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▶ VIDEO: [CLICK HERE](#) TO SEE HOW ONE WOMAN CHANGED HER CYCLE OF TRAUMA4

WESTSIDE INFANT-FAMILY NETWORK

WIN outcomes

JULY 1, 2016 - JUNE 30, 2017

- A mother-son relationship in repair
- Our 2017 12-Month Outcomes

A Healthier Bond



Image Credit: Pixabay

Long before her son arrived, Rosa* was anxious. Growing up with a father who was an addict, she'd taken on the role of parent to her younger brothers and sisters from the age of eight. And she still felt as though she was responsible for everyone. Her siblings had long given up on their abusive father, but Rosa persisted, feeling that if she just kept pushing, she could make everything right one day. That yearning had left her exhausted and emotionally drained.

Her anxiety spiked as soon as Daniel was born: she found herself unable to put him down for fear he would choke or die in any number of ways. Night and day, she refused to leave his side—and yet she also found herself comparing him to his robust, precocious older cousin. Was he hitting his developmental marks, or was there something deeply wrong with him?

The anxiety and stress were unbearable, complicated by the fact that Daniel had become so

used to being held, whenever she put him down, he would tantrum uncontrollably. Rosa could only soothe him by breastfeeding, and she began to lose weight rapidly. Concerned, her home visitor from Venice Family Clinic helped connect Rosa with WIN.

Although Rosa was relieved that her WIN case manager would come to her home, she felt nervous. She'd never accepted this kind of help before. She felt guilty and embarrassed—but she knew she had to do something: she had to go back to work, or everything she'd worked for would fall apart. Judith, her WIN case manager, immediately connected Rosa with childcare, food pantry support and an assessment for Daniel.

Kylie, their WIN therapist, helped Rosa begin manage her fears. Through their work, Rosa and Daniel learned to trust that each would be safe even when apart. As Rosa began to regulate her own anxiety, Daniel was eventually able to handle the transition into childcare

and acclimate to being around other kids.

Her fears for Daniel sometimes felt overwhelming, but with each step they took, she felt better. They started playing and reading together—enjoying their time instead of an endless pattern of crying and consoling. As she worked with Judith and Kylie, Rosa started to see herself as powerful, as someone who could make a better life for both of them.

Her worries about her son's suspected speech delay were relieved: Daniel was perfectly healthy. And she felt ready to explore the roots of her own fears: her childhood of abuse and neglect—from which she was rising to forge a different future for her son.

Today, Rosa and Daniel look like any other mom and toddler—only Rosa is confident that her past won't be her son's future: Daniel is thriving.

Thank you for making it possible to ensure families get the help they need. Visit win-la.org to [Donate Now](#).

12-MONTH OUTCOMES for Fiscal Year 2017



Long-Term Goal: WIN will improve the secure attachment outcomes among prenatal through five-year-old children such that children are better able to thrive.

Quantitative Service Goal: WIN will serve approximately **325-350 individuals (75 family dyads) per year** through case management and/or mental health therapy services.

Annual Goal	FY 2017 Outcomes (12 months)
Serve 75 family dyads	79 family dyads received case management and/or mental health therapy services
Serve 325-350 individuals	322 individual family members received case management and/or mental health (dyadic child-parent therapy) services
	16 parents received adult individual therapy (These parents also are receiving dyadic therapy with their children)
	139 agency directors, administrators, managers, direct-service staff and community members from 3 agencies serving young children received ongoing, professional-level mental health consultation from WIN therapists
	A total of 477 clients served

Outcomes for CHILDREN

1. **Indicators & Outcomes:** WIN Children will improve their developmental outcomes as screened by the *Ages and Stages Questionnaires-Third Edition (ASQ-3)*,ⁱ administered every six months throughout program involvement. **Target:** 70% of children who screened as being in an “area of concern” or in a zone that indicates a need for monitoring will move out of 1 or more identified area(s) of concern or the monitoring zone after 12 months or more of mental health therapy* as defined by ASQ-3.

Goal	FY 2017 Outcomes (12 months)
70% of children will move out of one or more identified area(s) of concern or the monitoring zone	83% of children (20/24*) moved out of one or more identified area(s) of concern or the monitoring zone

**Of the qualifying catchment groups of 46 children, 21 children had no areas of developmental concerns; hence, these do not appear in this outcome group. One child had a neurodevelopmental disorder which invalidated his ASQ-3 screening outcome.*

2. **Indicators & Outcomes:** WIN Children will demonstrate increased behaviors associated with secure attachment as observed and reported by WIN therapists using the Parent-Infant Relationship Global Assessment Scale (PIR-GAS).ⁱⁱ **Target:** 70% of children will show an increase in secure attachment behaviors (as defined by a gain in 3 points or more and/or movement to the next higher decile as defined the PIR-GAS scale) after 12 months or more of mental health therapy.

Goal	FY 2017 Outcomes (12 months)
70% of children will show increase in secure attachment behaviors	83% of children (38/46*) showed increase in secure attachment behaviors. The 38 children who showed improvement had an average score gain of 16.82 points.

**All 46 children qualifying for the catchment group are included in the outcome data.*

Outcomes for FAMILIES

1. **Indicators & Outcomes:** WIN Parents/Primary Caregivers demonstrating need as screened by the Parenting Stress Index-4-Short Form (PSI-4-SF) will show improvement in clinically significant levels of stress. ⁱⁱⁱ Target: 70% of caregivers will show improvement as measured by the PSI-4-SF after 12 months or more of mental health therapy. ^{*}

Goal	FY 2017 Outcomes (12 months)
70% of Parents/Primary Caregivers will show improvement in clinically significant levels of stress	(58%)* of parents/primary caregivers (21/36) showed improvement in clinically significant levels of <i>Total Stress</i>

**Of the qualifying catchment group of 47 caregivers, 9 did not show an initial clinical level of Total Stress, and 2 screenings were invalid based on "defensive responding" scores; hence these are not included in this outcome group.*

2. **Indicators & Outcomes:** WIN parents receiving Adult Individual Therapy (AIT) service will demonstrate a decrease in depressive symptoms as screened by the Center for Epidemiological Studies Depression Scale (CES-D), administered at the beginning of AIT service and every 6 months throughout AIT involvement. Target: 70% of parents receiving AIT services will show a decrease in depressive symptoms (as defined by a decrease in CES-D score, comparing the most current screening score with the initial screening score) after 12 months or more of adult individual therapy. ^{iv}

Goal	FY 2017 Outcomes (12 Months)
70% parents receiving AIT services will show a decrease in depressive symptoms after 12 months or more of adult individual therapy	Outcome 1: 62.5%* (5/8) parents showed a decrease in CES-D score. The 5 parents showed an average decrease of 19 points.
	Outcome 2: The comparison of AIT CES-D and PIR-GAS indicated that 87.5% (7/8) of the cases showed improvement in the PIR-GAS score. The average PIR-GAS increase was 17.57 points.

3. **Indicators & Outcomes:** Families will be successfully linked to services in the community for their identified needs, as tracked through WIN's on-line service plan data system. Target: 60% of identified needs for all family dyads served by WIN during the reporting period will be linked to services.

Goal	FY 2017 Outcomes (12 months)
60% of identified needs will be linked to services	99.3% of identified needs were linked to services (an average of the service linkage percentages for each of 79 family dyads)

**All 79 families qualifying for the catchment group are included in the outcome data.*

WIN Has Moved!

We've Moved:

WIN
3701 Stocker St.
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**Names and identifying details have been changed to protect families.*

*Since the 2016 election, parental stress and depression scores have increased and remained entrenched. Although children's ASQ scores have improved, WIN parental stress scores continue to remain high. Fear of deportation, forced separation from children and family members, and uncertainty about the future has had a significant impact on families' health, income and safety. WIN continues to support families in finding safety, making contingency plans, and adapting to the current situation.

CATCHMENT GROUPS: how do they work?



❖ To be included in a catchment group, the client must meet criteria A:

- Client started fiscal year as a mental health (MH) therapy services client and/or received MH therapy during the reporting period, and meets criteria B or C:
- Client has received 12 or more months of MH therapy services by the end of the reporting period,
- Client has a closed case, having received 6 or more months of MH therapy.

Outcomes for AGENCY STAFF

1. **Indicators & Outcomes:** Direct service staff at each agency will be better able to identify, refer and provide services for WIN families as indicated by pre- and post-questionnaires collected at trainings. Target: Over the course of our training year, 75% of respondents will demonstrate increased knowledge and competency on post-training questionnaire.

Goal	FY 2017 Outcome (12 Months)
75% of respondents will demonstrate increased knowledge and competency	76.6% of respondents demonstrated increased knowledge and competency.

2. **Indicators & Outcomes:** Partner agency staff will increase their understanding of social emotional development in infants and toddlers, increase their knowledge of infant mental health and increase their skills as a case manager as measured by annual anonymous self-assessments. Target: Partner agency staff will rate themselves a “4” or above on self-assessments. Self-assessments have a rating scale of 1-5 with 1 being “Strongly Disagree” and 5 being “Strongly Agree”. *

Goal	FY 2017 Outcome (12 Months)
Partner agency staff will rate themselves a “4” or above on self-assessments. Partner agency self-assessments have a rating scale of 1-5 with 1 being “Strongly Disagree” and 5 being “Strongly Agree.”	We measure this outcome at the end of each fiscal year. At the end of FY 2017, the average rating of self-assessments for staff was 4.7 . Three self-assessments were included.

*This year, only WIN staff have contributed to self-assessments.

Outcomes for WIN PARTNER AGENCIES

1. **Target:** 75% of all families referred to WIN by partner agencies within the fiscal year will receive WIN case management and/or mental health therapy services, as defined by:

- Case management: Family has been successfully linked and followed through on at least one referral provided by a WIN case manager;

Goal	FY 2017 Outcome (12 Months)
75% families referred to WIN will receive case management and/or mental health therapy services	100% WIN families referred during FY 2017 (25/25) received case management and/or mental health therapy services.



WIN VIDEO: Ending Generations of Depression and Harm

Many of the most complex issues we face—addiction, violence, suicide—tend to pass from one generation to the next. Here’s what happened when one woman chose to change that legacy.

[Watch video.](#)

Footnotes:

ⁱASQ-3 is used to measure improvement in 5 developmental areas: Communication, Gross Motor, Fine Motor, Problem Solving or Personal Social. Each area has a cut off score.

ⁱⁱPIR-GAS is used to measure the level of adaptation of the parent–child relationship on a scale from 100 to 1 based on the intensity, frequency, and duration of the disturbance. A score of 100 to 81 represents an adapted relationship, 80 to 41 represents features of a disordered relationship, and 40 to 1 represents a disordered relationship.

ⁱⁱⁱIn FY 2015 WIN began using the newest version of the Parenting Stress Index, the PSI-4-SF. The changes made to the newly revised screening tool make it difficult to accurately compare improvement in the subcategories of *Parental Distress*, *Parent-Child Dysfunctional Interaction* and *Difficult Child* with earlier versions of the same screening tool. Therefore, moving forward, WIN will be reporting improvement in clinically significant levels of *Total Stress*. To determine *Total Stress*, the most recent scores in the categories of Parental Distress (PD), Parent-Child Dysfunctional Interaction (P-CDI), Difficult Child (DC), and Total Parenting Stress (TPS) are compared to initial intake scores. Improvement in Total Stress is determined by a client moving out of the clinically significant level of stress in any of the categories. The raw score cutoffs for each of the categories are as follows: PD - 40, P-CDI - 36, DC - 40, TPS - 114.

^{iv}CES-D is used to measure symptoms of depression in community populations. Components include depressed mood, feelings of worthlessness, feelings of hopelessness, loss of appetite, poor concentration and sleep disturbance. CES-D scores range from 0 to 60; higher scores indicate more severe depressive symptoms. A score of 16 or higher identifies individuals with significant depressive symptoms.

^vPartner agency staff anonymous self-assessments are administered annually. Partner agency staff are asked a series of questions related to their understanding of social emotional development in infants and toddlers, their knowledge of infant mental health and their skills as a case manager and are asked to rate themselves on scale from 1-5, with 1= strongly disagree to 5= strongly agree.