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AIA Project Profiles



**National Abandoned Infants
Assistance Resource Center**
University of California at Berkeley
A SERVICE OF THE CHILDREN'S BUREAU

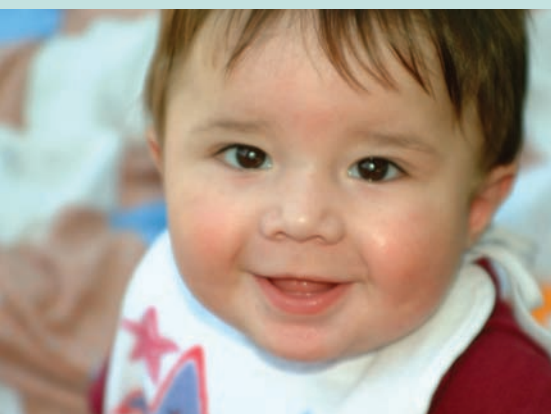
AIA Project Profiles

Mission Statement



The National Abandoned Infants Assistance Resource Center's mission is to enhance the quality of social and health services delivered to children who are abandoned or at-risk of abandonment due to the presence of drugs and/or HIV in the family.

The Resource Center provides training, information, support, and resources to service providers who assist these children and their families.



Acknowledgements

The National AIA Resource Center expresses our sincere gratitude to the administrators of the federal Abandoned Infants Assistance projects described herein who graciously shared information about their programs and thoughtfully reviewed drafts of this document. Your dedication, commitment to your work and efforts to improve the lives and conditions of families continue to inspire and motivate us.

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Introduction

Every year, thousands of infants and toddlers in the United States are at risk of abandonment or neglect due to maternal substance abuse and/or HIV infection. For roughly two decades, Abandoned Infants Assistance (AIA) projects throughout the country have been working to improve systems and address the human service needs of families affected by substance abuse and/or HIV. This report profiles each currently funded AIA project, summarizing the service delivery model and promising outcomes. It also includes a list of resources and publications produced by or related to the AIA projects.

OVERVIEW AND HISTORY OF AIA PROGRAM

In the late 1980's and early 1990's, the confluence of increased use of crack cocaine by pregnant women, the rise of the HIV/AIDS epidemic, a shortage of foster care providers, and an inadequate

supply of supportive community resources overtaxed and immobilized the child welfare system. Far too many infants born to women living with HIV/AIDS or addicted to substances were discharged from delivery hospitals after prolonged stays because no alternative caregiving arrangements could be located. In response to this situation, in 1988, Congress enacted Public Law 100-505, the Abandoned Infants Assistance Act (AIA), which established a discretionary grant program to support projects that would address the needs of abandoned infants and young children, and their families. This legislation was reauthorized by PL 102-236 in 1991 and PL 104-235 in 1996. This act was most recently authorized in 2003 under the Keeping Children and Families Safe Act (PL 108-36) through FY 2008. It is anticipated that Congress will reauthorize this Act in the foreseeable future.



The overarching goals for the AIA program are to prevent the abandonment and promote the permanency, safety, and well-being of children affected by substance abuse and/or HIV/AIDS. [To this end, the AIA program seeks to facilitate access to needed services and resources for all family members in order to help them overcome the physical, developmental, and emotional effects of substance abuse, poverty, and HIV/AIDS.

AIA PROJECTS

Since 1991, the U.S. Department of Health and Human Services (DHHS), Children's Bureau, has funded numerous AIA projects throughout the country. Currently, there are projects funded in 12 states and the District of Columbia. AIA projects are funded for four years through a competitive grant application process and receive \$475,000 annually. The projects are administered through

community-based organizations, hospitals, university affiliated organizations or public agencies.

The projects are family-focused, addressing the needs of all family members as they are identified by the project clients. Their concurrent focus on the needs of children, parents, and extended family members recognizes the significance of the family and social environment on the child's well-being. Some of the projects provide substance abuse treatment services directly, while others work closely with treatment providers, offer ongoing recovery support and relapse prevention, and/or assist families in accessing treatment and the many ancillary services they need. A few of the AIA projects focus primarily on future care and custody planning for families with young children affected by HIV/AIDS. These projects work with families to address the legal, medical, and psychosocial needs of all family members.

Regardless of the specific client and provider characteristics, all AIA projects share comparable goals and use an interdisciplinary approach to achieve those goals through a combination of flexible, intensive, individualized services offered primarily in the home. Services are provided through a solution-focused approach addressing both concrete and therapeutic needs. The wide range of services includes, but is not limited to: parenting education and support; infant/child developmental assessment and intervention services; legal advocacy; transportation, health and mental health services for all family members; life skills training, support services for kinship caregivers; housing assistance; services for male partners; early intervention; entitlement assistance; food and clothing assistance; HIV services; and case management to coordinate the myriad services.



Because no single agency or professional discipline has expertise in all these areas, community collaboration and multi-disciplinary coordination are imperative to comprehensively support the complex challenges families affected by substance abuse and/or HIV face. Also, because many of these families are distrustful of and isolated from traditional health and social service systems, family engagement and relationship building are at the core of all AIA projects. Finally, along with the development of trusting, nonjudgmental relationships with families, AIA projects recognize the expertise and the strengths of family members and engage them as partners in the intervention process.

AIA RESOURCE CENTER

Along with the direct service projects, the National Abandoned Infants Assistance Resource Center (NAIARC) has been funded by DHHS since 1991,

and has been located at the University of California at Berkeley since its inception. The Center's mission is to enhance the quality of social and health services delivered to children who are abandoned, or at risk of abandonment, due to the presence of drugs and/or HIV in the family. To this end, NAIARC staff provides training and technical assistance, information, support, and resources to the AIA projects and other professionals and organizations serving these families. NAIARC services focus on a wide range of child welfare, HIV, and substance abuse issues, particularly as they relate to the safety, well-being, and permanence of children. The Resource Center collaborates with other national resource centers, organizations, and experts to examine policies and practices that have a critical bearing on the lives of families affected by substance abuse and/or HIV. The Center identifies and promulgates promising and proven practices in service provision

to these families, and employs various methods for disseminating information: conferences, telephone seminars, webcasts, a bi-annual magazine, website, listservs, fact sheets, issue briefs, and reports.

UNIVERSITY OF MISSOURI-KANSAS CITY, INSTITUTE FOR HUMAN DEVELOPMENT

In 1996, the NAIARC began collecting cross-site research data from the AIA projects. Since 2002, the NAIARC has contracted with the University of Missouri-Kansas City, Institute for Human Development to oversee the cross-site evaluation. An annual report describes the evaluation findings, including participant demographic characteristics, services provided, completion rates, co-occurrence of risk factors and interventions, and some outcomes for the program as a whole and for several subgroups of participants.



OVERALL FINDINGS FROM CROSS-SITE EVALUATION

Although AIA projects vary in length and duration of services provided, the following outcomes reflect overall changes during a participant's enrollment in an AIA-funded project in FY 2008. By the time of a second assessment, participants who successfully completed an AIA program were significantly more likely to have a child living with the biological parent, to live in a house or apartment, to have cash income, to access WIC benefits, to have no active child protective service involvement, and to have no current drug/alcohol use (compared to those who did not successfully complete the AIA program).

The AIA cross-site findings provide some insight into the types of services that are important in improving the safety, permanency, and well-being of children affected by parental substance abuse or HIV.

The individual evaluations of each AIA project shed more light on specific interventions and services that work with families in particular communities.

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HISTORY & OVERVIEW

Cherish the Family (CTF) is a project of Family Central, Inc. (FCI) that targets families with young children (0-3) who have been impacted by substance abuse and/or HIV/AIDS. Services specifically focus on promoting family reunification and stability.

Founded in 1971, FCI has collaborated with local, state, and federal partners to provide a range of family support and educational services. The organization offers direct services, including Medicaid enrollment assistance and educational programs, as well as linkages and referrals to other service providers, such as health care and child care professionals.

SERVICE DELIVERY MODEL

CTF's comprehensive approach involves collaboration with multiple community-based providers. CTF provides culturally competent and accessible services to strengthen the mother's ability to care for her child and promote increased bonding and attachment.

In addition, it links families affected by substance abuse and/or HIV/AIDS to treatment, mental health services, job training and support, and counseling providers. The project also helps families connect to natural supports in the community. The nationally-recognized Circle of Parents program is

utilized by the project to help parents form social support networks. Circle of Parents provides a friendly, supportive environment led by parents and other caregivers where anyone in a parenting role can openly discuss the successes and challenges of raising children. Relative caregivers are also invited to participate in parenting training along with the parents. This comprehensive approach helps create a more effective service delivery system that promotes stability and security for the child. Clients are referred to CTF by ChildNet, the community-based child welfare agency for Broward County.

STAFFING

A team, comprised of a natural helper, or paraprofessional, and a professional masters level staff member, visits the family home, provides parenting training to build caregiving capacity and promotes positive parent-child interaction. In addition, the staff offers life-skills management, case management, supervision of child visitation, counseling, and support.

Cherish the Family promotes children's success by providing quality family support and educational services.

COMMUNITY COLLABORATION

Family Central's community partners include various state and local organizations, including ChildNet, Spectrum, the local United Way, the Florida Children's Forum, several county governments, the Florida Department of Children and Families, Broward County Health Department, Broward County Public Schools, WorkForce One, First Call For Help, Salvation Army, Susan B. Anthony Substance Abuse Recovery Center, Women in Distress, and other local service providers that address the various needs of clients.

EVALUATION/OUTCOMES

The project is evaluated locally by the University of Miami, Miller School of Medicine. The Florida Ounce of Prevention Fund is designing a data management system to collect and analyze the project's outcome data.



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HISTORY & OVERVIEW

Since 2004, the Collaboration to Reduce Abandonment and Deliver Local Education and Supports (CRADLES) has been providing comprehensive in-home services to families in Austin, Texas who are experiencing difficulties providing a safe, permanent home for their infant or young children.

The goal for CRADLES is to ensure that all infants and young children are adequately cared for in safe, legal, and permanent homes. Through the project, clients are provided with approaches to keep their families intact, reunify with their infants or young children, or ensure that they are placed in permanent homes, when necessary.

CRADLES serves an ethnically diverse group of mothers who are affected by substance abuse, physical or mental health issues, and/or previous parenting problems and risk factors (e.g., unstable housing, family violence, teen parenting, and criminal justice system issues). Although many mothers are employed, all are considered to be low income and often receive supplemental assistance through SSI, TANF, or support from family members. More than 75% of CRADLES families have substance use involvement and many of them have some form of mental illness. Over half of the referrals for the program come from substance abuse treatment, while

the remainder comes from the child welfare system, local hospitals, justice system services, and various community-based agencies.

SERVICE DELIVERY MODEL

Eligible families must either be pregnant or have a child under the age of three and reside in Travis County. They are eligible to receive services until the youngest child is 3 years old or they have stabilized and no longer have a need for services and risk factors for family separation. The project operates on a tier system based on level of family need as families stabilize during their time in the project. Wraparound services to identify and comprehensively address the needs of infants and young children include: assessment and engagement; comprehensive case management; intensive in-home support; parent education, coaching and skill training; prenatal education; postpartum and perinatal follow-up; child development education; and intensive permanency planning and implementation. Services offered by CRADLES seek to enhance attachment between the child/children and the mother, specifically through parenting coaching/education and infant bonding.

Intensive case management and parent coaching/education in a home visiting setting are the hallmarks of the CRADLES project. Case managers



provide comprehensive, individualized case management and parenting education to the family in the home. Families are seen on a weekly basis. The case manager assesses the family's needs and works together with the parent to establish and stabilize the home environment and address parenting issues. More intensive parent education is provided by the project parent educator for those families who present as needing more targeted services.

In addition to individual support services, CRADLES also offers: short-term child care stipends; child care searches; transportation assistance; limited financial assistance; infant carrying slings and nursing pillows for new mothers; and group parenting education events, featuring child care and transportation. CRADLES has a relationship with a local community-based doula service which provides services at no cost for expectant clients who have little or no social network or family support.

STAFFING

Each family is assigned a case manager who assists families in developing a service plan to meet the needs of the children. Case managers and the parent educator each carry a caseload of 10-15 families. The agency either provides or seeks training to enhance the professional skills of the program staff.

COMMUNITY COLLABORATION

CRADLES began as a community partnership with regional agencies serving at-risk pregnant women, infants, and families. The program continues today to work jointly with a number of community collaborators including hospitals and clinics, child welfare, the family drug treatment and child welfare court system, drug treatment centers, the correctional system, and other community-based agencies.

EVALUATION/OUTCOMES

A robust three-tiered, multivariate evaluation of CRADLES' processes, outcomes, and contexts using qualitative and quantitative data about the infants, their natural and/or adoptive families, the service delivery system, and the larger community context is incorporated into this project.

This project also evaluates and monitors children's developmental growth through the use of the Ages and Stages Questionnaire. Other assessment tools include the Massie Campbell Attachment during Stress Scale for mother/infant attachment, and the Adult-Adolescent Parenting Index for risk level in parenting.

Intensive case management and parent coaching/education in a home visiting setting are the hallmarks of the CRADLES project.

Early Support for Lifelong Success

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HISTORY & OVERVIEW

The Family Center has more than fourteen years of experience providing comprehensive social and legal services to thousands of families affected by HIV and substance abuse. The agency grew from a program first established within the New York City Division of AIDS Services in 1990, evolving into an independent non-profit organization in 1997. Their mission rests on the belief that every child deserves an answer to the question: “Who will take care of me?”

In 2008, The Family Center launched Early Support for Lifelong Success (ESLS) to enhance the well-being, permanency, school readiness, and safety of children, 0-7 years old, perinatally exposed to HIV. Over the course of the project period, ESLS will focus on two main goals: (1) assisting 250 children of HIV-positive mothers to meet or make progress toward age-appropriate developmental milestones and educational goals; and (2) facilitating the involvement of 180 HIV-positive mothers, or the caregivers of their children, in the educational activities of their children.

A one-year grant from the Deerfield Foundation is being used to develop and pilot a comprehensive pediatric medical assessment for all children in the ESLS program. This additional information about children’s physical well-being will

serve as the basis for the development of new interventions to improve children’s overall health.

SERVICE DELIVERY MODEL

The ESLS intervention spans 12 months beginning with screening for developmental and educational needs, followed by linkage to needed services at The Family Center and in the community. Family Center staff directly provide an array of services including: education advocacy, parenting support, play therapy, legal services, and medical case management. In-home and center-based services are provided, according to the client’s needs. In addition, monthly workshops are held on a variety of topics, including entering school, navigating the special education system, and parenting.

STAFFING

Initial engagement and evaluation are completed by one of ESLS’s child development specialists. Upon completion of the initial assessment, the child development specialist works with the parent to identify service goals and needs. Parent education, case management, referral and advocacy are completed by child development specialists, while those families requesting play therapy or individual/couples therapy are referred to one of the staff social workers. Clients who request help developing a permanency plan for their children are

Early Support for Lifelong Success enhances the well-being, permanency, school readiness, and safety of children perinatally exposed to HIV.

assigned to a family coordinator and an attorney, as needed. Mothers and other family members who are HIV-positive also receive assistance managing their HIV medication regimens and associated issues.

COMMUNITY COLLABORATION

ESLS staff is represented on several interagency coalitions and networks related to women, families and HIV, and collaborates with a range of organizations throughout New York City including infectious disease clinics in several area hospitals, AIDS service organizations, child welfare agencies and early childhood programs. The staff initiates and/or participates in case conferences for ESLS cases, as needed. ESLS staff also works closely with the agency's full-time outreach coordinator and peer outreach team to ensure community awareness of the program's unique services.

EVALUATION/OUTCOMES

Child outcomes include: placement in appropriate educational settings and decreased internalizing and externalizing behaviors. Outcomes for the parent/care-giver consist of: increased knowledge about their child's development; maintenance/improvement of physical and mental health; increased access to supportive services; and reduced stress and depression. Measures include the: ASQ, ASQ-SE, HOME, Protective Factors Survey and CES-Depression.



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HISTORY & OVERVIEW

The Health Federation of Philadelphia's (HFP) Family Centered Home Visitation Program (FCHVP) was developed in 1991 to address the needs of HIV-positive women and their children in the inner city. The primary purpose of the FCHVP is to prevent abandonment and out-of-home placement for infants and toddlers affected by HIV/AIDS and to ensure safety, permanency and a context for healthy development, even under extreme circumstances. The program utilizes an innovative approach that combines trauma specific interventions with infant mental health and child development services. The program delivers intensive services to pregnant and post-partum women affected by HIV/AIDS and to their children and families, emphasizing infant/family wellness and parent-child relationships.

SERVICE DELIVERY MODEL

The FCHVP offers a full range of home-based, culturally competent, accessible, and trauma-informed services to low-income HIV- and AIDS-infected pregnant and parenting women (13 years and older), their infants and toddlers (0-3 years), and their families. Ninety-five percent of clients are African American, the majority of whom are single mothers. A small number of fathers have also been served.

Services include: child development and parenting support; mental health treatment; health/nutrition monitoring

including treatment adherence; coordination of services with medical case management; and referrals to early intervention for developmental delays, as well as to educational, legal, and community social services. Services are delivered primarily through home visits, but also through parent-child play groups, infant/toddler psychotherapy, infant massage, psycho-educational and psychotherapeutic parent groups, individual and family counseling and recreational activities. Families participate in the program for twenty-four months.

One primary program focus is mental health. Interventions center on mother-child relationship-building and increasing mothers' abilities to access and utilize formal and informal support systems for themselves and their children. Based on a family's assessed level of strength and need, treatment may include individual and family counseling, psycho-educational and psychotherapeutic groups for adults, and, when necessary, crisis management. To promote emotional attunement, services often begin with helping participants identify, and learn to appropriately discuss and express, their feelings with greater comfort.

STAFFING

A multi-disciplinary team that includes parent-child and mental health specialists provides the interventions. The mental health specialists hold master's degrees in social work and a



Pennsylvania license. As members of the multidisciplinary team, they have the primary responsibility of providing mental health assessments and services to families. In addition, they provide leadership, coaching and consultation to other team members regarding mental health issues. Services are provided using the following modalities: individual and family counseling, psychotherapeutic and psycho-educational groups, and infant massage. The parent-child specialists hold bachelor's degrees in social work, education, or related fields and are responsible for building relationships with and providing support to families. They identify service needs and provide home-based health, education, child development, and parent training/support. They assist clients in coordinating services with community agencies and serve as role models for appropriate parent-child interactions.

A lawyer and a paralegal from the AIDS Law Project of Philadelphia are members of the interdisciplinary team and address issues of estate planning, including permanency planning. Additional services, such as substance abuse interventions/treatment, will be provided by collaborating agencies in the community, as well as through programs already in operation in the HFP system.

Cross-systems training is offered and utilized to test and promote innovative service strategies.

COMMUNITY COLLABORATION

The FCHVP created a consortium of community and hospital-based agencies with other child welfare (Protective Services, Community-based Prevention), health (all pediatric and labor and delivery hospitals, HIV clinics), early intervention and educational (ChildLink, School District of Philadelphia, Head Start, Early Head Start, child care centers), legal (AIDS Law Project), substance abuse treatment (CHANCES), and social services agencies (Action AIDS, Congreso) to ensure a coordinated continuum of services. An advisory committee, which includes representatives from the consortium agencies and consumers, has been established for FCHVP. The committee meets twice a year to review programmatic activities and outcomes and offer recommendations for program improvements.

The HFP co-chairs The Philadelphia Perinatal HIV Expert Panel. Originally convened in 2000 to address issues related to perinatal transmission of HIV in the Philadelphia region, the panel includes adult and pediatric HIV specialists, obstetricians from area hospitals, and representatives from the Philadelphia Department of Public Health, Circle of Care – Family Planning Council, and HFP. The work of this panel has resulted in all Philadelphia labor and delivery hospitals having rapid and/or expedited HIV testing offered to women without a record of an HIV test in prenatal care. In the past year,

recommendations to the Department of Human Services were made regarding their role in prevention and diagnosis of perinatal and pediatric HIV.

EVALUATION/OUTCOMES

A rigorous evaluation provides data for documenting the efficacy of the FCHVP, and serves as a vehicle (along with training curricula and other products) for disseminating “lessons learned” throughout Philadelphia and to other localities. The evaluation will compare maternal and child characteristics and outcomes of the FCHVP intervention group to a matched comparison group recruited at the Family Program, Pediatric and Adolescent HIV/AIDS Program at St. Christopher’s Hospital for Children (St. Chris). Comfort Consults designed and has conducted the Family Centered Home Visitation Program evaluation since 2006.

Preliminary data shows significant improvement in participants’ well-being as demonstrated by increased social support, decreased symptoms of depression, and strengthened parent-child relationships. Specific data continues to be gathered through standardized assessment instruments such as: the Center Epidemiological Studies Depression Scale (CES-D), Life Skills Progression (LSP), Ages and Stages (ASQ), Ages and Stages: Social Emotional (ASQ:SE), Keys to Interactive Parenting Scale (KIPS), PTSD Symptom Scale and Quality of Life Healthy Day Core Module (CDC HRQOL-4).

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HISTORY & OVERVIEW

Family Resources, Inc. (FRI) was founded in 1970 as a hotline for youth in crisis who had nowhere to go for help. Today, it is a private, non-profit organization dedicated to serving children, youth, and families, particularly in the event of family crises. Accredited by the Council on Accreditation for Children and Family Services since 1996, FRI is recognized as the agency to turn to in the event of a family relationship crisis. The programs are designed to encourage the personal development of children and youth while working to strengthen and support healthy relationships among family members. Safe shelter, counseling, education, outreach, and appropriate referral and follow-up services are delivered in an atmosphere of caring, giving, and acceptance.

Family Connect, a project affiliated with Family Resources, Inc., is one of the newest service components of the agency. The primary aim is to serve children who are at risk of out-of-home placement due to a parent's substance abuse or HIV/AIDS status. The staff works hard to keep families intact and foster reunification, especially in instances where families are in crisis due to early abuse, substance abuse or HIV/AIDS.

SERVICE DELIVERY MODEL

Family Connect is a replication of a model developed at the University of Maryland. It provides, for a period of six months, in-home counseling including substance abuse counseling and case management services and linkages according to the family's needs and goals. Weekly visits are conducted for the first three months and monthly monitoring visits are held for the remaining three months. Participants are diverse ethnically and with regard to income and are from single parent or kin households. In addition to counseling services, staff coordinate emergency/concrete assistance and recreational activities to build family cohesion. Family advocates have been able to offer a wide array of assistance that encompasses both concrete and emotional support beyond the standard concept of intervention.

Family Connect recognizes the importance of immediate follow-through and, accordingly, family advocates respond to the initial referral within one business day. The assessments allow for intensive in-home counseling and social work services to be administered as needed and within a timely fashion. All cases include determination of the family's identified issues, documentation of how services will be administered, a description of the family's response to the treatment, summary of progress, and recom-



mentation for any continued measures necessary to maintain family cohesion and child safety. The opportunity to work in tandem with the family allows for service plans to be client-centered, strength-based, and customized to the specific needs of each family.

STAFFING

Counselors carry small caseloads, allowing for intensive work aimed towards crisis resolution and family stabilization. Project staff works with families to assist them in accessing supports and acquiring new skills to help prevent the occurrence of crises.

Family advocates have strong and diverse clinical backgrounds and all are well-versed in the skill and practice of case management. From an educational and clinical perspective, family advocates hold, or are in pursuit of, master degrees in mental health, social work, and marriage and family counseling.

COMMUNITY COLLABORATION

Family Resources, Inc. collaborates with, and receives referrals from, a broad range of community organizations, including local child welfare, child protection, the YMCA, the HIV/AIDS service community, and the Area Agency on Aging. Collaborative relationships have been forged with LiveFree! Substance Abuse Prevention Coalition

of Pinellas County (an active board member), with Tampa Bay Health Care Collaborative and with the Detention Coordination Services Program. Moreover, presentations have been made to the Post Detention Advisory Council of the Family Enrichment Center, to the Personal Enrichment through Mental Health Services, Inc. and through the Pinellas County Sheriff's CPID. These presentations have resulted in a number of referrals from external sources, as well as internally at FRI, through programs such as Kinship Care, Project SUCCESS, and Truancy. The collaborative partnership with Operation PAR/PAR Village has led to an ongoing linkage with at-risk families affected by substance abuse who are at various stages of the reunification process with their children.

EVALUATION/OUTCOMES

The project evaluation will rely on two sources of information: (1) data collected directly from the client and family members through the use of surveys and questionnaires; and (2) data collected from treatment charts to assess process-oriented goals, including services received, attendance, and progress towards meeting treatment plan goals.

Information, both survey and clinical data, collected during the program will examine: characteristics of families who abandon children; service needs of

children, mothers, fathers, and families of drug exposed infants; the service needs of HIV-positive infants; barriers to comprehensive case management and to the coordination of service delivery; improvements in service delivery; changes/improvements in the child's well-being and child's development; changes in the family's stability and ability to function; and permanency outcomes for the children. A full analysis will be available at the end of the project.

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HISTORY & OVERVIEW

Family Options, a permanency planning project of the Families' and Children's AIDS Network (FCAN), has led the development of new programs and policies promoting permanency planning and family support for HIV-affected families. In Illinois, these new legal options include standby guardianship, standby adoption, short-term guardianship, and a host of other guardianship and adoption reforms.

Based in Chicago, Family Options offers comprehensive, interdisciplinary legal and social work services to families when at least one parent is HIV-positive in order to help them make future care and custody choices for their children. Since its inception in 1996, Family Options has served over 700 caregivers and more than 1400 children.

SERVICE DELIVERY MODEL

The project uses a combined law and social work approach to help families make legal custody plans for children. Services are ongoing and can be provided at any point between a parent's HIV diagnosis and, if occurring, parental illness or death. In this case, the project helps to ensure the successful transition of a child to a new caregiver family. Families are also linked to other services, including substance abuse treatment, primary medical care, and child welfare.

Many families confront multiple stressors, including poverty, lack of housing, substance abuse, discrimination and stigma, and multiple diagnoses. Family Options offers in-home social work support to stabilize families, enabling them to focus on future care and custody plans for their children. Social workers offer a variety of supports during a parent's illness, and after his/her death.

Social workers frequently address the following issues: child safety; parenting skills; children's behavior and mental health; medical adherence; nutrition; disclosure; family mental health issues (e.g., depression, acceptance of illness, end of life/mortality); and family conflicts. Individual and family therapy are offered to help families adapt and cope to living with HIV/AIDS or the AIDS-related death of a caregiver. Recent support group services have included a children's grief group and a group for grandparents raising their grandchildren. In addition, social workers also facilitate one-day retreats for Family Options' clients and provide support for a peer mentoring programming. Social work contacts have led to stress reduction, improved parenting, and engagement of families in future care planning for their children.



Legal permanency plans that are offered include: guardianship, standby guardianship, and short-term guardianship; adoption and standby adoption; wills; and powers of attorney. Flexible permanency plans are frequently sought, allowing parents to retain custody of their children as long as possible, while assuring them that the chosen caregiver will assume eventual responsibility for their children. Other legal services (e.g., assistance with medical, disability, income, housing benefits, employment issues) are also provided to help stabilize a family and support its legal plan. Ensuring that parents and future caregivers optimize available benefits helps to secure a permanency plan and prevent high-risk families from entry into the child welfare system.

When a parent dies, Family Options provides aftercare services to ease a child's transition into a new family setting. Much needed direct psychological support is provided to new caregiver families in the form of referrals and linkages to services. Assistance is also provided to the new caregivers who wish to make their own backup plans for the new children in their care. Attorneys also help new caregivers access benefits on behalf of the children in their care.

The Family Options Project provides technical assistance and capacity building for families and programs beyond

the Chicago area, including downstate Illinois. This includes education on statutory, policy, and systemic reforms that support permanency for HIV-affected families and others affected by terminal illness.

STAFFING

Family Options III is staffed by social workers and attorneys who have expertise in issues affecting impoverished families living with HIV/AIDS. In addition, a Parent Advisory Committee, which is a group of current clients, provides guidance and recommendations regarding services, strategies, and outreach materials. Members of the committee also participate in public speaking engagements. These efforts ensure continuous quality assurance and inform future activities and services.

COMMUNITY COLLABORATION

Founded in 1985, FCAN is a statewide organization of over 300 health care, social service, and legal service providers and consumers that seek to improve the quality of services for families affected by HIV/AIDS. FCAN provides professional development through the Chicago Roundtable and the Downstate Caucus, a series of educational seminars, and also provides support to HIV-affected families through Red Ribbon Trails, a statewide family retreat and camping program designed specifically for HIV-affected families.

EVALUATION/OUTCOMES

Family Options III expects a number of positive outcomes such as: improved permanency outcomes for HIV-affected children; deflection of cases from the child welfare system; increased awareness about permanency planning among consumers and professionals; legal, policy, and practice enhancements; development of a model for consumer outreach and participation; and production and dissemination of training materials on permanency planning and family support. To date, Family Options has actively shaped statewide legislative policy work related to custody planning with HIV-affected families. Efforts associated with this project have been instrumental in bringing about Illinois' standby guardianship and standby adoption legislation, and other policy reforms.

Family Outpatient Program

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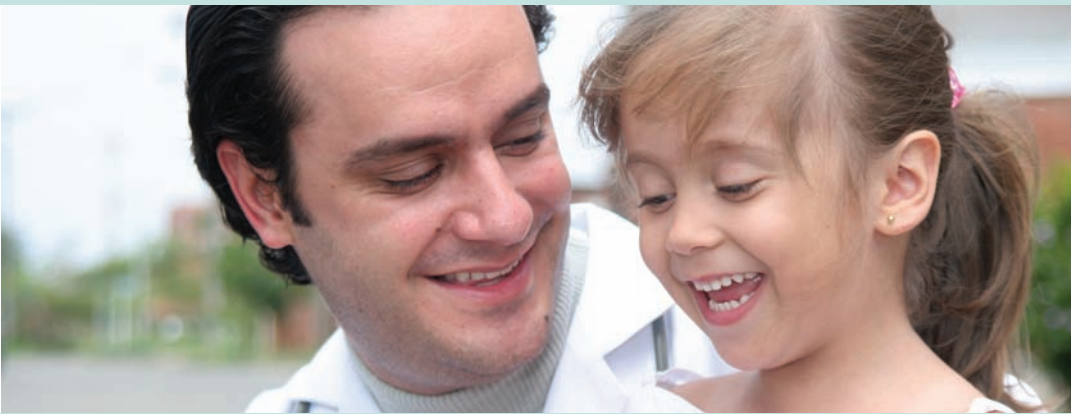
HISTORY & OVERVIEW

Aliviane is a minority-governed, private, non-profit, community-based organization headquartered in El Paso, Texas. Aliviane began providing services in 1970, and is the oldest, most experienced addiction treatment and prevention agency in West Texas. For over 40 years, Aliviane has developed a broad range of substance abuse prevention, education, and treatment programs; a strong network of community support; and an array of interagency agreements to provide comprehensive health and rehabilitation services.

Aliviane efforts to improve the health of the community include: street outreach; medical case management; testing programs to prevent the spread of infectious diseases (HIV, STD's, TB, and Hepatitis); outpatient treatment resources for youth; a behavioral health outpatient program for adults; and residential treatment for men, as well as for women and their children. Aliviane takes great pride in their role as the only provider of residential treatment services to women and children in a five-county region of West Texas, and in 1993 was cited as a model program by the Office of National Drug Control Policy.

In 2010, with AIA federal funds, Aliviane developed the Family Outpatient Program (FOP) to deliver a continuum of comprehensive treatment and support (i.e., social, educational, behavioral health services) to children perinatally exposed to drugs and at-risk of abandonment due to the presence of drugs and/or HIV in the family. The services also provide mothers with outpatient substance abuse treatment, parenting education, and counseling sessions.

FOP staff shares their agency's support for the holistic health model of addiction. Their theoretical framework, which views addiction as a brain disease, has long been advocated in the development of women's services. Addiction is perceived as the primary problem, but issues related to women's substance abuse (e.g., shame, guilt, isolation, health problems, unhealthy relationships, and trauma) are also addressed. A strength-based, family-focused treatment approach incorporates gender-specific issues (e.g., woman's role as mother, need for parenting and re-parenting education, parent-child relationships, interpersonal relationships) as integral components of her treatment.



SERVICE DELIVERY MODEL

FOP provides a rich array of therapeutic services to drug-exposed infants and children, ages 0-5, at risk of abandonment by mothers with substance abuse problems. The mothers, extended family members, and at times fathers, are targeted for services in an effort to create a stable home environment for the children.

FOP assesses for and provides developmental, educational, therapeutic childcare services to children to enhance the child's development, well-being, and safety, and to reduce the effects of pre-natal exposure to drugs and alcohol. Mothers are provided with trauma-informed and gender sensitive outpatient substance abuse treatment for a period of six months, to increase her ability to overcome drug addiction and to reduce the risk of child abandonment. Every week, mother and child participate at the facility for three hours: two hours of substance abuse counseling for the mother while her child is participating in learning activities at the therapeutic childcare center, followed by one hour of guided parent/child interactive attachment activities.

In addition, the program provides family services to extended family members with the goal of strengthening and healing the mothers' natural support system. Family groups meet for 1.5

hours each week, and are facilitated by the family services specialist. Families are also encouraged to participate in equine therapy and other social activities.

The El Paso Child Crisis Center's (CCC) in-home visitation program, Amor de Niños, provides FOP clients with parenting classes through the Systematic Training for Effective Parenting (STEP) curriculum. Parent educators work with mothers on practicing parenting skills and support her lifestyle changes.

STAFFING

Services are provided by a multidisciplinary team. Project staff include: a clinical director, licensed chemical dependency counselor, family services specialist, child development specialist/coordinator, childcare workers, administrative assistant, driver, and a contractual certified parent educator/case manager from CCC.

COMMUNITY COLLABORATION

FOP and the agency are committed to collaboration and engages the participation of community-based providers and public agencies, including: Child Protective Services, Child Crisis Center, Family Drug Court, Head Start, health agencies, the Housing Authority, and Workforce Solutions in monthly advisory meetings. The purpose of the

meetings is to discuss the treatment and case management of services to drug-exposed children and their mothers, resolve problems, coordinate services, and facilitate referrals.

EVALUATION/OUTCOMES

The evaluation will assess the efficacy of the program as a service for individual clients and a catalyst for systematic improvements. Qualitative and quantitative data will be collected from participants pertaining to the service delivery system and perceptions of their experience in FOP through the use of surveys and assessments.

Outcomes to be measured include, but are not limited to: screening and assessment; program length; treatment resources; ancillary services; and the mother's sobriety, as well as her ability to maintain custody, a stronger bond with her children, and a stronger relationship with extended family. Expected outcomes for children participating in the program are: increased attachment with their biologic mothers, reduced risk of abandonment, and fewer developmental problems and symptoms of trauma.

Family Ties

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HISTORY & OVERVIEW

The Family Ties Project (FTP) began operating in October 1996 to address the issue of children being orphaned as a result of HIV/AIDS in the District of Columbia. The project is an undertaking of the Consortium for Child Welfare, a coalition of private child welfare agencies in Washington, D.C., and employs a multi-agency, multi-disciplinary model to meet its mission of promoting and preserving the well-being of children and families affected by HIV/AIDS.

The goals of FTP are to: (1) decrease the risk of abandonment of children affected by HIV/AIDS through the development and provision of comprehensive permanency planning services; and (2) develop policy and systemic reform which supports a parent's choice in planning for the future care of their children. Most families served by FTP are single parent, African American households located in low-income neighborhoods in Washington DC. As clients often present with co-occurring issues (e.g., HIV and child welfare involvement), Family Ties aims to bridge the typical fragmentation in service delivery by integrating HIV services into the existing web of social services utilized by a family.

SERVICE DELIVERY MODEL

The Family Ties Project has developed a citywide, multi-disciplinary network of agency collaborators and subcontractors to deliver direct services to families. Through this network, the project provides permanency planning, legal services, mental health, family case coordination, and youth development services to families affected by HIV/AIDS. In addition, FTP offers training/education classes on HIV/AIDS to the community, particularly to FTP parents/caregivers, foster parents, social workers and other professionals.

Families are typically referred to FTP by a case manager employed by one of the fifteen community-based HIV collaborative partners. The family is then enrolled by the FTP coordinator who makes all of the necessary referrals to services provided within the larger social service delivery system, as well as those provided directly by FTP subcontractors. Families are provided services as needed until all children have reached the age of 18 or the family relocates outside the District.

Family Ties provides legal services through a contract with the University of the District of Columbia, School of Law. Legal services address a range of matters, including joint custody, standby guardianship, child support, neglect, living wills and power of attorneys.



Biological parents engaged in the permanency planning process typically require 17 months to 2 years to complete the process.

The project also addresses the mental health needs of children and families through a partnership with Pediatric AIDS/HIV Care, Inc. Mental health services for HIV infected and affected children are delivered within a therapeutic after-school program. Children who attend this program are provided transportation to and from the program, tutoring, college prep, family style dinner, and social and enrichment activities. In addition to individual therapy, psychosocial support groups are provided, focusing on topics such as empowerment for young women, maternal death, anger management, and making healthy choices.

Through a partnership with Planned Parenthood of Metropolitan Washington Ophelia Egypt Center, Family Ties provides after-school enrichment activities, youth leadership programming, HIV/AIDS awareness and education services, prevention and reproductive health services to FTP clients ages 13-18. The organization provides daily, long-term, on-site services. The program services include leadership and empowerment activities, reproductive health education/prevention activities, and access to adolescent friendly health centers.

To help in the coordination of the many services available to HIV/AIDS affected families and the transitional needs of relative caregivers, including securing larger housing, transferring entitlements and benefits, and providing emergency financial assistance, home-based case management services are provided by the FTP coordinator. The project coordinator is responsible for enrollment, referrals, coordination and follow-up. They also lead the multi-disciplinary team that helps to address individual family needs.

FTP also offers monthly trainings for HIV/AIDS and other social service providers on topical issues, such as grief and loss, vicarious trauma, HIV/AIDS medical updates, and child abuse and neglect. The project works with the Child and Family Services Agency (CFSA) to provide HIV/AIDS education courses to CFSA social workers and foster parents. The project also advocates for policy reform to improve the lives of children and families affected by HIV/AIDS, including chairing the committee charged with writing the new *“Standards and Protocol for HIV/AIDS Case Managers in the District of Columbia.”*

STAFFING

A multi-disciplinary team of case managers, therapists, and attorneys jointly deliver services to families. In addition to paid staff, volunteers are responsible for staffing the after-school program for children. Family Ties Project staff also provides training to second and third year law students on such issues as disclosure and client confidentiality.

COMMUNITY COLLABORATION

The Family Ties Project has established formal memoranda of agreement with 15 local HIV/AIDS service organizations to serve as cross referral sources. A multi-disciplinary meeting is held every six months on every family receiving one or more services from FTP to discuss progress made and to identify any obstacles or struggles the family is experiencing or has encountered. This serves to keep team members informed and limits duplication of services.

EVALUATION/OUTCOMES

The overall progress in achieving the project's goals and outcomes is reviewed at quarterly meetings with project staff and subcontractors. All services are tracked using Access databases created specifically for the Family Ties Project. The data is collected quarterly, synthesized and analyzed, and included in the project's two semi-annual reports. Additionally, the data is used by the project director as part of the project's continuous quality improvement efforts.

FRESH Start

FRESH Start

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HISTORY AND OVERVIEW

FRESH (Family Recovery Engagement Support of Hampden County) Start is a joint initiative of the Massachusetts Department of Public Health and the Massachusetts Department of Children and Families. It began in October of 2008 with AIA funding. The project was developed to build upon, and expand, the state's Substance Exposed Newborn initiative and the Regional Partnership Grant initiative. FRESH Start supports and stabilizes families where substance use disorders, and at times, HIV/AIDS are putting infants and babies at risk. FRESH Start (FS) serves pregnant women, new parents, and their babies. Services are designed to help: parents achieve and maintain recovery; babies reach their full developmental potential; and families create a safe, nurturing environment for all members together whenever possible.

FS combines peer mentoring, support, and advocacy with clinical guidance and treatment. Staff provides case management, as well as direct recovery and parenting assistance. Staff partner with child welfare, early intervention, and substance use disorder workers to increase client engagement with their services, and to educate providers about parenting and substance use disorder issues.

Referrals to FS come from multiple sources including self-referral, prenatal providers, hospital social workers, child welfare workers, early intervention staff, and substance use disorder treatment providers. One quarter of the clients self-refer to the voluntary service, one third are pregnant at referral, and another third have babies less than one month old. Almost all clients have open child welfare cases and more than one third of them have had their parental rights terminated with previous children. FRESH Start focuses on supporting parents during the vulnerable prenatal and postpartum periods, which can be particularly challenging if parents have had previous terminations of parental rights. Some clients are in recovery and need additional support, while others are actively using substances and in different stages of readiness to begin their recovery.

SERVICE DELIVERY MODEL

Staff members use assertive outreach methods to engage clients. Once the peer recovery specialists have established rapport with the clients, the clinician conducts a psychosocial assessment, which informs the subsequent work of the peer recovery specialist and the client. Clients determine their own recovery-oriented and parenting goals, and the staff helps clients develop the personal skills and access the community-based services needed to meet those



goals. Staff meets with clients weekly, but the frequency is flexible and client-driven. In-home services include: support, mentoring and advocacy to help clients engage in community-based substance use disorder and mental health treatment, and other services as needed; clinical treatment for clients not ready or able to access community-based treatment; parenting education and support; and developmental assessments, and services as appropriate, for all babies through a partnership with early intervention services. Efforts are also made to assist parents in accessing quality early education and care. A creative incentive program exists for clients that helps to engage them and reinforce their accomplishments. Services are provided in Spanish and English and are strengths-based and trauma-informed.

STAFFING

Services are primarily provided by peer workers called family support specialists (FSS). The FSS are mothers in recovery, some of whom also have had previous involvement with the child welfare and/or criminal justice systems. They use their histories and experience to connect with clients who are often considered “hard to reach” by other agencies. The FSS receive extensive training in areas such as motivational interviewing, recovery coaching, and parenting. They also receive strong administrative and clinical supervision. Virtually all of the FSS consider this position to be an

opportunity to give back as well as to gain professional experience. They bring a wealth of expertise and passion to their work. The family recovery specialist on staff is a master’s level clinician who conducts client assessments, provides clinical support to the peer recovery specialists, and does home-based treatment with certain clients.

COLLABORATION

Increasing communication and collaboration between service providers is a key goal of the project. FS staff works closely with child welfare and early intervention staff, as well as substance use disorder and mental health treatment providers. Family case conferences with multiple service providers are held early on in our relationship with the clients and they continue on an ongoing basis. This enhances trust between all parties as opposed to the more common practice of providers contacting each other only when something negative has occurred. The collaborations ideally improve outcomes for the clients, as well as increase the ability of all providers to better understand and act upon issues related to families with parental substance use disorders. An extensive joint and cross-training effort has been launched in the region, coordinated by FRESH Start and the local Regional Partnership Grant, which is also supported by the Children’s Bureau.

EVALUATION/OUTCOMES

The outcome evaluation will collect and analyze two types of data on outcomes. First, FS will compare baseline and follow-up assessments of participants’ status regarding a variety of measures, including substance use, custody of children, employment, housing, parenting, and mental health. Second, FS will collect and analyze data on Fresh Start participants versus a comparison group comprised of DCF cases opened the year before the implementation of FRESH Start. Clients in the pre and post periods will be compared on a series of items available in the DCF and DPH databases concerning custody of children, completion of substance use disorder treatment, and child outcomes in early intervention services.

Great Starts

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HISTORY & OVERVIEW

Great Starts, a program of Child & Family Tennessee, is a comprehensive mental health and addiction treatment program for pregnant and postpartum women who reside within a 16-county area of eastern Tennessee, and are drug addicted and/or living with HIV. In 1991, the project was the first residential treatment program for women and children in Tennessee and the southeastern United States. Women lived in supportive housing, attended daily NA/AA meetings, and received peer counseling. To prevent child abandonment, adoption counselors and foster care coordinators were also available to assist these women in exploring placement options for their children. However, the staff discovered that the vast majority of women were committed to remaining with their children. Consequently, the project adopted a dual focus on treatment for the mothers and early intervention and diagnostic services for their drug-exposed children.

Today, Great Starts is an accredited mental health and addiction treatment service and, thus far, has served over 621 mothers and nearly 908 drug-exposed and HIV-positive children. Holistic treatment approaches are essential to maintaining clean and sober lifestyles and preserving the integrity of the family.

SERVICE DELIVERY MODEL

Great Starts is based on a therapeutic community model and incorporates a biopsychosocial perspective in addressing drug and alcohol treatment for women. As a transitional living facility, the project enables pregnant and postpartum mothers to seek intensive outpatient drug and mental health treatment.

The residential component provides housing for 6-8 months for a maximum of 22 women and 37 children, birth to 10 years of age, utilizing the Stages of Change model. Stage I, Treatment (4-6 months), includes orientation, assessment, intensive intervention, and support. Stage II, Life Skills (2-4 months), adds education about relapse prevention and parenting. Clients can take GED or job training or secure employment. Stage III, Transition to Community (2-3 months), focuses on the skills and supports that clients need to successfully transition. Agency transitional housing is available during this phase.

During treatment, women participate in a 12-step program, group, art, and trauma therapies, gender empowerment, yoga, and spirituality. The project now offers Centering Pregnancy and a recovery coach. The Centering Pregnancy service, offered through a partnership with a local birthing center, is an evidence-based model that is empowerment-based, driven by the patient, and asks women to begin taking ownership



of their bodies and health. Great Starts has developed connections to NA/AA, as well as to drug education, to alleviate barriers to successful recovering lifestyles. In addition to treatment, women are also provided with a continuum of supportive, educational, and therapeutic services, including independent living skills, nutrition, parenting, and recreational therapy. Child, individual, and family therapy are also offered. As women complete the residential phase of the project and move out, aftercare services are offered for up to 6 months. Aftercare consists of: individual, group therapy, or family therapy; onsite NA meetings; alumni activities; home visits; and crisis intervention.

Great Starts utilizes a therapeutic interventions (TI) approach in all phases of treatment, including pre-care, residential, and aftercare activities. TI integrates cognitive behavioral therapy and motivational enhancement therapy with trauma-informed treatment, and wraps intensive case management and cravings management around existing therapeutic interventions and social supports. The project also utilizes the Matrix Model, an evidence-based framework for treatment of addictions, in the latter phases of service delivery.

For mothers participating in Great Starts, a licensed nursery is available onsite for their children, ages 6 weeks - 5 years old. Children served have one or more of the following conditions:

prenatal drug exposure, HIV, medical fragility, developmental delay, or a history of abuse and/or neglect. Nursery services include: well baby checks; assessment and referral; and on-site physical, occupational, and speech therapy for eligible children. The Great Starts Nursery also offers parenting classes for mothers, using the evidence-based Nurturing Parenting® curriculum. Women who complete Great Starts treatment have the option for their children to continue in nursery services after moving out of residential treatment services. Children are served at the nursery until they are ready for Head Start or some other form of school.

STAFFING

Multi-disciplinary teams provide services (i.e., intensive case management; substance abuse; mental health; and trauma treatment) to Great Starts families. A qualified team of case managers, therapists, child development specialists, and licensed drug abuse counselors deliver services to mothers and their children. A recovery coach is being added to staffing this year.

COMMUNITY COLLABORATION

Great Starts provides RESPOND, a drug addiction and crisis intervention pre-service focused on linking women to area drug treatment services through outreach. The project has been a long-time member of the Community

Partnership Task Force in the Knoxville area and collaborates with a 37-member Transagency Board.

EVALUATION/OUTCOMES

Past evaluations found that infants whose mothers completed Great Starts residential treatment were likely to remain in the care of their parents without child welfare involvement. The present study uses the following measures: CESD-DS; Self-Rating Anxiety Scale, Support Functions Scale; Protective Factors Survey; Readiness to Change; PSI; and the ASI to measure expected outcomes. Quarterly measures assess the progress of each family member's identified goals and updates to the service plan.

Great Starts proposes two levels of evaluation. Using an experimental design, substance abusing women will be randomly assigned to one of two treatment clusters. Both groups will receive comprehensive AIA services, but women in the second cluster will also receive recovery coaching. A secondary quasi-experimental design will use a test group (Great Starts participants) and a matched control group (previous Great Starts participants). The treatment group in the quasi-experimental design will receive service enhancements: the Empowerment Focused Health & Wellness aspects.

Healthy Connections for Intact Families

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HISTORY & OVERVIEW

Mercy St. Vincent Medical Center (MSVMC) was founded in 1855 as Toledo's first hospital. Today, MSVMC stands on its original site and has grown in both size and capacity to serve as the regional critical care referral center within a seven-hospital system.

MSVMC's Family Care Center (FCC), where Healthy Connections is headquartered, opened in 1992 to provide a medical home to the predominantly low-income and minority residents of the surrounding neighborhoods. The project works to prevent the abandonment of infants and young children, particularly those who have been perinatally exposed to a dangerous drug, those with HIV, and those who have been perinatally exposed to HIV. It attempts to increase permanency outcomes for targeted pregnant women and their children by developing and implementing comprehensive community-based support services through a consortium of key service providers. The target population is pregnant women who have a positive drug screen, history of drug abuse, and/or are positive for HIV/AIDS.

SERVICE DELIVERY MODEL

Healthy Connections AIA Program utilizes a community-based care coordination model to: prevent the abandonment

of infants and young children; identify and address barriers to service on both an individual and systemic basis; and increase permanency outcomes. Clients are referred to the project from health-care providers in the OB/GYN clinics. The women are offered individualized, holistic service planning and coordination and direct services that meet their needs by the AIA care coordinators located in the healthcare facilities. Mental health professionals provide services at multiple healthcare sites and in the homes to help participants and their families understand and adjust to conditions surrounding their mental health diagnosis and/or substance abuse. Mental health professionals offer family interventions, education and counseling, and work within a multi-disciplinary team of healthcare professionals, social workers, and care coordinators, to assess and implement appropriate therapeutic approaches. The care coordinators assist with the identification and referral, engagement, and follow-up of eligible persons to the program. They serve as: a resource for information; teacher; role model; supportive ally; advocate; facilitator; and service broker to project participants. They coordinate care across multiple health care settings and provide continuity along the service and recovery continuum to achieve optimal outcomes.



STAFFING

The Healthy Connections AIA project staff includes administrative personnel (i.e., program director, program coordinator, grant support coordinator, data coordinator, secretary), mental health professionals, and four care coordinators. Administrative staff manages the program and project finances, plans and administers daily operations, supervises project staff, and collects data on program usage and outcomes. In addition to working directly with participants and their families, mental health professionals provide consultation for the care coordinators and medical staff. The care coordinators, in addition to working with the families, collect data for evaluation and maintain required records. The families served by AIA benefit from the multi-disciplinary team of care coordinators: two with masters degrees, one BSW, and one with experience in substance abuse treatment.

COMMUNITY COLLABORATION

This project is based on existing relationships between the child protective services system, health care, chemical dependency services, Lucas County Drug Court, the Substance Exposed Newborns Program, and Ryan White HIV/AIDS Program. Monthly consortium meetings are held with direct service providers and clients to discuss the case plan and family service plans

for each participant. Quarterly administrative collaborative meetings are held with the directors of partnering agencies to identify barriers and gaps in services, and facilitate systems change. Project intervention services also include interagency cross trainings, case coordination/staffing, legal services, and transitional housing. Collaborating agencies include Naomi Residential Treatment that provides housing for women with substance abuse issues; COMPASS and Hope for Families that provide treatment for women with chemical dependency; legal aid of NWOH providing accessible legal services; and Family Support Court that provides a venue for agencies to provide individualized treatment plans for women at risk of losing custody of their children.

EVALUATION/OUTCOMES

The project is rigorously evaluated by an independent, third-party evaluator, with additional technical evaluation expertise and support of a full-time data coordinator. In addition to the local evaluation, MSVMC is participating in the national AIA cross-site evaluation.

The evaluation design consists of a process and outcome evaluation. The process evaluation reviews the prescribed model and implementation of the model, while the outcome evaluation determines the effectiveness of the program. The outcome evaluation is

longitudinal with two levels of control. After eligibility is verified by a care coordinator and informed consent is obtained, women will be randomized with a 2:1 intervention: control scheme. Within-person changes will be measured before intervention (i.e., currently available services plus care coordination), at birth, after birth at 6 and 12 months, and annually thereafter. A control group (i.e., currently available services without care coordination) is included against which the intervention group's outcomes will be compared. Overall, large effect sizes (i.e., standardized differences in rate of intact families between intervention and control group of about 30%) will be detectable annually and smaller effect sizes (differences of about 15%) will be detectable when the data are aggregated at the end of the four year grant period.

Lifelong Families

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HISTORY & OVERVIEW

In 2004, Lifelong Families, a project of the Children's Place Association, initiated programming to address the comprehensive service needs of high-risk families who are affected by HIV/AIDS. The Children's Place Association originated 24 years ago as an alternative to hospital-based care for infants born with HIV by providing a 10-bed residential unit for children. In the years following, The Children's Place Association opened its second facility to provide daycare family support services, and clinical mental health to HIV affected families.

The primary aims of the Lifelong Families project are to promote stability within the family system and to provide a level of support that will enable families to thoughtfully plan for the future. Services provided to these families include mental health services, legal assistance in making permanency plans, support groups and caregiver workshops, supportive case management, early learning services, educational advocacy and tutoring, summer camp for children, and recreational family events.

The basic demographic composition of the targeted population is Latina and African American women and their children. Families typically complete the Lifelong Families program 18 months after they have entered services.

SERVICE DELIVERY MODEL

In order to provide services to Lifelong Families clients, staff engage clients and complete comprehensive assessments to determine the level of need within the family. Based on the assessment, services are provided to address the permanency needs of the family, the educational needs of the children, and the social support needs of the family.

Many caregivers recognize the need to plan for their children's futures, but are unable to do so for a variety of reasons including depression, anxiety, and lack of social support. Therapists engage these clients around issues that threaten the family's stability, which is often a crucial component for families to develop stable and realistic plans for the future. Once a client has met with the staff of the Lifelong Families Program and has developed a future care plan, a referral is made to an attorney who can assist in making the arrangement legal.

Lifelong Families helps children make educational gains by providing tutoring services and educational advocacy. Benefits of students' involvement in tutoring include improved grades and comprehension of classroom material, as well as a sense of motivation and encouragement for students that will translate into future successes. In addition, the tutoring service provides additional support to parents who may



be too ill or otherwise unable to help their children with classroom assignments and studying. Educational advocacy helps families with school related issues including assistance with enrollment and transfers, and assistance in obtaining special evaluations and services related to learning disabilities and behavioral difficulties in the classroom.

Comprehensive social support services are also provided through Lifelong Families. Parent support and education groups provide opportunities for parents to learn new information and form supportive relationships with one another, reducing the isolation that often accompanies living with HIV. Case managers assist clients with locating and securing affordable housing and making referrals to other service providers. Summer day camp, together with transportation, is offered for children who are infected or affected by HIV, and approximately 40 children are served in this fashion. Family events, such as a carnival in the park and holiday parties, are held with the goal of creating an environment where families can come together to socialize and network with one another.

STAFFING

Direct services at Lifelong Families are provided by social workers, educational caseworkers, and case managers. Staff must have a BA in human services, although all mental health staff

members are licensed clinicians. The staff is committed to ongoing professional growth and participates in trainings on topics such as: HIV disclosure, medical updates, legal options for HIV infected individuals, and mental health issues for HIV infected individuals. Services are delivered through individual case management or mental health sessions, with support groups also available.

COMMUNITY COLLABORATION

Lifelong Families maintains links to other HIV/AIDS service providers and works closely with partnering organizations to deliver a continuum of services to families. The project contracts with the Legal Aid Foundation to provide legal assistance to families. In addition, direct service providers have established relationships with medical providers, substance use treatment providers, and housing providers. Lifelong Families management also sits on the Cook County Advisory Board, as well as the AFC Service Providers Council.

EVALUATION/OUTCOMES

The evaluation incorporates both formative and summative components. The formative (i.e., process) evaluation monitors the implementation of the program as designed, focusing on such questions as: Who is being served by the program? What services are being provided? How

do clients perceive the services and their usefulness? The outcome component of the evaluation addresses progress towards goals (i.e., indicators of success), and facilitators or barriers to meeting program outcomes. Data on participant outcomes are collected and reviewed on a regular basis to determine if the program is meeting its goals in the time frames delineated. Based on these discussions, the project director and evaluator agree upon modifications to service provision or data collection, as needed.

The Lifelong Families evaluation will inform the next generation of services for HIV-affected families. Both the formative and summative components will contribute to knowledge by documenting and reporting the services used by families and the program's success meeting their needs. Client trajectories, or progress through services, will be examined to determine possible patterns of clients' service use and correlations with client characteristics (e.g., number and age of children; outcomes achieved). This data permits refinements to the current program, while guiding future programs in targeting client needs and using resources effectively.

Mission Inn

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HISTORY & OVERVIEW

Established in 1998 with AIA funding and sponsored by the Arbor Circle Corporation, Mission Inn is a voluntary, comprehensive, community-based wrap-around model serving impoverished families in West Michigan with infants and young children, ages 0-5, who are affected by substance abuse or HIV/AIDS. The primary goal of Mission Inn is to promote safe, secure, permanent, and nurturing homes for infants and young children at risk of abandonment due to the effects of parental substance abuse. The program serves low-income, ethnically diverse mothers and their young children. Drugs of choice have typically been marijuana, crack, and alcohol, as well as methamphetamine in rural areas.

In the current funding cycle, Mission Inn will continue to provide the comprehensive model of service. In addition, they will demonstrate that Mission Inn's innovative model can effectively serve mothers with substance abuse issues through a home-based model that combines both infant mental health (IMH) and gender-specific substance abuse therapy.

SERVICE DELIVERY MODEL

Mission Inn uses a home-based model to deliver infant mental health services focusing on attachment and the infant-parent relationship, in addition to

cultural and gender sensitive substance abuse therapy and recovery support. Services are offered weekly and can be provided for up to 24 months. Through these efforts, Mission Inn aims to actively engage women with substance abuse issues in services that will: improve their ability to maintain a permanent place of residence for their children; reduce the number of changes in guardianship for their infants and children; eliminate or minimize their substance abuse and relapse; improve their overall mental health by addressing symptoms of depression; improve parent-infant attachment; reduce abuse and neglect; and increase use of early intervention services to promote optimal child development.

This project also provides child-specific services including developmental assessments and referrals to community agencies to address noted developmental delays. In addition, single source case coordination with community services, respite services for children, individualized parent/caregiver training and guidance with a therapist or peer mentor, and community referrals are also offered.

STAFFING

All in-home workers/supervisors have master's degrees in social work or a related mental health field and are licensed by the State of Michigan. Staff are required to obtain an Infant Mental



Health Endorsement (IMH-E) from the Michigan Association of Infant Mental Health at a minimum of Level II and a Certified Advanced Addiction Counselor (CAAC) credential. All staff are required to obtain at least 12 hours or more of training per year, depending upon individual licensing requirements. Training on motivational interviewing, stages of change, and home visitor safety are also required for staff. A peer mentor serves as a role model and sounding board, provides recovery support, normalizes stress, offers options, and provides assistance in setting and achieving individualized, family-centered goals. An intake and community outreach coordinator, who has training in communicable diseases, is also a part of the team.

COMMUNITY COLLABORATION

Mission Inn works in collaboration with Child Protective Services (CPS), local health departments, substance abuse treatment agencies, and the local Community Mental Health Access Center to receive and make referrals, collaborate on shared referrals, and provide consultation. Staff participates in several local collaborative initiatives which address the following topics: health care standards for pregnant women and infants; infant mortality, including discrepancies in rates between African American and Caucasian babies; drug-exposed infants; and a system of care for all families with young children. One of the local

collaboratives called the Drug Exposed Infant Group serves as the project's advisory board.

EVALUATION/OUTCOMES

A pretest/post test experimental design will be used to measure the efficacy of the Mission Inn model in comparison to the infant mental health model. The Mission Inn model encompasses intensive engagement strategies, use of general funds to meet basic needs, home-based substance abuse services and peer-to-peer recovery support, in addition to IMH services. Both the service group (Mission Inn) and control group (IMH) will receive comprehensive, strength-based, family-centered IMH services in the child's natural environment from a primary infant-family therapist as prescribed by the infant mental health model. Outcome data will be collected for both the service group and control group at intake, 12 months, and 24 months, regardless of continuation or completion of services.

It is anticipated that families who have received Mission Inn services will have positive outcomes including, but not limited to: (1) reduction or elimination of substance abuse by parents; (2) improvement in parent-child interactions and positive parenting; (3) improvement in social and emotional outcomes for infants and children; and (4) a reduction of CPS involvement and/or out-of home placements.

Mission Inn uses a home-based model to deliver infant mental health services focusing on attachment and the infant-parent relationship.

Primeros Pasos

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HISTORY & OVERVIEW

Primeros Pasos (Spanish for 'First Steps') is an early identification, intervention, and substance abuse prevention and treatment program started in 2005 by the Human Services Department and Health Services Agency in Santa Cruz County, California. The grant for the Primeros Pasos program was awarded to Santa Cruz Community Counseling Center, a community-based non-profit, in the fall of 2009. Primeros Pasos is based at Fenix Services, an outpatient substance abuse treatment program located in Watsonville, California. The focus of the program is preventing the placement of children into the child welfare system due to abuse or neglect stemming from parental drug or alcohol abuse.

The emphasis of Primeros Pasos is on engaging young Latina mothers in drug abuse treatment and providing wrap-around services for the entire family. A new feature of the program is engaging the father's involvement through Papas, a state-funded research project which offers parent groups and social activities designed to strengthen the father-child bond. Also available through contracted services are drug detoxification, residential drug treatment, and methadone maintenance.

An exciting new component to this project is the availability of Early Head Start services for the clients. The programs

are designed to reinforce and respond to the unique strengths and needs of each child and family. Early Head Start offers services built on strong evidence suggesting that early intervention through high quality programs: (1) enhances children's physical, social, emotional, and cognitive development; (2) enables parents to be better caregivers and teachers to their children; and (3) helps parents meet their own goals.

Services include quality early education in and out of the home; parent education, including parent-child activities; and comprehensive health services, including services to women after birth.

SERVICE DELIVERY MODEL

Primeros Pasos integrates support for substance abusing parents in intensive outpatient treatment, residential treatment, methadone treatment, and clean and sober housing programs to ensure and sustain a suitable home for the infant at the time of birth. The primary services provided are: intensive outpatient counseling based on the Matrix Model, an evidence based practice; Early Head Start; and the services of a public health nurse to address maternal and child health needs. Prenatal screening and early intervention services are core elements of this project's service delivery to promote positive outcomes for substance-abusing pregnant and parenting Latinos and their families. Intensive outreach to the Latino population is an



integral part of the project, in addition to prenatal screening, child development screening and health care services, and residential and outpatient substance abuse treatment services. Additional program services include home visitation, case management, linkages with medical providers, clean and sober housing, methadone maintenance, community education, parenting and attachment services through Early Head Start, as well as family education and support.

STAFFING

A multi-disciplinary team, consisting of alcohol and drug counselors, a public health nurse, and a parent mentor provides comprehensive assessments and case management for families at Primeros Pasos. The parent mentor assumes an important function as peer counselor for the clients, someone who can share her personal experiences and act as a role model. The two alcohol and drug counselors provide direct treatment and intensive outpatient counseling and also serve as case managers coordinating the myriad of services needed by these clients. The public health nurse provides health evaluations and education, and performs developmental assessments. The staff and services are sensitive and responsive to ethnic and cultural considerations. For example, materials are available in both English and Spanish; most of the staff are bicultural and all are bilingual; and

the office reflects the predominately Latino heritage of the community.

COMMUNITY COLLABORATION

Primeros Pasos was launched by a public/private consortium that includes the Santa Cruz Community Counseling Center; the Human Services Department; and the Health Services Agency of Santa Cruz County including child welfare, public health, alcohol and drug programs; and other community-based treatment providers. Using the 4Ps, a screening tool developed by Dr. Ira Chasnoff, Primeros Pasos also trains the medical community to identify substance-abusing pregnant and parenting women more reliably and rapidly, and assist the women to engage in the services provided by Primeros Pasos and other community treatment providers.

EVALUATION/OUTCOMES

A comprehensive evaluation of the Primeros Pasos program will examine the effects of the program in these major areas: the mother's sobriety, child safety, child development, parent and child health, and family strengths. Specifically, the assessment will measure the sobriety of the participating women, pre- and post-intervention as measured on the Addiction Severity Index (ASI). Child development will be measured using the Ages and Stages Questionnaire (ASQ). Child safety, including rates of referrals to child

welfare services, child out-of-home placement, and child reunification will be tracked at Time 1 and Time 2. Parental and family strengths will be measured using the Protective Factors Survey. Further, the evaluation will consider improvements in parent and child health, as evidenced by well-child care (e.g., immunizations, health screening), achievement of age-appropriate developmental milestones, and the mother's connection with and use of primary health care.

The emphasis of Primeros Pasos is on engaging young Latina mothers in drug abuse treatment and providing wrap-around services for the entire family.

Project Stable Home

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HISTORY & OVERVIEW

Founded in 1906 by Minnie Barton, the city's first female patrol officer, the original organization (then named The Big Sister League) was designed to help troubled young women who found themselves adrift in Los Angeles. When the serious problem of child abuse and neglect became prominent in the 1970s, the League responded by offering preventive childcare and other services to at-risk children. The League's name was changed in 1980 to Children's Institute, Inc. (CII) to better describe this evolving mission. Over the past decade, CII has expanded its scope and services, raising awareness of child abuse and neglect and implementing new model programs.

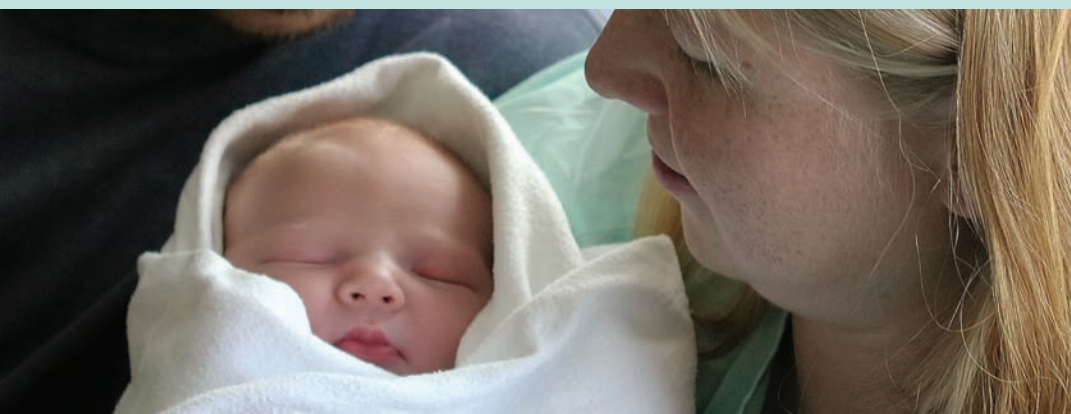
One of the programs within CII, Project Stable Home (PSH), was started in 1992 as a research and demonstration project funded by the Abandoned Infants Assistance Program. The goal of PSH was to enhance the safety, permanency, and well-being of children at heightened risk of abandonment by virtue of maternal substance abuse, AIDS/HIV status, mental illness, and/or prior history of abuse and/or neglect. This was done by delivering a relationship-based, multi-disciplinary intervention to strengthen parenting skills and enhance parent-child relationships. Although the goals of this program have remained relatively intact since its

original conception, it has continued to evolve over the years into a more clearly defined program model that is empirically-based and replicable.

SERVICE DELIVERY MODEL

The philosophical basis for Project Stable Home is to provide integrated treatment services in a community setting where developmental, enrichment, and family support services are also provided. On average, PSH clients are living in poverty with little employment and a host of caregiver risk factors ranging from histories of domestic violence (62%), to substance abuse (53%), to children or siblings previously removed from the home (45%). PSH focuses on work with families of children, prenatal to three years old, with an average age of 13 months at program entry. In working with families, PSH aims to normalize, rather than pathologize, the challenges of parenting which helps to reduce the stigma associated with seeking help. PSH believes that development occurs in the context of relationships, which means that they use a relationship-based approach in their work with clients as well as in their work as a professional team.

To these ends, PSH provides all of its clients with the following intensive core services through weekly in-home visits typically lasting about twelve months: family strengths and needs assessments



at intake and subsequent 6 month intervals, intensive parenting education via the empirically-based Growing Great Kids and Growing Great Families curricula, case management supports, and referrals to partner agencies for comprehensive services that Project Stable Home does not provide.

PSH also offers various center-based services including caregiver groups (i.e., domestic violence and anger management, Baby and Me, and parenting education groups), individual adult psychotherapy, and dyadic therapy.

STAFFING

Project Stable Home's core in-home and center-based services are delivered by a highly collaborative team of early childhood specialists, master's level therapists, and MSW interns. All professional staff are trained and certified as Growing Great Kids facilitators. Although families are typically assigned to meet regularly with one in-home service worker (IHSW), they benefit from the expertise of the entire PSH team which meets on a weekly basis to discuss individual cases and how best to meet the families' needs. PSH also maintains a number of professional affiliations in order to uphold ongoing program and staff development, for example with OT/PT consultations and in-home facilitation support.

COMMUNITY COLLABORATION

Project Stable Home collaborates with a broad range of community organizations including county entities (i.e., DCFS), substance abuse treatment providers, medical providers, developmental service providers and other related service providers. PSH is in constant contact with their community partners, exchanging referrals, collaborating on client case management and service needs, and discussing client progress.

EVALUATION/OUTCOMES

Project Stable Home has a strong evaluation component that serves three purposes: (1) assessing the status and needs of each mother and child for the purpose of individualized treatment planning; (2) assessing the implementation and effectiveness of PSH interventions; and (3) addressing questions of broader importance to the child welfare field. PSH administers a comprehensive battery of measures at intake and at subsequent six month time periods to collect information on such data as: the caregiver's well-being (e.g., parenting stress, symptoms of emotional disturbance), the child's well-being (e.g., developmental milestones, preventative care, home safety), the child-caregiver relationship (e.g. parenting beliefs, child-caregiver functional emotional interaction), and also the family's

support needs (e.g., social support; caregiver need for information, support, and community resources). The evaluation methods include self-report, staff report, direct observation, and objective performance measures that are all linked to the intended PSH outcomes.

To meet these evaluation goals, the program evaluator, a professor at UCLA, works closely with an on-site research assistant on the administration and collection of data. To further promote research efforts, the program evaluator also involves advanced undergraduate research interns in evaluation activities, as well as in other center-based activities.

Reflejos Familiares

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HISTORY & OVERVIEW

Sponsored by the University of New Mexico's (UNM) Center for Development and Disability, Reflejos Familiares (translated to English means Family Reflections) offers intensive case management services and group services to families living in the Albuquerque Metropolitan area who are affected by substance abuse. The project goals are to: engage pregnant women in services through delivery in order to improve their preparation for parenting; promote parental efficacy that supports optimal development of infants and young children; and develop and sustain an integrated, community-based system of services for infants and young children prenatally exposed to drugs and alcohol.

Reflejos Familiares is part of a larger array of services known as Family Options: Caring, Understanding, Solutions (FOCUS), which provide comprehensive supports and services to young children (0-3 years) and their biological families, relative caregivers, and/or foster and adoptive families. FOCUS (formerly called Los Pasos) was a recipient of AIA funding from 1990 through 2004. As an integrated program of services, FOCUS continues to support the AIA outcomes of safety, stability, well-being, and permanency for infants and young children. Reflejos Familiares' primary emphasis is on serving children and families affected by alcohol and other drug use (AOD) during pregnancy and offering a parent support group to biological mothers.

The project's primary referral sources include UNM's Milagro Program, the UNM Hospital Mother – Baby Unit, and the New Mexico Children, Youth and Family Department (CPS). Demographics of the families served include: Hispanic/Latino (72%), White, non-Hispanic (14%), Black/African American (7%), Native American (5%), and Asian (6%). The vast majority (90%) of the families served live in the mostly urban area of Bernalillo County, while 10% live in the rural areas of Sandoval, Torrance, and Valencia counties.

SERVICE DELIVERY MODEL

The program provides a continuum of interdisciplinary services that integrates primary health care with an array of services including home visiting, case management/service coordination, developmental assessment and infant mental health intervention, parenting skills and support groups, legal representation from UNM Law Clinic, and community referrals and support.

Case managers develop a Family Service Plan (FSP) with pregnant clients, and support the women toward achieving their identified goals. They provide anticipatory guidance regarding the pregnancy, birth plan, preparing for the infant, attending prenatal care appointments and AOD counseling, and broker needed benefits and other services such as housing and other basic needs. Following delivery of the infant, who is then enrolled in the



FOCUS early intervention program, the same case manager continues to provide supports and services to the family. This case manager implements the Individualized Family Service Plan (IFSP) to further support the family's goals, broker needed services, assess and monitor the infant's development, and provide developmental guidance and other developmental services as needed. Infant mental health supports and services are also available where needed.

Group services are offered through the Mi Hijito-Mi Hijita (MH-MH) Parent Support Group, designed to help parents and their babies share mutually enjoyable relationships. It provides a safe place to discuss parenting problems, share solutions, and increase knowledge about children's development. The principles underlying MH-MH are derived from attachment theory and incorporate principles developed by the Circle of Security intervention to promote change in parent caregiving patterns through a change in their relationship capacities, rather than learning techniques, to manage their child's behavior.

Length of service in the project typically spans from pregnancy through the child's third birthday. The average age of discharge from the project is when the child is 22 months old.

STAFFING

The service delivery team includes pediatricians, nurses, social workers, psychologists, case managers, occupational therapists, and speech and language pathologists, who work together to meet the families' needs. Case managers who function in the dual role of service coordinator and developmental specialist are the primary providers of direct services to the families.

COMMUNITY COLLABORATION

Reflejos Familiares and FOCUS partner with the UNM Milagro Program, which provides obstetrical care for pregnant/postpartum women, combined with outpatient substance abuse counseling, support groups and methadone treatment. It also partners with the Department of Family and Community Medicine to provide primary health care organized around the Family Medical Home. Care includes post-partum, gynecological and contraceptive care, and primary and acute health care for all family members.

Reflejos Familiares collaborates with a consumer group that is drawn from family members who are current or former clients, who come together to share social activities, as well as ideas and concerns about the child and family needs and barriers to services at the local level.

Community collaboration also includes participation in a local county collaborative group to provide input and representation to the Behavioral Health Planning Council and Purchasing Collaborative, which promotes the development of a Systems of Care approach to children's (birth to 21 years) behavioral health services.

EVALUATION/OUTCOMES

Over the course of the multi-year evaluation up to 75 pregnant women, who use or have used AOD and receive case management services, will complete a well-validated assessment tool (AAPI) at the time of referral and again after delivery. Their scores on this tool and a second tool (PSI) after delivery will be compared with 75 women with newborns who use AOD, but did not receive case management services through pregnancy. Up to 40 women (with infants 5-15 months old) who receive case management services, and also attend one of seven 12-week parenting support groups held through the study, will be assessed before the group, after it, and three months later, using five well-validated assessment tools (i.e., AAPI, PSI, NCFAS, NCAST, ASQ-SE). Their scores will be compared with 40 women who do not attend the group, but receive case management services. Matched pairs, according to age of their child, will be used. Study hypotheses will be statistically evaluated using hierarchical linear modeling.

TIES Program

TIES Program

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HISTORY & OVERVIEW

The TIES Program, initiated in 1990, is a project of The Children's Mercy Hospital in Kansas City, Missouri. The program is an intensive, multi-agency effort providing comprehensive home-based services to pregnant and postpartum women and their families affected by alcohol or other drugs and/or HIV. Using a community-oriented approach, this project provides individualized, culturally appropriate services including crisis intervention, support for substance abuse treatment, supportive counseling, child health and development, parenting education, and connection to other community services. The TIES Program aims to: enhance continuing community collaboration in providing services to this population of families; identify and address challenges and resources in partnership with enrolled families; enhance a multi-agency system of care providing services to families; and promote the safety, health and well-being for each child in enrolled families.

SERVICE DELIVERY MODEL

The TIES Program accepts referrals of adult pregnant or postpartum women and their families affected by substance abuse and/or HIV from health care, alcohol and other drug treatment, and child protection providers, as well as emergency assistance, shelters and

self-referrals. Families are typically low-income, live in a limited urban catchment area with approximately 60% of families African American, 30% non Hispanic Caucasian, and less than 10% other. All family members, as identified by the pregnant or postpartum woman, will be served. Referrals are accepted up to six months postpartum, and families are served until the identified child is two years old. TIES is entirely voluntary, and relative caregivers can be served, as well, with parental consent.

The TIES model dictates a strengths-based approach, not only to make good use of the families' resources but to build their own esteem and sense of efficacy in doing so. One of the tenets of the TIES Program design is the Individualized Family Service Plan (IFSP) which the family creates in partnership with the support specialist and defines the roles of all other involved agencies. Within three months of enrollment, the support specialist convenes the identified service team for a conference with the family. The family, with support from the team, identifies resources and needs pertaining to such areas as substance abuse, parenting, physical and mental health, housing, and financial stability. The family support specialist, parent specialist, and other partners review and revise the IFSP as needed, with another full team conference held at 9 and 18 months.



The support specialists provide families with support, information, goal setting assistance, and linkage to other community agencies.

Direct services are provided by the program staff in the areas of supportive counseling, transportation, emergency assistance, child care, and relative caregiver support. Parenting education, skill building, and modeling are also provided to each family by both family support and parent resource specialists. The *Waiting to Exhale* Women's Support Group functions as an educational, social, and recreational group for TIES participants and alumni. The group, which is led by the members, develops its own rules and plans its own calendar.

STAFFING

Four family support specialists are master's level social workers and serve as the lead contact for the family. Each can serve 10-12 families at a time. One parent resource specialist, trained in early childhood or parent education, provides assessment and consultation for all families and direct, home-based parenting services for up to 12-15 selected families at a time.

COMMUNITY COLLABORATION

The TIES Program has been a leader in promoting collaborative efforts in the community. TIES is an active member of the Kansas City Task Force on Families Affected by Substance Abuse, which has advanced systemic and legislative reform, as well as needed services, for children and families affected by substance abuse. Specific to the TIES Program are the Consortium and the Advisory Council, which oversees program operations and is comprised of representatives of 12 agencies providing a range of services to drug involved families and others, and the TIES Advisory Council which meets quarterly to address linkages, legislation, and ongoing funding. Close partnerships have also been established with the Missouri Department of Social Services Children's Division, the Missouri Department of Mental Health, as well as the Jackson County Family Drug Court, and Amethyst Place, a local supported housing program of which TIES is founding member.

EVALUATION/OUTCOMES

The Institute for Human Development (IHD) at the University of Missouri-Kansas City has conducted third party evaluation for the program since its inception. IHD staff administers client-level instruments, including infant developmental screening (BINS) and

caregiver surveys of parenting (AAPI-2), mental health (BSI), and consumer satisfaction. Program staff conducts an assessment of parenting (KIPS), family functioning (NCFAS), the home environment (SHIF), and attainment of family goals. IHD provides analysis of all aggregate data as well as identifying specific needs for families from the client level tools.

TIES evaluation data from 2004-2008 demonstrated statistically significant improvement, over time, on 4 major goals (i.e., drug use, parenting, child health, economics) with housing trending toward improvement; overall decreased infant developmental risk over time; improved parental stimulation of child cognitive development and decreased child negativity; and consistently high satisfaction of participants with the TIES Program and high self-perception of successful goal accomplishment. Additionally, there were positive birth outcomes in the prenatally enrolled families with mean birth weight of 6.3 pounds and 38.3 weeks gestation, as well as 79% of the infants testing negative for drugs at delivery.

AIA Project Services at a Glance

	Cherish the Family	CRADLES	Early Support for Lifelong Success	Family Centered Home Visitation Program	Family Connect	Family Options III	Family Outpatient Program	Family Ties	FRESH Start	Great Starts	Healthy Connections for Intact Families	Lifelong Families	Mission Inn	Primeros Pasos	Project Stable Home	Reflejos Familiares	TIES Program
Case Management	•		•	•	•		•	•	•	•	•	•		•	•	•	•
Early Intervention			•		•		•			•		•		•	•	•	
Entitlement Assistance			•		•	•			•	•				•		•	•
Food/Clothing	•	•		•	•					•		•				•	•
Health Education	•		•	•	•	•		•		•				•			•
HIV Services			•	•	•	•		•		•		•	•				
Housing Assistance		•			•				•	•	•	•		•		•	•
Infant/Child Development	•	•	•	•	•		•			•		•			•	•	
Infant/Child Development Screen/Assess	•	•	•	•			•			•		•		•	•	•	•
In-home Services	•	•	•		•	•		•	•	•	•	•	•	•	•	•	•
Kinship Care Support	•	•	•	•	•	•		•		•			•				•
Legal Advocacy	•		•	•	•	•		•		•	•	•	•			•	
Life Skills	•	•	•	•	•		•			•	•			•			•
Male Partners	•	•	•	•					•		•	•		•			•
Parent Education	•	•		•	•	•	•	•	•	•	•		•		•	•	•
Psychosocial Services	•		•	•	•	•		•		•	•	•	•				•
Transportation	•	•	•	•	•		•		•	•	•			•			•

Related Resources

These selected resources present the work of AIA projects and the research and expertise of professionals affiliated with them. These works are in the public domain, and have been published since 2000. Additional information about AIA services can be found in various editions of the AIA Resource Center's newsletter, *The Source*. Consult <http://aia.berkeley.edu/publications/source.php>.

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We are guilty of many errors and many faults,
But our worst crime is abandoning the children,
neglecting the fountain of life.
Many of the things we need can wait,
the children cannot.
Right now is the time his bones are being formed,
his blood is being made
and his senses are being developed.
To him, we cannot answer Tomorrow.
His name is Today.

— GABRIELA MISTRAL (1889-1957)

CHILEAN NOBEL PRIZE WINNING POET



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