

Quarterly Evaluation Report

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Year 6, Quarter 1

Community Solutions

Fort Worth, Texas

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Introduction

The goal of Community Solutions is to create a sustainable, collaborative System of Care (SOC) in Fort Worth, Texas, for families with children impacted by serious emotional disturbance (SED). The City of Fort Worth Public Health Department is the lead agency, collaborating with the Fort Worth Independent School District (FWISD) and the member agencies and individuals of the Mental Health Connection of Tarrant County. Partnering agencies include All Church Home, Catholic Charities, Lena Pope Home, Mental Health Mental Retardation (MHMR) of Tarrant County, Santa Fe Adolescent Services, and the Parenting Center. The Research Division of Mental Health Mental Retardation of Tarrant County provides evaluation for the project.

Children are referred to Community Solutions primarily through one of four Family Resource Centers (FRC) housed on Fort Worth Independent School District (FWISD) campuses. Site coordinators located at each of the FRCs and the clinical director (Vicki Warren) screen children for eligibility and assign the cases to facilitators. The facilitators utilize the wraparound approach, which consists of working with families to identify strengths and needs; recruiting a child and family team; and developing an individualized service plan, accessing a network of community resources.

Community Solutions is funded by a 6-year federal grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) with local matching funds. The program is currently in its sixth and final year of funding. This report presents cumulative data collected through the first quarter of the program's sixth year (through December 2007).

Process and Demographic Data

Referrals. In all, 453 children were referred to Community Solutions. Table 1 shows a breakdown of the referral sources. Most (84%) came from the Family Resource Centers (FRC's). Of the four FRC's, Western Hills provided the most referrals, followed by Riverside FRC.

Table 1. Referral Sources

Referral Source	Number	Percent
Family Resource Centers		
Western Hills	150	33%
Riverside	107	24%
Forest Oak	74	16%
Northside	51	11%
Mental Health Agency	29	6%
Juvenile Services	12	3%
Hospital	11	2%
Community Resource Coordination Group (CRCG)	11	2%
Child Protective Services (CPS)	8	2%
Total Referrals	453	100%

Schools Attended at Time of Referral. The FWISD provided data on the schools attended by children referred to Community Solutions. (These data were available for 432 children.¹) Schools attended were cross-indexed with the date of referral to determine the school attended at the time of referral. A complete list of FWISD schools is given in the Appendix, along with the number of children from each school referred to Community Solutions. This information is summarized by zip code in Table 2; the table shows the number of schools in each zip code and the total number of children who were referred while attending those schools.

Table 2. Number of Schools and Children Referred by Zip Code
(N = 150 schools, N = 432 children)

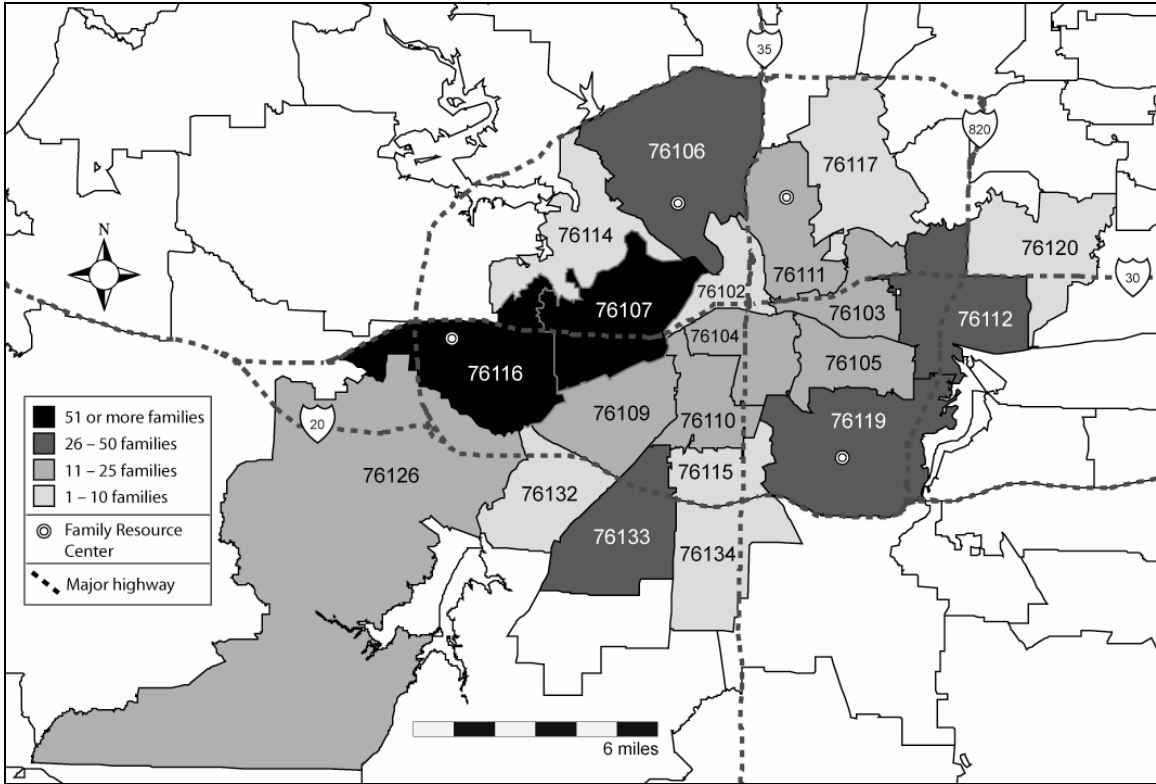
Zip Code	Number of Schools	Children Referred
76116	15	83
76107	17	61
76106	20	49
76133	9	42
76119	16	33
76112	10	30
76111	8	22
76104	11	16
76103	3	15
76109	5	13
76105	10	13
76110	9	12
76126	2	11
76132	1	10
76115	6	7
76134	1	5
76114	2	4
76120	1	2
76102	2	2
76117	1	1
76101	1	1

Source: Fort Worth Independent School District (FWISD)

Figure 1 shows the same data in the form of a zip code map. The locations of the four FRC's are indicated on the map. The largest number of children attended schools in the vicinity of FRC's. However, zip code 76133 stands out with a relatively large number of school children referred (42) from a relatively small number of schools (9) with no nearby FRC.

¹ We are indebted to Michael Steinert and Jaime Skultety from the FWISD for providing these data.

Figure 1. Zip Codes of Schools Attended at Time of Referral



Program Enrollment and Demographics. Table 3 shows the number of children referred to services, the number receiving services, and the number enrolled in the evaluation study, broken down by racial/ethnic groups, gender, and age.²

Of the 453 children referred to the program, the largest percentage (42%) were White (non-Hispanic), followed by African Americans (36%) and Hispanic/Latinos (24%). According to the Texas Education Agency, FWISD is made up of 17% White children, 27% African American children, and 54% Hispanic/Latino children (Academic Excellence Indicator System, 2004-05 District Profile). Comparing the referrals to the district data, it appears that White children are greatly over-represented, African Americans are slightly over-represented, and Hispanic/Latinos are greatly under-represented in the Community Solutions referrals.

Of the 453 children who were referred, 341 (or 75%) went on to receive wraparound through Community Solutions. Community Solutions planned to serve a total of 455 children by the end of the 6-year grant period. Actual enrollments have fallen short of projected numbers. The percentage of children receiving services in each racial/ethnic, age, and gender group corresponds closely to the percentage referred from each group.

² Note that the number receiving services and in the evaluation study may be less than was reported in previous quarterly reports. The discrepancy is due to families who originally consented to participate in wraparound but ultimately did not receive services.

Thus, there is no evidence of bias in favor of or against any particular group in the process of engaging in wraparound.

Table 3. Demographics of Children Referred, Receiving Services, and In Evaluation

	Referred (N = 453)		Received Services (N = 341)		In Evaluation (N = 313)	
	N	%	N	%	N	%
Race/Ethnicity						
White, non-Hispanic	190	42%	150	44%	134	43%
African American	164	36%	115	34%	108	35%
Hispanic or Latino	110	24%	88	26%	81	26%
American Indian	9	2%	8	2%	8	3%
Asian	2	<1%	1	<1%	1	<1%
Multi-Racial	22	5%	19	6%	17	5%
Unknown/Missing data	2	<1%	0	0%	0	0%
Gender						
Male	334	74%	258	76%	238	76%
Female	119	26%	83	24%	75	24%
Age at Intake						
4-7 years	97	21%	71	21%	64	20%
8-10 years	108	24%	84	25%	78	25%
11-13 years	136	30%	103	30%	93	30%
14 years and older	112	25%	83	24%	78	25%

Source: Enrollment and Demographic Information Form (EDIF), Descriptive Information Questionnaire (DIQ)
(Children may belong to more than one racial/ethnic group.)

About three-quarters of the children were boys. The average (mean) age of children at the time of their baseline interview was 11 years. Children's ages ranged from 4 to 17 years.

Of the 341 children receiving services, the great majority (313 or 92%) participated in the ongoing evaluation study. Each racial/ethnic group was proportionately represented in the evaluation.

Evaluation Interviews. Shortly after intake into Community Solutions, evaluation staff visited the homes of participating families and, after obtaining consent, administered a series of questionnaires to caregivers (and to children 11 years of age or older). The specific battery of questionnaires administered differed depending on the year the family enrolled in Community Solutions. Families in Cohort 1 are part of a *local evaluation*, which uses a set of questionnaires developed prior to the finalization of the national-level protocols. Those in all other cohorts are part of the *national evaluation* longitudinal study. Certain questionnaires were used in the local evaluation, the national evaluation, or both. As a result, sample sizes vary from analysis to analysis as reported in the Outcomes section.

Evaluators met again with caregivers for follow-up interviews every six months in order to track the progress of the children and families over time. Table 4 shows the completion rates for the follow-up interviews, combining data for the local and national studies. Follow-up rates are expressed as the number of interviews completed out of the total number that were possible. Interviews were considered possible if a 12-week interview window was open, calculated at 6-month anniversaries from the date of the intake interview. Only a small number of follow-ups with caregivers were missed (because caregivers were unable or unwilling to participate), yielding follow-up rates 90% or better, well above the national benchmark of 80%.

Table 4. Follow-Up Rates

Timeframe	Caregiver Interviews		Youth Interviews	
	Completed / Possible	Rate	Completed / Possible	Rate
6 months	304 / 312	97%	177 / 188	94%
12 months	251 / 265	95%	147 / 170	86%
18 months	215 / 229	94%	135 / 159	85%
24 months	167 / 185	90%	123 / 143	86%
30 months	146 / 163	90%	110 / 132	83%
36 months	99 / 108	92%	77 / 87	89%
All follow-ups	1182 / 1262	94%	769 / 879	87%

In addition to the caregiver interviews, evaluators also interviewed the child in cases where the child was 11 or older and was capable of providing valid responses in the judgment of the evaluator.³ The overall follow-up rate for youth interviews was 87%.

Demographics by Serving Agency. Agencies providing wraparound differed considerably in the demographics of children they served, as shown in Table 5. For example, the Parenting Center served a disproportionately large number of African American boys. Moreover, there were significant differences in the distribution of African American (Chi-square test, $p < .01$) and Hispanic (Chi-square test, $p < .001$) children served across agencies. These differences may largely be a result of the clinical director assigning cases to match children with facilitators of similar backgrounds.

The data in the table are based on the 313 children in the evaluation. If children were served by more than one agency, they are counted only for the agency that served them first.

³ In a few early cases, children age 10 were interviewed.

Table 5. Demographics by Agency
(N = 313)

	All Church Home (N=93)	Catholic Charities (N=53)	Lena Pope Home (N=75)	MHMR (N=32)	Parenting Center (N=25)	Santa Fe (N=35)	Total (N=313)
Race/Ethnicity							
White, non-Hispanic	45%	57%	33%	41%	32%	46%	43%
African American	41%	19%	25%	38%	52%	46%	35%
Hispanic or Latino	17%	26%	45%	25%	24%	9%	26%
American Indian	2%	0%	3%	3%	8%	3%	3%
Asian	0%	2%	0%	0%	0%	0%	<1%
Multi-Racial	5%	4%	5%	6%	12%	3%	5%
Gender							
Male	80%	70%	75%	66%	92%	77%	76%
Female	20%	30%	25%	34%	8%	23%	24%
Age at Intake							
4-7 years	22%	13%	19%	34%	16%	23%	20%
8-10 years	26%	32%	19%	22%	24%	29%	25%
11-13 years	31%	34%	28%	31%	24%	26%	30%
14 years and older	22%	21%	35%	13%	36%	23%	25%

Source: Enrollment and Demographic Information Form (EDIF), Descriptive Information Questionnaire (DIQ) (Children may belong to more than one racial/ethnic group.)

Child and Family History/Risk Factors. As shown in Table 6, nearly three quarters of children had a family history of mental illness, as reported by caregivers. Most also had a history of substance abuse. More than half of children had been exposed to domestic violence, and a quarter had themselves been victims of physical abuse.

Table 6. Child and Family History
(N = 313)

History	Number	Percent
Family history of mental illness	229	73%
Family history of substance abuse	199	64%
Exposure to domestic violence or spousal abuse	170	54%
Family history of conviction of a crime	138	44%
Child history of running away	85	27%
Child history of physical abuse	77	25%
Child history of sexual abuse	53	17%
Child history of suicide attempts	35	11%
Child history of substance abuse	33	11%

Source: Descriptive Information Questionnaire (DIQ) and Caregiver Information Questionnaire (CIQ)

Half the children (51%) live with their biological mother only. Three quarters (76%) live at or below the federal poverty level.

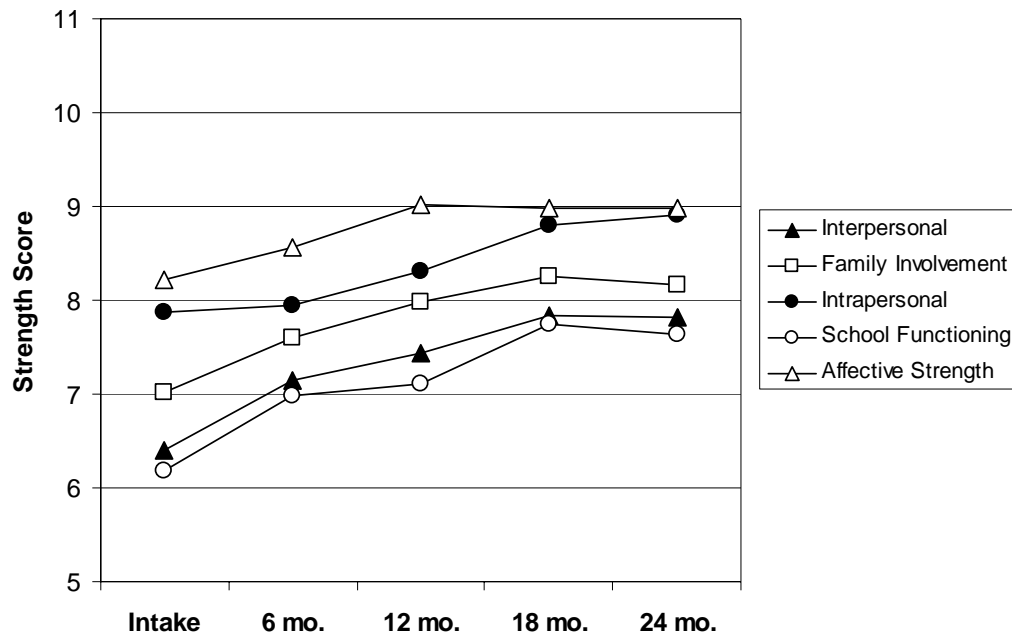
Outcomes

Behavioral and Emotional Strengths. As a strengths-based intervention, wraparound builds on individual children's personal strengths. As such, it is anticipated that children's strengths will improve over time; and indeed, behavioral and emotional strengths show evidence of sustained improvement over time, based on caregiver reports.

Child strengths were rated by caregivers using the Behavioral and Emotional Rating Scale (BERS). Higher scores are better, indicating greater personal strengths. Scores are based on normative comparison to other children of the same age and gender across the nation. For the 5 subscales (interpersonal strengths, family involvement, intrapersonal strengths, school functioning, and affective strengths), the average (50th percentile) score is 10 with a standard deviation of 3. Scores lower than 7 are considered to be within the clinical range. For the overall Strength Index scale, the average is 100 with a standard deviation of 15. Scores lower than 80 are considered to be within the clinical range.

Figure 2 summarizes the strengths data, showing average (mean) strength scores for each of the 5 subscales. The data are based on 117 children whose caregivers completed each of the data collection points, intake through 24 months.

Figure 2. Strengths by Domain (N = 117)



As can be seen in the figure, average strength scores increased systematically over time in all measured domains. These improvements in strengths were statistically significant for each subscale ($p < .01$ in each case; see below). It appears that strength scores improved during each successive time period, then plateaued by 18 months, with no further increases evident by 24 months. School functioning and interpersonal strengths were consistently the lowest scores, with baseline scores within the clinical range.

Table 7 shows strength scores in tabular form. Data are further broken down by the child's age range. A 24-month change score is also provided, indicating the difference between the baseline and 24 month measure of strengths. A significance value (p) is given in the rightmost column, based on the results of a one-way repeated measures analysis of variance (ANOVA). Note that p values less than or equal to .05 are typically considered statistically significant; values less than .10, considered marginally significant, are reported in the table. (The letters *n.s.* indicate "not significant".)

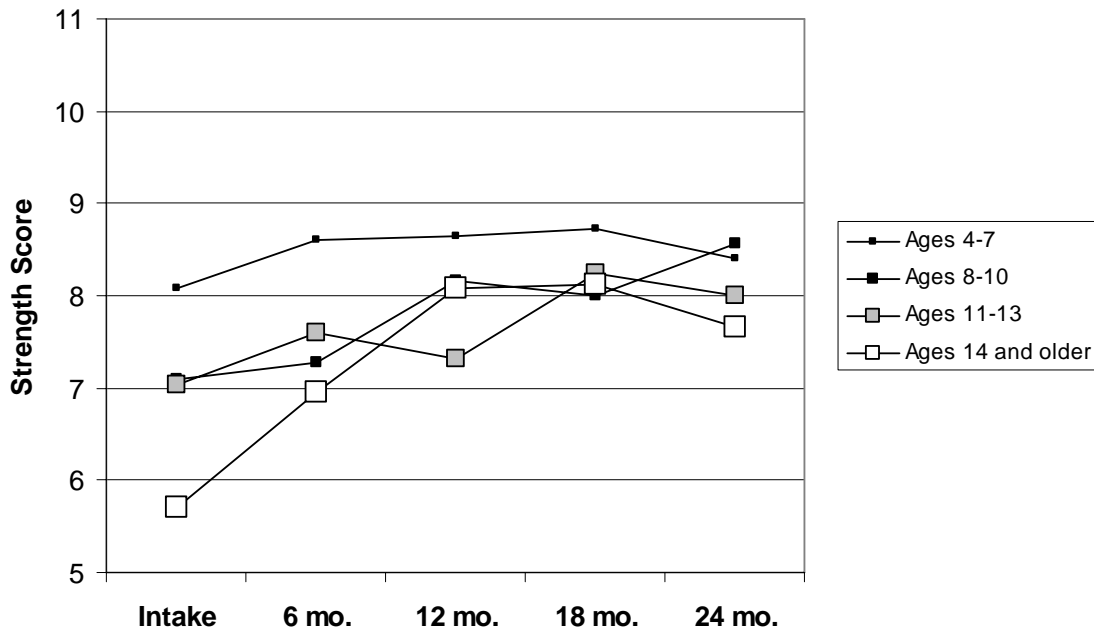
Table 7. Behavioral and Emotional Strengths (N = 117)

	Intake	6 mo.	12 mo.	18 mo.	24 mo.	24 mo. Change	p Value
Interpersonal Strength (Standard score with mean of 10 and standard deviation of 3)							
Ages 4-7 (n=25)	5.60	6.68	7.08	7.56	6.84	1.24	.01
Ages 8-10 (n=32)	6.47	6.88	7.75	7.94	8.56	2.09	< .001
Ages 11-13 (n=37)	7.00	7.76	7.05	7.76	8.05	1.05	.07
Ages 14 and up (n=23)	6.22	7.04	8.13	8.09	7.43	1.21	.07
Total (n=117)	6.40	7.15	7.46	7.83	7.81	1.41	< .001
Family Involvement (Standard score with mean of 10 and standard deviation of 3)							
Ages 4-7 (n=25)	8.08	8.60	8.64	8.72	8.40	0.32	n.s.
Ages 8-10 (n=32)	7.09	7.28	8.16	8.00	8.56	1.47	.01
Ages 11-13 (n=37)	7.03	7.59	7.49	8.24	8.00	0.97	.04
Ages 14 and up (n=23)	5.70	6.96	8.09	8.13	7.65	1.95	.01
Total (n=117)	7.01	7.60	8.03	8.26	8.17	1.16	< .001
Intrapersonal Strength (Standard score with mean of 10 and standard deviation of 3)							
Ages 4-7 (n=25)	8.88	8.12	8.72	9.24	8.24	-0.64	n.s.
Ages 8-10 (n=32)	7.03	7.00	8.06	8.88	8.94	1.91	< .001
Ages 11-13 (n=37)	8.05	8.46	8.14	8.30	9.38	1.33	n.s.
Ages 14 and up (n=23)	7.65	8.22	8.83	9.04	8.78	1.13	n.s.
Total (n=117)	7.87	7.94	8.38	8.80	8.90	1.03	< .01
School Functioning (Standard score with mean of 10 and standard deviation of 3)							
Ages 4-7 (n=25)	5.48	6.16	6.64	7.56	7.64	2.16	< .001
Ages 8-10 (n=32)	7.13	7.31	7.72	8.94	8.22	1.09	< .01
Ages 11-13 (n=37)	6.11	7.27	6.49	6.84	7.41	1.30	.07
Ages 14 and up (n=23)	5.74	7.00	7.78	7.78	7.22	1.48	.07
Total (n=117)	6.18	6.99	7.11	7.75	7.64	1.46	< .001
Affective Strength (Standard score with mean of 10 and standard deviation of 3)							
Ages 4-7 (n=25)	9.08	10.04	10.28	10.36	9.72	0.64	n.s.
Ages 8-10 (n=32)	8.41	7.91	9.09	8.75	9.03	0.62	n.s.
Ages 11-13 (n=37)	8.00	8.59	8.46	8.11	8.78	0.78	n.s.
Ages 14 and up (n=23)	7.30	7.87	8.78	9.26	8.43	1.13	n.s.
Total (n=117)	8.21	8.57	9.09	8.99	8.98	0.77	< .01
Overall Strength Index (Standard score with mean of 100 and standard deviation of 15)							
Ages 4-7 (n=25)	82.20	85.60	88.04	89.00	87.40	5.20	.09
Ages 8-10 (n=32)	80.84	81.19	87.31	88.00	88.88	8.04	.01
Ages 11-13 (n=37)	81.76	86.49	83.19	85.73	88.41	6.65	.06
Ages 14 and up (n=23)	76.04	82.17	88.35	89.35	85.57	9.53	.03
Total (n=117)	80.48	84.00	86.38	87.76	87.76	7.28	< .001

Source: Behavioral and Emotional Rating Scale (BERS-2C)

Examination of the strengths data reveals that family involvement varied by age. The older the child, the lower his or her family involvement tended to be. This relationship is illustrated in Figure 3, which plots family involvement scores by age. At intake, children in the oldest age group (14 and older) had very poor family involvement, well below the clinical threshold, whereas children in the youngest group (7 or younger) had only slightly below average family involvement; and children of intermediate ages had intermediate scores. Over time, the different age groups converged in their family involvement scores, with the oldest group demonstrating remarkable improvement.

Figure 3. Family Involvement (N = 117)



Source: Behavioral and Emotional Rating Scale (BERS-2C)

Behavioral and Emotional Problems. Caregivers reported on their children’s problem behaviors using the Child Behavior Checklist (CBCL). Table 8 provides data on the severity of problem behaviors across a number of domains. Problem scores are based on normative comparison to other children of the same age and gender across the nation and are expressed as T-scores, with a population average of 50 and a standard deviation of 10. Lower scores are better. Scores are shown for 8 different narrow-band syndrome scales – Anxious/Depressed, Withdrawn/Depressed, Somatic Complaints (i.e., sleep problems), Social Problems, Thought Problems, Attention Problems, Rule-Breaking Behavior, and Aggressive Behavior. Two broad-band scales are also shown – Internalizing Problems and Externalizing Problems. Finally, a total composite Problem Score is given.

The number of children with data out to 24 months is smaller for this measure (N = 69) relative to the strengths measure in the previous section, because only children in the national evaluation were evaluated using this instrument.

Table 8. Behavioral and Emotional Problems
(N = 69)

	Intake	6 mo.	12 mo.	18 mo.	24 mo.	24 mo. Change	p Value
Narrow-Band Scales (<i>Standard score with mean of 50 and standard deviation of 10</i>)							
Social Problems	68.99	66.00	65.55	63.74	62.06	-6.93	< .001
Thought Problems	67.61	66.09	65.17	64.06	62.70	-4.91	< .01
Attention Problems	70.61	67.33	66.07	65.78	64.49	-6.12	< .001
Anxious/Depressed	66.72	62.55	61.22	61.88	59.30	-7.42	< .001
Withdrawn/Depressed	67.93	64.91	64.35	62.49	61.86	-6.07	< .001
Somatic Complaints	61.22	57.72	57.72	56.71	56.70	-4.52	.001
Rule-Breaking	68.33	66.25	65.17	64.52	64.81	-3.52	< .01
Aggressive Behavior	19.36	16.93	16.13	16.22	14.51	-4.85	< .001
Broad-Band Scales (<i>Standard score with mean of 50 and standard deviation of 10</i>)							
Internalizing Problems	66.97	63.51	61.41	60.45	58.06	-8.91	< .001
Externalizing Problems	71.71	68.94	67.61	67.16	66.22	-5.49	< .001
Total Problems	71.68	68.49	66.55	65.61	64.48	-7.20	< .001

Source: Child Behavior Checklist (CBCL)

Statistically significant improvements in problem scores were evident in all measured problem domains ($p < .01$ in each case by ANOVA). Moreover, the magnitude of the 24-month change in both internalizing and externalizing problems was clinically significant - that is, a reduction of at least 5 points (or one half standard deviation). The greater gains were in the area of internalizing problems.

Table 9 presents the same data in terms of the percentage of children falling within the clinical range of severity (defined as a T-score of 64 or higher), indicating their problem behaviors were severe enough to be of clinical concern. At intake, the great majority of children (84%) fell within this range based on their total problem score. Over the course of two years, the number of children exhibiting this level of severity was reduced substantially, although most children (58%) remained within the clinical range.

Table 9. Children with Clinical Levels of Behavioral/Emotional Problems
(N = 69)

	Intake	6 mo.	12 mo.	18 mo.	24 mo.
Internalizing Problems	63.8%	50.7%	50.7%	44.9%	42.0%
Externalizing Problems	81.2%	72.5%	68.1%	62.3%	59.4%
Total Problems	84.1%	72.5%	66.7%	60.9%	58.0%

Source: Child Behavior Checklist (CBCL)

Functional Impairment. Children in the local evaluation were assessed for functional impairment – the extent to which they are impaired in their daily life as a result of behavioral and emotional problems. Children were assessed at intake and at each follow-up using the Child and Adolescent Functional Assessment Scale (CAFAS), which measures functional impairment in eight areas: school role performance, home role performance, community role performance, behavior toward others, moods/emotions,

self-harmful behavior, substance use, and thinking. In addition, a total score was calculated for each child in order to assess his or her global level of impairment.

Table 10 shows CAFAS scores for 47 families who completed the full complement of follow-ups (i.e., no evaluation interviews were missed). Scores in each area range from 0 (no impairment) to 30 (severe impairment). At intake, the highest levels of impairment were in the areas of School, Home, and Behavior Toward Others. All domains showed statistically significant improvement, with the exception of Substance Use, which was (on average) not a major issue for Community Solutions children.

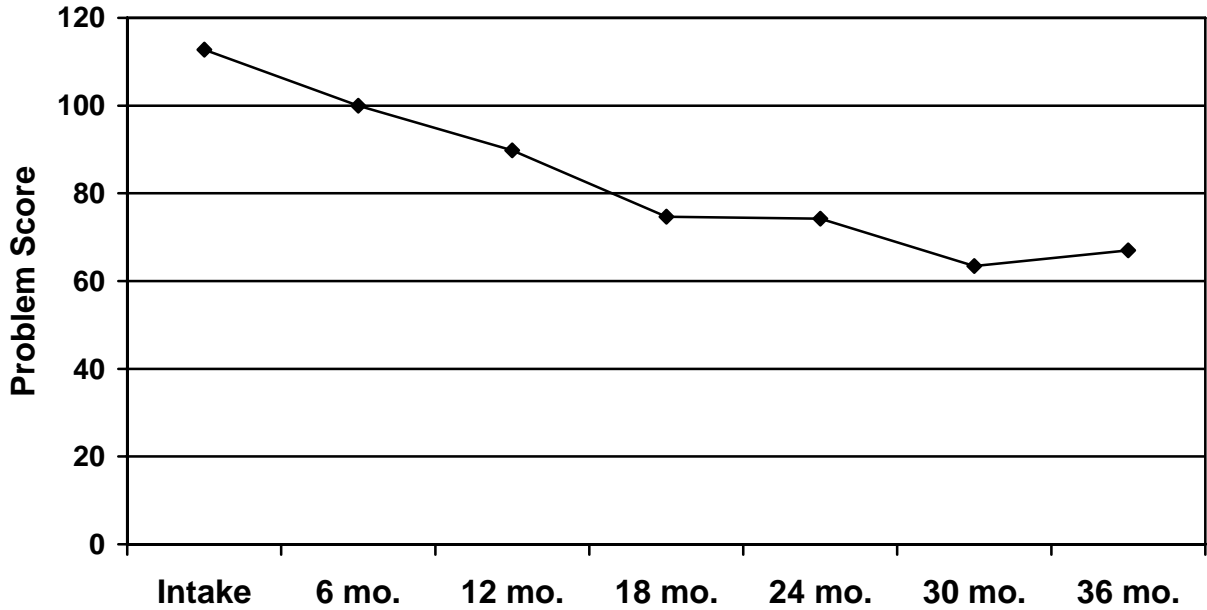
Table 10. Functional Impairment
(Lower scores are better)
(N = 47)

	Intake	6 mo.	12 mo.	18 mo.	24 mo.	30 mo.	36 mo.	P Value
School	23.83	21.91	18.94	16.38	15.74	13.62	13.40	< .001
Home	21.70	19.79	17.02	14.26	13.83	11.28	11.70	< .001
Behavior Toward Others	21.28	18.51	17.45	13.83	13.83	12.13	12.55	< .001
Moods/Emotions	19.36	15.96	15.96	14.26	15.74	13.19	14.89	< .01
Community	10.43	9.15	7.02	6.81	5.96	5.53	6.38	< .05
Self-Harmful Behavior	7.66	5.32	4.26	2.77	4.26	3.19	2.13	< .01
Thinking/Communication	5.96	4.47	5.11	3.83	2.77	2.13	2.13	< .001
Substance Use	2.55	3.83	4.04	2.13	2.13	2.34	3.83	n.s.
Total Impairment	112.77	100.00	89.79	74.68	74.26	63.40	67.02	< .001

Source: Child and Adolescent Functional Assessment Scale (CAFAS)

Figure 4 shows the change in total CAFAS scores over time. Impairment scores showed marked improvement over each successive time frame through 18 months. Between 18 and 36 months after enrolling in wraparound, children sustained their improved functioning level and showed some evidence of continuing to improve (although scores remained within the clinical range of severity). Altogether, over 36 months, there was a 46-point drop in CAFAS scores, more than twice the level of improvement to be considered clinically significant (i.e., a 20-point change).

Figure 4. Total Impairment
 (Lower scores are better)
 (N = 47)



Source: Child and Adolescent Functional Assessment Scale (CAFAS)

Table 11 shows the impairment data in terms of the percentage of children with severe impairment (a CAFAS score of 30 in a given domain or 140 or greater in the total score). Over 36 months, the percentage of children with severe school impairment dropped from 58% to 21%.

Table 11. Children with Severe Impairment
 (N = 48)

	Intake	6 mo.	12 mo.	18 mo.	24 mo.	30 mo.	36 mo.
School	58.3%	47.9%	31.3%	27.1%	22.9%	25.0%	20.8%
Home	45.8%	39.6%	22.9%	14.6%	18.8%	12.5%	16.7%
Behavior Toward Others	20.8%	12.5%	12.5%	6.3%	4.2%	2.1%	4.2%
Moods/Emotions	16.7%	12.5%	14.6%	8.3%	12.5%	4.2%	14.6%
Total Impairment	29.2%	18.8%	18.8%	10.4%	10.4%	4.2%	4.2%

Source: Child and Adolescent Functional Assessment Scale (CAFAS)

Caregiver Strain. Finally, the level of strain on caregivers as a result of their child’s behavioral and emotional problems was measured using the Caregiver Strain Questionnaire (CGSQ). This self-report measure was collected from caregivers in the national evaluation.

Caregiver strain is measured in 3 domains: Objective Strain (e.g., lost work time, financial hardship), Subjective Externalizing Strain (e.g., anger, resentment, embarrassment), and Subjective Internalizing Strain (e.g., worry, guilt, fatigue). Each domain is assigned a score from 1 to 5, with higher scores indicating greater strain.

As can be seen in Table 12, there were significant reductions in caregiver strain in all three domains. The greatest gains were in the area of subjective internalizing strain.

Table 12. Caregiver Strain
(N = 72)

Type of Strain	Intake	6 mo.	12 mo.	18 mo.	24 mo.	24 mo. Change	p Value
Objective (e.g., lost work time, financial hardship)	2.85	2.59	2.43	2.30	2.20	-.65	< .001
Subjective Externalizing (e.g., anger, resentment, embarrassment)	2.48	2.34	2.27	2.23	2.14	-.34	< .01
Subjective Internalizing (e.g., worry, guilt, fatigue)	3.93	3.42	3.32	3.04	2.94	-.99	< .001

Source: Caregiver Strain Questionnaire (CGSQ)

Conclusions and Summary of Key Findings

Most children referred to Community Solutions came through one of the four Family Resource Centers (FRCs) located on FWISD campuses. An analysis of schools attended at the time of referral indicates that children were well distributed across the district. Thus, it was not the case that a few schools were responsible for the majority of referrals, although there was a tendency for schools located near FRCs to have greater utilization of the system of care.

Relative to the demographics of the school district, Hispanic children were under-represented in the program.⁴ Individual agencies differed markedly in the demographics of children they served.

Families served were largely poor, single-mother households. Most families had a history of mental illness, substance abuse, and domestic violence.

After involvement with Community Solutions, children's behavioral and emotional strengths improved significantly and were sustained at improved levels up to 2 years later. Similarly, their behavioral problems were reduced by a statistically and clinically significant amount over the same time period. Moreover, the level of impairment faced by these children in their daily lives was diminished dramatically and sustained up to 3 years later. Finally, the amount of strain on caregivers as a result of their children's behavioral and emotional problems was also reduced significantly.

⁴ Recognizing this barrier to services, Community Solutions applied for and received supplemental funding in order to implement a Hispanic outreach program. This initiative will be evaluated in the final evaluation report.

Appendix. Schools Attended at Time of Referral

School	Level	Zip Code	Alternative School	Children Referred
Western Hills Primary	Elementary	76116	No	18
Western Hill	Elementary	76116	No	13
Children Medical		76107	Yes	12
Leonard	Middle	76116	No	12
Middle Level Learning Center	Middle	76107	Yes	10
Wedgewood 6th Grade	Middle	76132	No	10
Detention Center		76111	Yes	9
Metro Opportunity	High	76107	No	9
Western Hills	High	76116	No	9
Arlington Heights	High	76107	No	8
Forest Oak	Middle	76119	No	8
Monnig, William	Middle	76116	No	8
Weaverly Park	Elementary	76116	No	8
Wedgewood	Middle	76133	No	8
Leonard 6th Grade	Middle	76116	No	7
McLean, W.P.	Middle	76109	No	7
Meadowbrook	Elementary	76103	No	7
Meadowbrook	Middle	76103	No	7
Benbrook	Elementary	76126	No	6
Shulkey, Bruce	Elementary	76133	No	6
Stevens, J.T.	Elementary	76133	No	6
Van Zandt-Guinn	Elementary	76104	No	6
Westcreek	Elementary	76133	No	6
Elder, J.P	Middle	76106	No	5
Greenbriar	Elementary	76134	No	5
Helbing, H.V	Elementary	76106	No	5
Horizons Alternative	Middle	76112	Yes	5
Meacham, W.A	Middle	76106	No	5
Moss, Christene C.	Elementary	76119	No	5
Riverside	Middle	76111	No	5
South Hi Mount	Elementary	76107	No	5
South Hills	High	76133	No	5
Southwest	High	76133	No	5
Westpark	Elementary	76126	No	5
Choices	All	76107	Yes	4
Clayton, Lily B.	Elementary	76110	No	4
Diamond Hill-Jarvis	High	76106	No	4

School	Level	Zip Code	Alternative School	Children Referred
East Handley	Elementary	76112	No	4
Eastern Hill	Elementary	76112	No	4
Eastern Hills	High	76112	No	4
Insights	All	76107	Yes	4
Jara, Manuel	Elementary	76106	No	4
Morningside	Middle	76104	No	4
North Side	High	76106	No	4
Oaklawn	Elementary	76119	No	4
Phillips, Mary Louise	Elementary	76116	No	4
Student Placement Center		76114	No	4
Burton Hill	Elementary	76114	No	3
Carter-Riverside Amon	High	76111	No	3
Chaver, Cesar Primary	Elementary	76106	No	3
Como	Elementary	76107	No	3
Daggett, E.M.	Middle	76110	No	3
Diamond Hill	Elementary	76106	No	3
Dunbar	Middle	76119	No	3
Elliott, Bill J.	Elementary	76112	No	3
Handley	Middle	76112	No	3
James, William	Middle	76105	No	3
Kirkpatrick	Middle	76106	No	3
McDonald, Atwood	Elementary	76112	No	3
Mendoza, Rufino	Elementary	76106	No	3
Peak, Carroll	Elementary	76104	No	3
Rosemond MS	Middle	76115	Yes	3
Sims, T. A.	Elementary	76105	No	3
Southwest (alternative)	High	76133	Yes	3
Westcliff	Elementary	76109	No	3
Williams, Versia L.	Elementary	76111	No	3
Como Montessori	Elementary	76107	No	2
Davis, Clifford	Elementary	76119	No	2
Glencrest 6th Grade	Middle	76119	No	2
Green, W.M.	Elementary	76119	No	2
Huerta Dolores	Elementary	76106	No	2
Logan, Maude L.	Elementary	76105	No	2
Lowery Road	Elementary	76120	No	2
McLean 6th Grade	Middle	76109	No	2
Merrett, Luella	Elementary	76116	No	2
Mitchell Boulevard	Elementary	76105	No	2

School	Level	Zip Code	Alternative School	Children Referred
North Hi Mount	Elementary	76107	No	2
Seminary Hills Park	Elementary	76115	No	2
Springdale	Elementary	76111	No	2
Walton, Maudrie M.	Elementary	76112	No	2
Washington Heights	Elementary	76106	No	2
Woodway	Elementary	76133	No	2
Beal, Harlem	Elementary	76119	No	1
Bridge Shelter		76104	Yes	1
Carlson, Alice ALC	Elementary	76109	No	1
Carter Park	Elementary	76115	No	1
Contrcras, Alice D.	Elementary	76115	No	1
Daggett Montessori	Elementary	76110	No	1
Daggett, E.M.	Elementary	76110	No	1
De Zavala	Elementary	76106	No	1
Dunbar 6th Grade	Middle	76105	No	1
Dunbar 6th Grade	Middle	76105	Yes	1
Dunbar, Paul Laurence	High	76112	No	1
Ellis, M.G Primary	Elementary	76106	No	1
Glen Park	Elementary	76119	No	1
Howell, Natha	Elementary	76117	No	1
International Newcomes Academy	M/H	76116	Yes	1
JJAEP		76107	Yes	1
KirkPatrick	Middle	76106	Yes	1
Kirkpatrick, Milton L.	Elementary	76106	No	1
McRae, D.	Elementary	76105	No	1
Morningside	Elementary	76104	No	1
Nash, Charles E.	Elementary	76102	No	1
Paschal, R.L	High	76110	No	1
Rosen, Sam	Elementary	76106	No	1
Sagamore Hill	Elementary	76103	No	1
Sellars, David K.	Elementary	76119	No	1
South Hills	Elementary	76133	No	1
Stripling, W. C.	Middle	76107	No	1
Summer School at Trimble Tech		76104	No	1
Sunrise-McMillian	Elementary	76119	No	1
Terrell, J.M.	Elementary	76102	No	1
Turner, W.J	Elementary	76106	No	1
West Handley	Elementary	76112	No	1
Wilson, Richard J.	Elementary	76110	No	1

School	Level	Zip Code	Alternative School	Children Referred
Women's Haven		76101	Yes	1
Worth Heights	Elementary	76110	No	1
Wyatt, O.D	High	76119	No	1
Accelerated High School	High	76104	Yes	0
Applied Learning Academy	Middle	76116	No	0
Assessment Ctr		76105	Yes	0
Boulevard Heights	All	76107	Yes	0
Brea, Bonnie	Elementary	76111	No	0
Briscoe, Edward J.	Elementary	76104	No	0
Clarke, George C	Elementary	76110	No	0
Dillow, S.S.	Elementary	76105	No	0
ESL Summer School at OD Wyatt		76119	No	0
Hubbard Heights	Elementary	76115	No	0
Jo Kelly School	All	76107	Yes	0
Leonard MS (alternative)	Middle	76116	Yes	0
Moore, M.H.	Elementary	76106	No	0
New Lives School	M/H	76119	Yes	0
North Side	High	76106	Yes	0
Oakhurst	Elementary	76111	No	0
OD Wyatt summer school		76119	No	0
Pate, A.M.	Elementary	76119	No	0
Polytechnic	High	76105	No	0
Ridgelea Hills	Elementary	76116	No	0
Riverside, ALC	Elementary	76111	No	0
Rosemont	Middle	76115	No	0
Rosemont 6th Grade	Middle	76110	No	0
Solutions	All	76107	Yes	0
Success High School	High	76104	Yes	0
Tanglewood	Elementary	76109	No	0
Tarrant Youth Recovery		76104	Yes	0
Transition Colleg Program	High	76107	Yes	0
Transition Ctr	High	76107	Yes	0
Trimble Technical	High	76104	No	0
Western Hills summer school		76116	No	0
Willoughby House		76116	Yes	0