

Objective: Increase number of referrals to Mission Inn

- 175 families were referred to Mission Inn during the grant period

Objective: Increase number of agencies making referrals to Mission Inn
• 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 32 different local agencies. (see Attachment D)

**Objective: Increase number of systems participating in case coordination for target population**

• At the end of the first grant period, Mission Inn shared coordination with 22 agencies. During this period, 39 different agencies participated in case coordination.

**Contextual influence:** Community agencies and workers can benefit from trainings on how to work with substance abusing families with young children.

**Barrier 18a:** The workers in the foster care system are often attempting to manage high caseloads with families that have numerous risk factors. Training on substance abusing families with young children was not always a priority.

**Lesson learned 18a:** Mission Inn has made progress coordinating with foster care providers. A systemic approach, however, has not yet been developed and the program should continue to focus on finding an effective way to positively influence the foster care system.

**Activity 19: Participate on subcommittees that draft guidelines for community-based activities.**

Output: Mission Inn staff participates on committees that are drafting guidelines for community based activities including the Infant Health Implementation Team through Healthy Kent 2010 and the Connections for Children initiative.

**Objective: Community plans have more outcomes related to target population**
• Community plans include more outcomes related to Mission Inn’s target population. The Infant Health Implementation Team through Healthy Kent 2010 that has written standards for adequate prenatal care and is working toward writing standards on infant health. Furthermore, staff also participate with the Connections for Children initiative to focus on factors that influence children’s ability to be ready for school and to succeed in life. Areas of focus include physical and mental health (including substance abuse), early care and education, family support and parent education.

**Barrier 17a:** Some agencies and collaborative groups are duplicating efforts. This can hinder the efforts for these groups to impact change.

**Lesson learned 17a:** 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 17b:** Some collaborative members are focused on the needs of their own agency, rather than the needs of the community.

**Lesson learned 17b:** 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.

**Activity 20:** Participate in writing grant proposal in collaboration with other agencies in order to obtain continuation funding.

**Output:** Mission Inn collaborated with the Kent County Health Department on writing a Fetal Alcohol Spectrum Disorders, Community Prevention and Intervention Grant.

**Objective:** *At least one collaborative grant is written*
• Mission Inn collaborated with Kent County Health Department on writing Fetal Alcohol Spectrum Disorders, Community Prevention and Intervention Grant.

**Contextual influence:** Funding resources are limited and often competitive.

**Barriers:** Agencies are often competing for the same funds in order to improve sustainability.

**Lesson learned:** Sharing resources, including funding can be an effective and efficient method in service delivery.
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 75 in FY 2004-05. Over time Mission Inn has increased the number of families that remain engaged in services for at least three months. In the first year of the grant, 33% stayed in services at least three months. By year two, this had increased to 76% and the most recent data indicates that 97% 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. 90% of families completing the satisfaction at termination strongly agreed or agreed with the statement “I received services promptly”. 100% of families strongly agreed or agreed with the following two statements: “The services I received were helpful;” “Agency/program staff were respectful of me and my culture.”

**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. 90% of families have made progress in completing at least 50% of their goals (n=61).

*Families are working to provide a secure and permanent home for their children.* All Mission Inn families are encouraged to develop a permanency plan. 89% of families were involved with the permanency planning process within six months. Sixty percent (60%) of children being served by Mission Inn had no transitions during service, 26% had one transition, and 11% had two transitions. Only one child had more than three transitions while participating in Mission Inn services.
Caregivers are addressing their substance abuse issues. Fifty-nine percent (59) of caregivers are participating in home-based substance abuse services. Based on the Stages of Change model, 50% of caregivers are at the pre-contemplation, contemplation, and preparation stages; 34% are at the action stage and 11% 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 61% at intake to 71% at six months. Based on the most recent reports of family-infant therapists, 87% of caregivers showed consistent affection for their child and 73% were regularly observed to hold their child.

Improving Outcomes for Children

Children with developmental delays are making progress toward developmental milestones. Twenty-nine children were identified as having delays on their developmental assessment at intake (T1). Twenty-four children were referred for educational services outside the home and 29 caregivers implemented an intervention strategy at home. Of the 13 with a second assessment at six months (T2), 7 scored within the normal range.
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 Parenting Stress Index Child Demandingsness Subscale measures a caregiver's perception of the demands a child places on her that may result from unrealistic expectations. The percent of caregivers scoring outside the normal range on this subscale decreased from 49% to 34% from intake (T1) to six months (T2). Family-infant therapists reported that 78% of caregivers demonstrated appropriate age expectations “frequently” or “consistently.”

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.
Mission Inn Logic Model

**Assumptions**

Engaging families at risk for abandoning their children in services can:
- Prevent abandonment
- Promote child development

Services to prevent abandonment will be more effective if they are:
- Individualized
- Family-centered
- Strengths-based
- Non-judgmental
- Empowering
- Coordinated
- Skilled staff
- Home-based
- Culturally sensitive
- Confidential
- Supportive
- Set goals
- Provided by highly skilled staff

Services to prevent abandonment will be more effective if they address the following issues:
- Substance abuse (when appropriate)
- Meeting tangible needs
- Accessing multiple resources/services
- Ways to decrease stress,
  - Respite
  - Expanding & enriching the support network
- Permanency planning including grief/loss issues
- Healthy attachment

**Family Domain**

**Actions**
- Engage families in services
- Train staff & peer mentors in best practice models
- Provide individualized, strengths-based, family-centered, empowering, culturally sensitive, confidential, non-judgmental, supportive home-based visits and interventions.
- Assess family strengths and needs
- Develop and implement Individual Family Service Plans (based on strengths and needs) with families that include short term, intermediate and long term goals.
- Coordinate Services.

**Family Goals**

**Short Term**
Families are engaged in services.
Families achieve short term goals as defined in the IFSP which may include:
- Families identify need for permanency plan
- Families connect with needed services/resources

**Intermediate**
Families achieve intermediate goals as defined in IFSP which may include:
- Improved attachment between child and primary caregiver
- Increased use of respite services
- Basic needs are met
- Permanency plan is in place
- Increased support network
- Decreased stress

**Long term**
Families achieve long term goals as defined in IFSP which may include:
- Reduced substance use/abuse
- Caregiver and child demonstrate improved attachment
- Enriched support network (rich web)
- Families follow through with permanency plan
- Fewer unplanned transitions

Families report services meet their needs
### Assumptions

Services to enhance child development will be more effective if they include:

- A permanency plan
- Development of healthy attachments
- Assessment for developmental delays in multiple domains
- Early intervention strategies for addressing developmental delays
- Accessing other services for specific developmental needs
- Parenting skills
- Family knowledge of child development

Being at risk of, or experiencing abandonment, increases the possibility that a child will not reach his/her developmental milestones.

Services can increase a child’s chance to reach his/her developmental milestones.

Living in a stable, secure home is the best environment for healthy development.

### Actions

For all families:

- Assess child for developmental delays

When included in IFSP:

- Work with families to implement early intervention strategies to address developmental delays
- Model effective parenting skills.
- Increase knowledge of child development

### Child Goals

#### Short Term

Families demonstrate knowledge of child development.

Children with delays are identified.

#### Intermediate

Families achieve intermediate goals as defined in IFSP which may include:

- Families demonstrate effective parenting skills.
- Families engage child in developmental play.
- Families implement early intervention strategies to address developmental delays

#### Long term

Families achieve long term goals as defined in IFSP which may include:

- Child reaches or makes progress toward developmental milestones
- Child lives in secure, stable home
Mission Inn Logic Model

Assumptions

Participating in collaborative groups:
- Increases referrals to Mission Inn
- Increases referrals from Mission Inn to other agencies
- Increases opportunities for community education and outreach
- Increases awareness of risk of abandonment for families with substance abuse or positive HIV status
- Increases the number of local and regional trainings/conferences on related topics
- Influences the development of community plans and funding allocations for services and interventions.
- Influences funding allocations for services and interventions community.

Providing community education and outreach:
- Increases referrals to Mission Inn
- Increases referrals from Mission Inn to other agencies
- Increases awareness of risk of abandonment for families with substance abuse or positive HIV status

Actions

Connect with and attend meetings of community coalitions and collaborative groups.

Provide in-service trainings for other agencies regarding caregiver substance abuse, infants and young children at risk of abandonment.

Participate on sub-committees that draft guidelines for community-based activities.

Participate in writing grant proposals in collaboration with other human services agencies in order to leverage more funds for infants and young children at risk for abandonment.

System Goals

Increased community awareness of issues related to and strategies for the target population.

Increase coordination of services for target population.

Improve community services for target population.

More funds are available for services related to target population.
<table>
<thead>
<tr>
<th>Action</th>
<th>Who</th>
<th>What</th>
<th>When</th>
<th>Process Indicator</th>
<th>Goals</th>
<th>Objectives</th>
<th>Outcome Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engage families in services</td>
<td>Home-Based Therapist (HBT)</td>
<td>Make initial contact with family</td>
<td>Within 1 week of referral</td>
<td>Case records</td>
<td>Families participate in services</td>
<td>75% of families referred &amp; contacted agree to participate in services</td>
<td>Project records</td>
</tr>
<tr>
<td></td>
<td>Parent/care-giver</td>
<td>Sign agreement to participate</td>
<td>Within 3 months of first contact</td>
<td>Signed agreement in case record</td>
<td>Families are fully engaged in services</td>
<td>95% of participating families complete at least 50% of their goals</td>
<td>Case records</td>
</tr>
<tr>
<td></td>
<td>HBT/Parent</td>
<td>Build trusting relationship</td>
<td>Ongoing</td>
<td>Quarterly reports, termination reports</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Family</td>
<td>Completes family satisfaction survey</td>
<td>Within 30 days of termination</td>
<td>Family satisfaction survey returned</td>
<td>Services meet family needs</td>
<td>95% of families will indicate services met family needs</td>
<td>Family satisfaction survey</td>
</tr>
</tbody>
</table>

Provide supportive therapeutic interventions

<table>
<thead>
<tr>
<th>Action</th>
<th>Who</th>
<th>What</th>
<th>When</th>
<th>Process Indicator</th>
<th>Goals</th>
<th>Objectives</th>
<th>Outcome Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Make home visits</td>
<td>HBT</td>
<td>Make home visits &amp; other contacts that meet the needs of the family</td>
<td>Ongoing, at least 1 per month and as needed</td>
<td>Number of home visits and contacts</td>
<td>Families and HBT complete short term, intermediate and long term goals</td>
<td>95% of families complete at least 50% of their goals</td>
<td>Quarterly reports</td>
</tr>
<tr>
<td></td>
<td>HLT</td>
<td>Complete Family Needs Assessment, Parenting Stress Index</td>
<td>Within 30 days of intake</td>
<td>Completed instruments in file</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>HBT</td>
<td>Discuss needs identified when completing tools named above</td>
<td>Within 30 days of intake</td>
<td>Case records</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>HBT</td>
<td>Explore strengths with family</td>
<td>Within 30 days of intake</td>
<td>Case records</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>HBT</td>
<td>Family and HBT set short term, intermediate and long term goals</td>
<td>Within 30 days of intake</td>
<td>Case records</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mission Inn team</td>
<td>HBT</td>
<td>Develop termination policy based on completion of IFSP goal</td>
<td>Within 60 days of grant notification</td>
<td>Written termination policy</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>HBT/Family</td>
<td>HBT</td>
<td>Develop transition plan with family based on completion of IFSP goals</td>
<td>Within 90 days of intake and reviewed every 6 months</td>
<td>Termination plan in case record</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>HBT/Family</td>
<td>Review goals to determine progress</td>
<td>Every 6 months</td>
<td>Case record</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>HBT</td>
<td>Transition family to less intensive services</td>
<td>When at least 50% of goals are completed</td>
<td>Termination report</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Action</td>
<td>Who</td>
<td>Project Services</td>
<td>What</td>
<td>When</td>
<td>Process Indicator</td>
<td>Goals</td>
<td>Objectives</td>
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</tr>
<tr>
<td>Coordinate services</td>
<td>HBT</td>
<td>Make collateral contacts with other service providers</td>
<td>Ongoing</td>
<td>Case records</td>
<td>Families and HBT complete short term, intermediate and long term goals</td>
<td>95% of families complete at least 50% of their goals</td>
<td>Quarterly reports</td>
</tr>
<tr>
<td>HBT其他服务提供者</td>
<td></td>
<td>Make joint home visits with other service provider</td>
<td>As needed</td>
<td>Case records and quarterly report</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assist families to provide safe, secure, permanent, nurturing care</td>
<td>HBT</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>Families identify need for plan</td>
<td>96% of those with goal will be involved in permanency process within 6 months</td>
<td>Quarterly reports</td>
</tr>
<tr>
<td>HBT其他服务提供者</td>
<td></td>
<td>Refer to legal advocacy and adoption services</td>
<td>As needed</td>
<td>Number of referrals made</td>
<td>Permanency Plan in place</td>
<td>95% of those with goal have permanency plan in place within 12 months</td>
<td>Quarterly reports</td>
</tr>
<tr>
<td>HBT</td>
<td></td>
<td>Provide flexible funding for legal services</td>
<td>As needed</td>
<td>Record of gap funds used</td>
<td>Families follow through with permanency plan</td>
<td>75% of families faced with using permanency plan will follow through</td>
<td>Quarterly reports</td>
</tr>
<tr>
<td>HBT, Family</td>
<td></td>
<td>Develop standby guardian/permanency plan</td>
<td>Within 12 months of intake</td>
<td>Plan in file</td>
<td>Fewer unplanned transitions</td>
<td>75% of families will have fewer than 3 transitions during course of service</td>
<td>Quarterly reports</td>
</tr>
<tr>
<td>Family</td>
<td></td>
<td>Implement standby guardian/permanency plan</td>
<td>As needed</td>
<td>Case records</td>
<td>Children will live in a safe, secure, permanent, nurturing home</td>
<td>85% of children are living in a safe, secure, permanent, nurturing homes at service completion</td>
<td>Quarterly reports</td>
</tr>
<tr>
<td>Support/teach problem solving skills</td>
<td>HBT</td>
<td>Assist parent to set priorities</td>
<td>Ongoing</td>
<td>Case records</td>
<td>Decreased stress</td>
<td>80% of families will show decreased stress scores at termination</td>
<td>Parenting Stress Index</td>
</tr>
<tr>
<td>HBT</td>
<td></td>
<td>Assess barriers to success</td>
<td>Ongoing</td>
<td>Case records</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HBT</td>
<td></td>
<td>Review history of success/failure in addressing a particular problem</td>
<td>Ongoing</td>
<td>Case records</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HBT</td>
<td></td>
<td>Model successful problem solving behavior when acting as advocate for parent or child</td>
<td>Ongoing</td>
<td>Case records</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HBT</td>
<td></td>
<td>Assist in planning for care</td>
<td>Ongoing</td>
<td>Case records</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide home-based substance abuse services/support recovery</td>
<td>Program Manager</td>
<td>Hire substance abuse treatment specialist</td>
<td>Within 60 days of notification of award</td>
<td>Employment agreement</td>
<td>Reduce substance abuse/recovery</td>
<td>60% will complete identified treatment goal</td>
<td>Quarterly reports</td>
</tr>
<tr>
<td>HBT</td>
<td></td>
<td>Assist individuals to identify substance abuse triggers</td>
<td>Ongoing</td>
<td>Case records</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HBT</td>
<td></td>
<td>Educate effects of substance abuse on functioning</td>
<td>Ongoing</td>
<td>Case records</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HBT</td>
<td></td>
<td>Refer to substance abuse specialist or to treatment service</td>
<td>Within 1 month of identified need</td>
<td>Case records</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide home-based substance abuse</td>
<td>HBT</td>
<td>Educate about impact of substance abuse on child's development</td>
<td>Ongoing</td>
<td>Case records</td>
<td>Reduce substance abuse/recovery</td>
<td>60% will complete identified treatment goal</td>
<td>Quarterly reports</td>
</tr>
</tbody>
</table>
# Mission Inn Action Plan

## Attachment B

### Project Services:

<table>
<thead>
<tr>
<th>Action</th>
<th>Action Description</th>
<th>Who</th>
<th>What</th>
<th>When</th>
<th>Process Indicator</th>
<th>Goals</th>
<th>Objectives</th>
<th>Outcome Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>HBT</td>
<td>Support recovery</td>
<td>Ongoing</td>
<td>Case records</td>
<td>Primary caregiver &amp; child demonstrate healthy attachment</td>
<td>70% of caregivers will score at or above norm on attachment scale</td>
<td>Parenting Stress Index Attachment Scale</td>
</tr>
<tr>
<td></td>
<td></td>
<td>HBT</td>
<td>Provide home-based substance abuse services</td>
<td>As needed</td>
<td>Case records</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Promote healthy attachment between child &amp; primary caregiver</td>
<td>HBT</td>
<td>Explore preconceptions/misconceptions that interfere with attachment</td>
<td>Ongoing</td>
<td>Case records</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>HBT</td>
<td>Explore caregiver’s relationship with her/his parents</td>
<td>Ongoing</td>
<td>Case records</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>HBT</td>
<td>Model behavior that assists caregiver to get to know her/his child</td>
<td>Ongoing</td>
<td>Case records</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>HBT</td>
<td>Assist caregiver to interpret accurately child’s cues</td>
<td>Ongoing</td>
<td>Case records</td>
<td></td>
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<tr>
<td></td>
<td>Support parent to reunite with child</td>
<td>HBT</td>
<td>Accompany parent to foster care visits</td>
<td>Ongoing</td>
<td>Case records</td>
<td>Increase in unsupervised visits with child</td>
<td>For those with goal, 60% of caregivers will have an increased number of unsupervised visitations</td>
<td>Quarterly Reports—Number of unsupervised visits in 6 month period</td>
</tr>
<tr>
<td></td>
<td></td>
<td>HBT</td>
<td>Support parent to make lifestyle changes necessary to regain custody of child</td>
<td>Ongoing</td>
<td>Case records</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Encourage families to use respite services</td>
<td>HBT</td>
<td>Educate families about the nature and value of respite</td>
<td>Ongoing</td>
<td>Case records</td>
<td>Increase use of respite</td>
<td>50% of families will use respite</td>
<td>Log of gap funds, quarterly report</td>
</tr>
<tr>
<td></td>
<td></td>
<td>HBT</td>
<td>Assist families to identify their own respite resources</td>
<td>Ongoing</td>
<td>Case records</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>HBT</td>
<td>Refer to respite providers</td>
<td>Ongoing</td>
<td>Case records</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Connect families with other resources</td>
<td>HBT</td>
<td>Refer to resources/services to meet additional needs</td>
<td>Ongoing</td>
<td>Case records</td>
<td>Families connect with needed services</td>
<td>65% of families will follow through on at least one referral</td>
<td>Quarterly report referral outcomes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>HBT</td>
<td>Advocate for family when trying to enroll in other services</td>
<td>Ongoing</td>
<td>Case records</td>
<td></td>
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<tr>
<td></td>
<td>Encourage families to expand/enrich support systems</td>
<td>HBT</td>
<td>Assist family to identify needed supports</td>
<td>Ongoing</td>
<td>Case records</td>
<td>Increased social support network</td>
<td>90% of families will have increased number of social supports</td>
<td>Social Support Mind Map</td>
</tr>
<tr>
<td></td>
<td></td>
<td>HBT</td>
<td>Identify possible supports</td>
<td>Ongoing</td>
<td>Case records</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>HBT</td>
<td>Assist family to build informal supports</td>
<td>Ongoing</td>
<td>Case records</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>HBT</td>
<td>When family is socially isolated, refer to peer mentor</td>
<td>As needed</td>
<td>Case record—quarterly report</td>
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</tr>
</tbody>
</table>

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**Enhance child development**
<table>
<thead>
<tr>
<th>Action</th>
<th>Who</th>
<th>Project Services</th>
<th>What</th>
<th>When</th>
<th>Process Indicator</th>
<th>Goals</th>
<th>Objectives</th>
<th>Outcome Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assess child for developmental delays</td>
<td>HBT</td>
<td>Complete Infant and Toddler Development Assessment (IDA)</td>
<td>Within 60 days at intake</td>
<td>Completed IDA in Case Record</td>
<td>Children with developmental delays are identified</td>
<td>80% of children will be assessed for developmental delays using the IDA within 60 days of intake</td>
<td>Scores on Infant Toddler Developmental Assessment (IDA)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HBT/family</td>
<td>Discuss child's development with family</td>
<td>During assessment</td>
<td>Case Record</td>
<td>Families will implement early intervention strategies</td>
<td>75% of families who have a child with delays will implement strategies</td>
<td>Quarterly reports – therapist observations</td>
<td></td>
</tr>
<tr>
<td>Assist family to implement early intervention strategies</td>
<td>HBT/family</td>
<td>Explore potential cause for delay</td>
<td>Within 3 months of IDA</td>
<td>Medical records/other assessments in Case Record</td>
<td>Families will implement early intervention strategies</td>
<td>95% of children with identified delays will make progress toward developmental milestones</td>
<td>scores on IDA</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HBT</td>
<td>Identify developmental strategies with parent</td>
<td>Within 3 months of IDA</td>
<td>Case Record</td>
<td>Child makes progress toward developmental milestones</td>
<td>95% of children with identified delays will make progress toward developmental milestones</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>HBT</td>
<td>Model play to develop skills</td>
<td>Within 3 months of IDA</td>
<td>Case record</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>HBT</td>
<td>Monitor caregiver's implementation of strategies</td>
<td>Ongoing</td>
<td>Case record and quarterly reports</td>
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<tr>
<td>Model effective parenting skills</td>
<td>HBT</td>
<td>Refer to other service providers to address special needs</td>
<td>Within 30 days if needed</td>
<td>Case record and quarterly reports</td>
<td></td>
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<tr>
<td></td>
<td>HBT/family</td>
<td>Model effective parenting through play and interaction with child</td>
<td>Ongoing</td>
<td>Case record</td>
<td>Families demonstrate effective parenting skills</td>
<td>80% of families will score at or above norm on Competence scale</td>
<td>PSI Parent Competence Scale</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HBT/family</td>
<td>Explore/model appropriate disciplinary techniques</td>
<td>Ongoing</td>
<td>Case Record</td>
<td></td>
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<tr>
<td></td>
<td>HBT/family</td>
<td>Use parenting models (1-2-3 Magic, etc.)</td>
<td>Ongoing</td>
<td>Case Record</td>
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<tr>
<td></td>
<td>HBT/family</td>
<td>Watch and discuss parenting videotapes</td>
<td>Ongoing</td>
<td>Case Record</td>
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<tr>
<td></td>
<td>HBT/family</td>
<td>Build family strengths</td>
<td>Ongoing</td>
<td>IEP</td>
<td></td>
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<tr>
<td>Increase knowledge of child development</td>
<td>HBT</td>
<td>Involve family in developmental assessment</td>
<td>Within 60 days of intake</td>
<td>Case Record, IDA profiles</td>
<td>Increase family knowledge of child development</td>
<td>60% of families will demonstrate appropriate age expectations at least &quot;frequently&quot;</td>
<td>Quarterly report</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HBT/family</td>
<td>Discuss appropriate age expectations</td>
<td>Ongoing</td>
<td>Case Record</td>
<td>Families engage child in appropriate developmental interactions</td>
<td>60% of families will engage in appropriate developmental interactions with child</td>
<td>Quarterly report</td>
<td></td>
</tr>
<tr>
<td>Increase knowledge of child development</td>
<td>HBT/family</td>
<td>Discuss appropriate expectations for children with developmental concerns</td>
<td>Immediately following IDA and ongoing</td>
<td>Case Records</td>
<td>Child makes progress toward or reaches developmental milestones</td>
<td>95% of children with identified delays will make progress toward developmental milestones</td>
<td>Scores on IDA</td>
<td></td>
</tr>
<tr>
<td>Action</td>
<td>Project Services</td>
<td>Process Indicator</td>
<td>Goals</td>
<td>Objectives</td>
<td>Outcome Indicator</td>
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<tr>
<td>Increase knowledge of child development</td>
<td>HBT</td>
<td>Build on family strengths</td>
<td>Ongoing</td>
<td>IFSP</td>
<td>Child makes progress toward or reaches developmental milestones</td>
<td>96% of children with identified delays will make progress toward developmental milestones</td>
<td>Scores on IDA</td>
<td></td>
</tr>
<tr>
<td>Improve community systems to address the needs of the target population</td>
<td>Program Manager</td>
<td>Identify relevant groups</td>
<td>Ongoing</td>
<td>Meeting minutes</td>
<td>Increase community awareness of issues related to strategies for the target population</td>
<td>Increase number of local/regional trainings/conferences on issues related to target population</td>
<td>Meeting minutes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Program Manager</td>
<td>Attend and participate in group</td>
<td>Ongoing</td>
<td>Meeting minutes</td>
<td>Increase coordination of services for target population</td>
<td>Complete at least 4 trainings per quarter</td>
<td>Dissemination log</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Training coordinator</td>
<td>Identify groups of service providers</td>
<td>Ongoing</td>
<td>Dissemination log</td>
<td>Increase coordination of systems participating in case coordination for target population</td>
<td>Increase number of agencies making referrals to Mission Inn</td>
<td>Dissemination log</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Training coordinator</td>
<td>Seek referrals for foster care parents</td>
<td>Ongoing</td>
<td>Referral form</td>
<td>Increase number of systems participating in case coordination for target population</td>
<td>Increase number of systems participating in case coordination for target population</td>
<td>Referral log</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Training coordinator</td>
<td>Schedule and complete trainings</td>
<td>Ongoing</td>
<td>Dissemination log</td>
<td></td>
<td>Increase number of systems participating in case coordination for target population</td>
<td>Referral log</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Program Manager</td>
<td>Identify sub committees</td>
<td>Ongoing</td>
<td>Meeting minutes</td>
<td>Improve community services for target population</td>
<td>Community plans have more outcomes related to target population</td>
<td>Written guidelines</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Program Manager</td>
<td>Attend and participate in sub committee meetings</td>
<td>Ongoing</td>
<td>Meeting minutes</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Participate in writing grant proposal in collaboration with other agencies in order to obtain continuation funding</td>
<td>Program Manager</td>
<td>Identify potential partners</td>
<td>Mid grant cycle</td>
<td>Meeting minutes</td>
<td>More funds available for services related to target population</td>
<td>At least 1 collaborative grant is written</td>
<td>Meeting minutes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Program Manager</td>
<td>Collaborate in grant writing</td>
<td>By end of grant cycle</td>
<td>Grant</td>
<td></td>
<td></td>
<td>Grant</td>
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</tr>
<tr>
<td>Evaluate Mission Inn Services</td>
<td>Program Manager</td>
<td>Train staff on Case Record documentation</td>
<td>Within 2 weeks of new hire</td>
<td>New staff orientation record and staff meeting minutes</td>
<td>Implement revised strategies to improve program implementation</td>
<td>For any identified barriers to program implementation, a revised strategy will be implemented with 90 days</td>
<td>Revised Logic Model Revised Action Plan</td>
<td></td>
</tr>
<tr>
<td>Action</td>
<td>Who</td>
<td>Project Services</td>
<td>When</td>
<td>Process Indicator</td>
<td>Goals</td>
<td>Objectives</td>
<td>Outcome Indicator</td>
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<tr>
<td>Complete Family &amp; Child Process Evaluation</td>
<td>HBT</td>
<td>Complete case notes</td>
<td>Ongoing</td>
<td>Case Record contains case notes</td>
<td>Implement revised strategies to improve program implementation</td>
<td>For any identified barriers to program implementation, a revised strategy will be implemented within 90 days</td>
<td>Revised Logic Model Revised Action Plan</td>
<td></td>
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<tr>
<td></td>
<td>HBT</td>
<td>Complete quarterly reports</td>
<td>Quarterly</td>
<td>Case Record contains quarterly reports</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>HBT/Family</td>
<td>Complete IFSP</td>
<td>Within 30 days of intake</td>
<td>Case record contains completed IFSP</td>
<td>Implement revised strategies to improve program implementation</td>
<td>For any identified barriers to program implementation, a revised strategy will be implemented within 90 days</td>
<td>Revised Logic Model Revised Action Plan</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HBT/Family</td>
<td>Complete Permanency Plan</td>
<td>Within 12 months of intake or identified need</td>
<td>Case record contains permanency plan</td>
<td></td>
<td></td>
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<tr>
<td>Program Manager utilization review team</td>
<td>Review Case Record for completeness and accuracy</td>
<td>Ongoing</td>
<td>Reports countersigned</td>
<td></td>
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<tr>
<td>MPH I</td>
<td>Review Case Records for process indicators</td>
<td>Every 6 months</td>
<td>Semi annual report to program</td>
<td></td>
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<tr>
<td></td>
<td>Enter &amp; analyze process data</td>
<td>Every 6 months</td>
<td>Data entered</td>
<td></td>
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<tr>
<td></td>
<td>Present process data to Mission Inn</td>
<td>Every 6 months</td>
<td>Presentation materials</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Mission Inn</td>
<td>Revise strategies to improve program implementation</td>
<td>As needed</td>
<td>Revised strategies outlined</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Complete Systems Process Evaluation</td>
<td>Program Manager</td>
<td>Track each community collaborative/outreach activity completed</td>
<td>Ongoing</td>
<td>Dissemination Log</td>
<td>Advocate for relevant systems change/coordination</td>
<td>Provide leadership in at least 4 collaborative community workgroups</td>
<td>Meeting minutes Work group action plans</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Training and Education Coordinator</td>
<td>Track each presentation/education activity completed</td>
<td>Ongoing</td>
<td>Dissemination Log</td>
<td>Share information relevant to target population or system</td>
<td>Complete at least 6 presentations per quarter</td>
<td>Dissemination log</td>
<td></td>
</tr>
<tr>
<td></td>
<td>MPH I</td>
<td>Enter and analyze data</td>
<td>Every 6 months</td>
<td>MPH I receives data/information</td>
<td>Implement revised strategies to improve presentation effectiveness</td>
<td>For any presentation activities in which new knowledge is not indicated, a revised strategy will be implemented within 90 days of identified need</td>
<td></td>
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</tr>
<tr>
<td>Complete Family &amp; Child Outcome Evaluation</td>
<td>MPH I</td>
<td>Train Mission Inn staff on new data collection instruments</td>
<td>Within 30 days of intake</td>
<td>MPH I receives data</td>
<td>Implement revised strategies to improve program effectiveness</td>
<td>For any service objective not being met, a revised strategy will be implemented within 60 days of identified need</td>
<td>Revised of Logic Model Revised Action Plan</td>
<td></td>
</tr>
<tr>
<td>Complete Family &amp; Child Outcome Evaluation</td>
<td>HBT/Family</td>
<td>Collect family intake data</td>
<td>Within 30 days of intake</td>
<td>MPH I receives data</td>
<td>Implement revised strategies to improve program effectiveness</td>
<td>For any service objective not being met, a revised strategy will be implemented within 60 days of identified need</td>
<td>Revised of Logic Model Revised Action Plan</td>
<td></td>
</tr>
<tr>
<td>Complete Family &amp; Child Outcome Evaluation</td>
<td>HBT/Family</td>
<td>Collect family follow up data</td>
<td>Every 6 months, at termination</td>
<td>MPH I receives data</td>
<td></td>
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<tr>
<td>Action</td>
<td>Who</td>
<td>Project Services</td>
<td>When</td>
<td>Process Indicator</td>
<td>Goals</td>
<td>Objectives</td>
<td>Outcome Indicator</td>
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<tr>
<td>HBT/family</td>
<td></td>
<td>Collect post termination data</td>
<td>Monthly for 6 months following termination</td>
<td>MPHI receives data</td>
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<tr>
<td>Complete Family &amp; Child Outcome Evaluation</td>
<td>MPHI</td>
<td>Enter &amp; analyze data</td>
<td>Every 6 months</td>
<td>Data entered</td>
<td>Implement revised strategies to improve program effectiveness</td>
<td>For any service objective not being met, a revised strategy will be implemented within 60 days of identified need</td>
<td>Revised Logic Model Revised Action Plan</td>
<td></td>
</tr>
<tr>
<td>Mission Inn</td>
<td></td>
<td>Present data to Mission Inn staff</td>
<td>Every 6 months</td>
<td>Presentation materials</td>
<td></td>
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<tr>
<td></td>
<td>MPHI</td>
<td></td>
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</tr>
<tr>
<td>Complete Family &amp; Child Outcome Evaluation</td>
<td>MPHI</td>
<td>Develop strategies to improve program effectiveness</td>
<td>As needed</td>
<td>Revised strategies outlined</td>
<td>Implement revised strategies to improve program effectiveness</td>
<td>For any service objective not being met, a revised strategy will be implemented within 60 days of identified need</td>
<td>Revised Logic Model Revised Action Plan</td>
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<tr>
<td>Mission Inn</td>
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<tr>
<td>Complete Systems Outcome Evaluation</td>
<td>Education and Training activities participants</td>
<td>Complete participant satisfaction survey</td>
<td>Immediately following presentation</td>
<td>Participant satisfaction survey</td>
<td>Increase community knowledge of issues related to effective strategies for target population</td>
<td>80% of participants will indicated new knowledge</td>
<td>Participant satisfaction surveys</td>
<td></td>
</tr>
<tr>
<td>Program Manager</td>
<td></td>
<td>Track each community collaborative/outreach activity completed</td>
<td>Ongoing</td>
<td>Workgroup meeting minutes</td>
<td>Collaborative community workgroups will develop written goals</td>
<td>75% of workgroups participating will have written goals</td>
<td>Work group action plans</td>
<td></td>
</tr>
<tr>
<td>MPHI</td>
<td></td>
<td>Enter and analyze data</td>
<td>Every 6 months</td>
<td>MPHI receives data/information</td>
<td>Implement revised strategies to improve presentation effectiveness</td>
<td>For any presentation activities in which new knowledge is not indicated, a revised strategy will be implemented within 60 days of identified need</td>
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</tbody>
</table>
Mission Inn Referrals to Other Agencies

Western Michigan Legal Services
  Probation
  Family Court

McAuley Health Center
Kent Co. Public Health Dept.
Spectrum Health (FAS Diagnostic Clinic)
Grace Faith (AIDS Care Network)
SELF

Medical

Head Start
Early On
Ken-O-Sha
Education

Threshold
Outpatient
Network 180 (Cornerstone)
Mental Health

Mission Inn

Legal

Housing/Transition
Liz's House
Our Hope
Salvation Army

Substance Abuse

Grand Parents Raising Grandchildren
Moms Program
Project Focus
Healthy Start
Parent Aide
Prevention

Parents As Teachers (Bright Beginnings)
Strong Beginnings
Pregnancy Resource Center
4C

Touchstone
Project Rehab
Women's Connect
AOS
Pathfinder
FAS Support Group
Chemically Dependent Women

Infant Toddler Development Services
December 22, 2005

Patricia L. Campiglia, Child Welfare Program Specialist
Administration on Children, Youth and Families
330 C Street, SW Room 2428
Washington, DC 20447

RE: Grant Number 90-CB-0125

Dear Ms. Campiglia,

Enclosed you will find the second final report for the grant period 10/1/01
to 9/30/05.

Please don’t hesitate to call or e-mail me if you have any questions or
concerns. Your support of this project is greatly appreciated.

Sincerely,

[Signature]

Emmy Ellis, MSW/CSW
Program Manager
Arbor Circle Mission Inn Services
eellis@arborcircle.org

Encl.