

Quarterly Evaluation Report

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Year 6, Quarter 2

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.

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.

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 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 formal and informal community resources.

Previous evaluation reports have shown that outcomes for children and families participating in the program have been positive. Self-report data collected from families indicate significant improvements in children's behavioral and emotional problems; in their daily functioning at home, in school, and in the community; in their personal strengths; and in their psychological well-being. In addition, there have been significant reductions in the strain faced by caregivers as a result of their children's behavioral and emotional problems.

A major challenge confronting programs such as Community Solutions lies in recruiting, training, and retaining paraprofessionals to act as wraparound facilitators. Employee turnover is a common problem for agencies providing wraparound. As a result, individual children and families often deal with more than one facilitator during the time their case is open. Families may also experience multiple facilitators if their case is reassigned for other reasons (for example, if they are dissatisfied with their current facilitator).

The current report examines the prevalence of case reassignments and the potential effects on child and family outcomes resulting from a given family having more than one facilitator. Findings are based on cumulative data collected through the second quarter of the program's sixth year (through March 2008).

This report also presents an accounting of the use of flexible funding over the course of the grant period. The purpose of flexible funding is to provide discretionary funds which allow child and family teams to devise creative, strength-based, cost-effective alternatives to traditional services. These data are summarized in the Appendix to the report.

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%

Program Enrollment and Demographics. Table 2 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.

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

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 (312 or 91%) participated in the ongoing evaluation study. Each racial/ethnic group was proportionately represented in the evaluation.

Table 2. Demographics of Children Referred, Receiving Services, and In Evaluation

	Referred (N = 453)		Received Services (N = 341)		In Evaluation (N = 312)	
	N	%	N	%	N	%
Race/Ethnicity						
White, non-Hispanic	190	42%	150	44%	134	43%
African American	164	36%	115	34%	107	34%
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%	237	76%
Female	119	26%	83	24%	75	24%
Age at Intake						
4-7 years	97	21%	71	21%	63	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.)

Number of Facilitators Assigned to Individual Cases. Table 3 shows the number of different facilitators assigned to individual cases. These data are based on the service logs kept by facilitators for the 312 families participating in the evaluation study.

Approximately half of the families worked with more than one facilitator during the time they were enrolled in the program. Typically, these families had 2-3 facilitators. The more facilitators that were assigned to a given case, the longer that case tended to remain open; there was a correlation of $r = .31$ ($p < .001$) between number of facilitators and the number of days the case was open.

Table 3. Number of Facilitators Assigned to Individual Cases
(N = 312 families)

Number of Facilitators	Number of Families	Percent	Median Length of Service in Days
1	162	52%	309
2	105	34%	380
3	34	11%	439
4	9	3%	436
5	2	1%	440

Source: Community Solutions Service Logs

As shown in Table 4, the demographic characteristics of children are similar regardless of the number of facilitators they had, although girls appeared slightly more likely to have 3 or more facilitators compared to boys. However, a Chi square analysis revealed no significant differences across categories for any demographic variable. Thus, there was no evidence of any particular group being more prone toward case reassignments than other groups.

Table 4. Demographics of Children by Number of Facilitators
(N = 312)

	One (N = 162)		Two (N = 105)		Three or More (N = 45)	
	N	%	N	%	N	%
Race/Ethnicity						
White, non-Hispanic	71	44%	42	40%	21	47%
African American	57	35%	33	31%	17	38%
Hispanic or Latino	39	24%	32	30%	10	22%
American Indian	6	4%	2	2%	0	0%
Asian	0	0%	1	1%	0	0%
Multi-Racial	9	6%	5	5%	3	7%
Gender						
Male	125	77%	83	79%	29	64%
Female	37	23%	22	21%	16	36%
Age at Intake						
4-7 years	32	20%	22	21%	9	20%
8-10 years	41	25%	28	27%	9	20%
11-13 years	50	31%	28	27%	15	33%
14 years and older	39	24%	27	26%	12	27%

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

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 year 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 later years 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 5 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 5. Follow-Up Rates

Timeframe	Caregiver Interviews		Youth Interviews	
	Completed / Possible	Rate	Completed / Possible	Rate
6 months	304 / 312	97%	177 / 188	94%
12 months	271 / 285	95%	158 / 181	87%
18 months	228 / 245	93%	143 / 170	84%
24 months	184 / 204	90%	136 / 157	87%
30 months	152 / 172	88%	115 / 140	82%
36 months	115 / 130	88%	90 / 108	83%
All follow-ups	1254 / 1348	93%	819 / 944	87%

Perceived Quality of Services. During follow-up interviews, caregivers and youths aged 11 or older were asked a series of questions about their perception of the quality of services they received. Based on their responses on a 5-point Likert scale, an average satisfaction score was calculated, serving as a measure of overall perceived quality. In addition, scores were calculated separately in 5 domains: access to services, participation in services, cultural sensitivity, satisfaction with services, and the perceived outcome of services. Tables 6 and 7 show the average scores for youths and caregivers, respectively.

At the time of the 6-month follow-up, overall scores averaged 4.13 for caregivers and 3.82 for youth (on a 5-point scale). Caregivers generally rated the program higher than did youths, particularly in the area of participation in services (4.31 for caregivers versus 3.44 for youths). The only area in which youths gave higher scores than their caregivers was in the perceived outcome of services.

An examination of the 6-month youth satisfaction data reveals a consistent pattern in the responses. Youths who worked with a single facilitator rated the program significantly higher than did those who had two or more facilitators ($p < .01$ by t-test). This was true in each area of perceived quality.

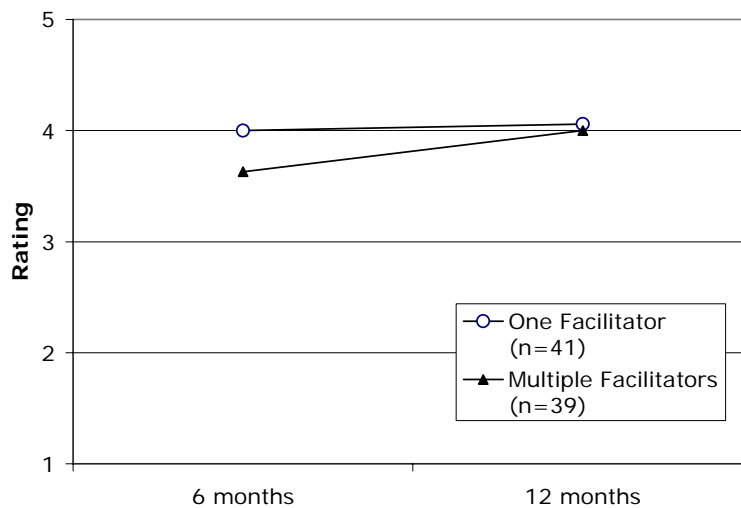
Interestingly, this gap between youths with one versus more than one facilitator disappeared after 12 months. The ratings of youths with more than one facilitator increased significantly between 6 and 12 months ($p < .01$ by paired t-test) so that there was no longer a gap between the two groups. This pattern is illustrated in Figure 1, which shows the average (mean) overall scores for youths at 6 months and 12 months. The same pattern holds true for each domain. A similar though less pronounced pattern is observable in the caregiver responses as well. One possible interpretation of these results is that families who are less satisfied with their first facilitator may be more satisfied after their case was transferred to a new facilitator.

Table 6. Perceived Quality of Services – Youth Ratings

	6 mo.	12 mo.	Change	p Value
Access				
One Facilitator (n=41)	4.00	4.10	.10	n.s.
Multiple Facilitators (n=39)	3.59	4.01	.42	< .05
Total (n=80)	3.80	4.06	.26	< .05
Participation				
One Facilitator (n=41)	3.56	3.80	.24	n.s.
Multiple Facilitators (n=39)	3.31	3.79	.48	< .001
Total (n=80)	3.44	3.80	.36	< .01
Cultural Sensitivity				
One Facilitator (n=41)	4.39	4.48	.09	n.s.
Multiple Facilitators (n=39)	4.15	4.46	.31	< .05
Total (n=80)	4.27	4.47	.20	< .05
Satisfaction				
One Facilitator (n=41)	4.09	4.11	.02	n.s.
Multiple Facilitators (n=39)	3.62	3.94	.32	< .05
Total (n=80)	3.86	4.03	.17	n.s.
Outcome				
One Facilitator (n=41)	3.86	3.85	-.01	n.s.
Multiple Facilitators (n=39)	3.47	3.84	.37	< .05
Total (n=80)	3.67	3.85	.18	n.s.
Overall				
One Facilitator (n=41)	4.00	4.06	.06	n.s.
Multiple Facilitators (n=39)	3.63	4.00	.37	< .01
Total (n=80)	3.82	4.03	.21	< .05

Source: Youth Services Survey (YSS-Y)

Figure 1. Youth Ratings of Overall Quality of Services



Source: Youth Services Survey (YSS-F)

Table 7. Perceived Quality of Services – Caregiver Ratings

	6 mo.	12 mo.	Change	p Value
Access				
One Facilitator (n=72)	4.64	4.55	-.09	n.s.
Multiple Facilitators (n=73)	4.15	4.44	.29	< .01
Total (n=145)	4.39	4.49	.10	n.s.
Participation				
One Facilitator (n=72)	4.48	4.47	-.01	n.s.
Multiple Facilitators (n=73)	4.13	4.25	.12	n.s.
Total (n=145)	4.31	4.36	.05	n.s.
Cultural Sensitivity				
One Facilitator (n=72)	4.70	4.70	.00	n.s.
Multiple Facilitators (n=73)	4.55	4.60	.05	n.s.
Total (n=145)	4.63	4.65	.02	n.s.
Satisfaction				
One Facilitator (n=72)	4.39	4.34	-.05	n.s.
Multiple Facilitators (n=73)	4.07	4.19	.12	n.s.
Total (n=145)	4.23	4.27	.04	n.s.
Outcome				
One Facilitator (n=72)	3.62	3.68	.06	n.s.
Multiple Facilitators (n=73)	3.41	3.63	.22	< .05
Total (n=145)	3.51	3.65	.14	< .05
Overall				
One Facilitator (n=72)	4.27	4.26	-.01	n.s.
Multiple Facilitators (n=73)	3.99	4.14	.15	< .05
Total (n=145)	4.13	4.20	.07	n.s.

Source: Youth Services Survey (YSS-F)

Although youth satisfaction scores were on average in the upper half of the 5-point scale, reports provided by the national evaluation team (ORC Macro International) revealed that local youth ratings were lower than the average scores of youths in similar programs across the country. In order to gain insight into why this might be, the evaluation team conducted two focus groups with youths in February 2008. One group was for youths aged 11-14 and the other was for youths aged 15-19. A large number of youths were invited to attend. Four participated in each group. All eight participating youths had received services through the system of care.

One theme which emerged from the focus groups was that youths felt their voices were not heard during service planning. This finding is consistent with the relatively low score given on the Youth Services Survey in the area of participation. It is also consistent with findings from the wraparound fidelity study previously conducted by the evaluation team (see Community Solutions Quarterly Report, Year 5 Quarter 1), which showed a frequent lack of youth involvement with the child and family team; youths were not present at nearly half of the observed meetings, and youth in many cases felt that decisions were made without them.

In the focus groups, youths expressed that their facilitators typically had better relationships with their caregivers than with the youth themselves, and youths felt that their parents' wishes were

often used to overrule their own. For example, one youth described how he had requested art lessons to build on his identified strengths, but instead the family was given a gym membership based on his father's wishes.

A related concern identified by youth was that private information shared with their facilitators was sometimes furnished to parents or team members. These children were later reprimanded by their parents for the problem or behavior that was told in confidence to their facilitator.

Youths who had positive experiences with their teams identified the importance of having a teacher or coach on their team. They felt that these individuals helped to advocate for their point of view. Similarly, the youths praised the involvement of the Youth Coordinator who helped them get involved with activities and gave them the opportunity to express themselves through Power Point presentations viewed by multiple audiences.

Finally, youths expressed a desire to participate in additional focus groups or support groups. They appreciated the opportunity for their voices to be heard and encouraged future youth participation in the process. They especially enjoyed meeting other youths from the program who had similar experiences.

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. 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.

Table 8 shows average (mean) strengths in each domain for 101 children whose caregivers completed evaluation interviews at each 6-month interval through 30 months. Scores were calculated separately for children who had one facilitator versus those who had multiple facilitators in order to examine the possible effects of a change in facilitators on outcomes.

In general, strengths improved significantly for children in both groups. The "p Value" listed in the rightmost column of the table is based on an analysis of variance (ANOVA); p values less than .05 are typically considered to be statistically significant. The "30 mo. Change" score shows the difference between the intake score and the score at 30 months. A difference of 1.5 or more on the subscales or 7.5 or more on the overall Strength Index could be considered a substantial enough change to be of clinical significance.

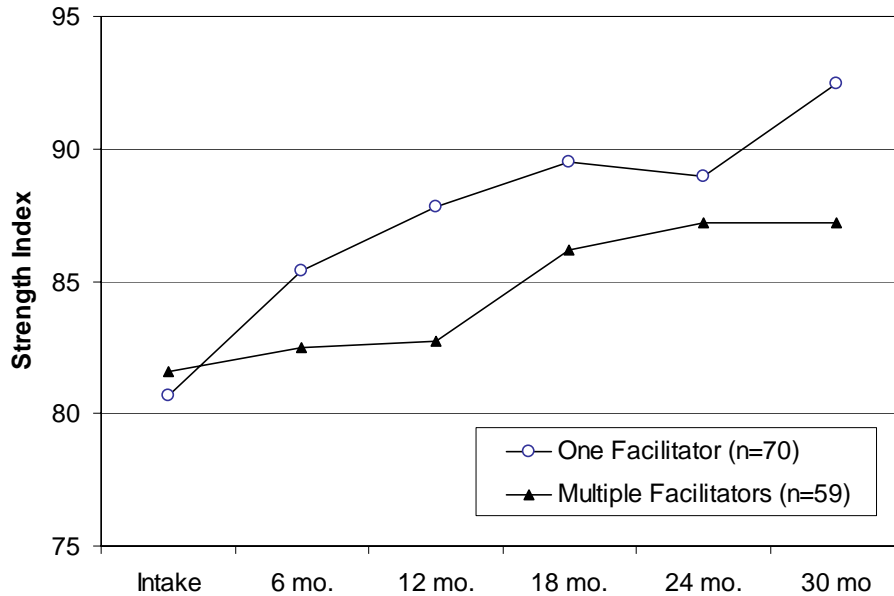
Table 8. Behavioral and Emotional Strengths

	Intake	6 mo.	12 mo.	18 mo.	24 mo.	30 mo.	30 mo. Change	p Value
Interpersonal Strength (Standard score with mean of 10 and standard deviation of 3)								
One Facilitator (n=57)	6.33	7.21	7.68	8.28	8.09	8.39	2.06	< .001
Multiple Facilit. (n=44)	6.52	6.98	6.80	7.45	7.55	7.89	1.37	< .01
Total (n=101)	6.31	7.11	7.30	7.92	7.85	8.17	1.86	< .001
Family Involvement (Standard score with mean of 10 and standard deviation of 3)								
One Facilitator (n=57)	6.96	7.65	8.19	8.44	8.37	8.75	1.79	< .001
Multiple Facilit. (n=44)	7.34	7.70	7.48	8.23	8.20	8.14	0.80	< .10
Total (n=101)	7.13	7.67	7.88	8.35	8.30	8.49	1.36	< .001
Intrapersonal Strength (Standard score with mean of 10 and standard deviation of 3)								
One Facilitator (n=57)	7.81	8.18	8.46	9.33	9.21	9.53	1.72	< .001
Multiple Facilit. (n=44)	8.39	7.75	7.86	8.20	8.66	8.52	0.13	n.s.
Total (n=101)	8.06	7.99	8.20	8.84	8.97	9.09	1.03	< .01
School Functioning (Standard score with mean of 10 and standard deviation of 3)								
One Facilitator (n=57)	6.33	7.26	7.49	8.07	7.88	8.47	2.14	< .001
Multiple Facilit. (n=44)	5.86	6.52	6.59	7.43	7.55	7.36	1.50	< .001
Total (n=101)	6.13	6.94	7.10	7.79	7.73	7.99	1.86	< .001
Affective Strength (Standard score with mean of 10 and standard deviation of 3)								
One Facilitator (n=57)	8.19	8.79	9.35	9.61	9.19	9.56	1.37	< .01
Multiple Facilit. (n=44)	8.55	8.32	8.57	8.32	8.80	8.80	0.25	n.s.
Total (n=101)	8.35	8.58	9.01	9.05	9.02	9.23	0.88	< .10
Overall Strength Index (Standard score with mean of 100 and standard deviation of 15)								
One Facilitator (n=57)	80.67	85.39	87.79	89.53	88.93	92.44	11.77	< .001
Multiple Facilit. (n=44)	81.59	82.48	82.73	86.18	87.23	87.23	5.64	< .05
Total (n=101)	81.07	84.12	85.58	88.07	88.19	90.17	9.10	< .001

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

Figure 2 shows the change over time in strengths for the two groups in terms of the overall Strength Index. Both groups had comparable strengths at intake, more than a standard deviation below the population average for age- and gender-matched children. Although both groups showed significant improvement over time, children who had a single facilitator exhibited greater improvement over time. During the first 12 months (corresponding approximately to the length of time in wraparound) children who switched facilitators showed very little improvement in strengths while children with a single facilitator improved by nearly half a standard deviation. Over the 30 month period, children who had a single facilitator showed twice as much improvement as those who had multiple facilitators.

Figure 2. Behavioral and Emotional Strengths



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

Functional Impairment. Caregivers in the national evaluation rated their children's level of functional impairment – the extent to which they are impaired in their daily life as a result of their behavioral and emotional problems – using the Columbia Impairment Scale (CIS). Scores range from 0 to 52, with higher scores indicating greater levels of impairment; thus lower scores are better. Scores 15 or higher are considered to be in the clinical range. Average (mean) impairment scores are given in Table 9 and illustrated in Figure 3. Over a period of two years children’s level of impairment dropped significantly, approaching the clinical cut-off score of 15.

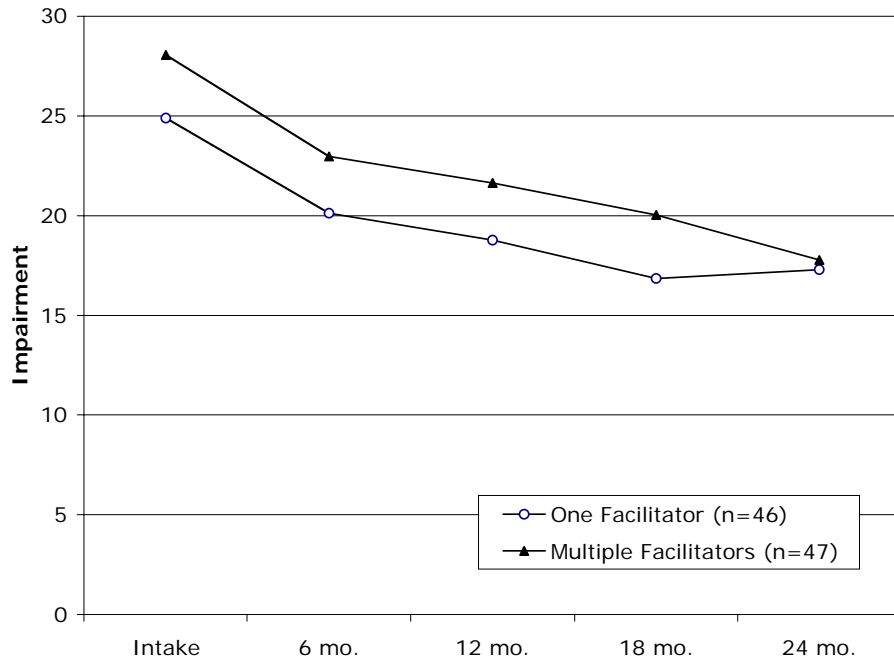
Children who had a single facilitator tended to have more severe levels of impairment at baseline relative to other children. That is, children with more severe impairment coming into the program were more likely to be involved with more than one facilitator over the course of their involvement with the program. Thus, it may be that more challenging cases are more likely to result in case reassignments. Children in this group remained consistently more impaired than other children until the 24-month follow-up, when the scores between the two groups appeared to converge.

Table 9. Global Impairment (Columbia Impairment Scale)

	Intake	6 mo.	12 mo.	18 mo.	24 mo.	24 mo. Change	p Value
Global Impairment Score (Scale of 0 to 52; Lower scores are better)							
One Facilitator (n=46)	24.89	20.13	18.76	16.85	17.30	-7.59	< .001
Multiple Facilit. (n=47)	28.06	22.96	21.64	20.04	17.77	-10.29	< .001
Total (n=93)	26.49	21.56	20.22	18.46	17.54	-8.95	< .001

Source: Columbia Impairment Scale (CIS)

Figure 3. Global Impairment (Columbia Impairment Scale)



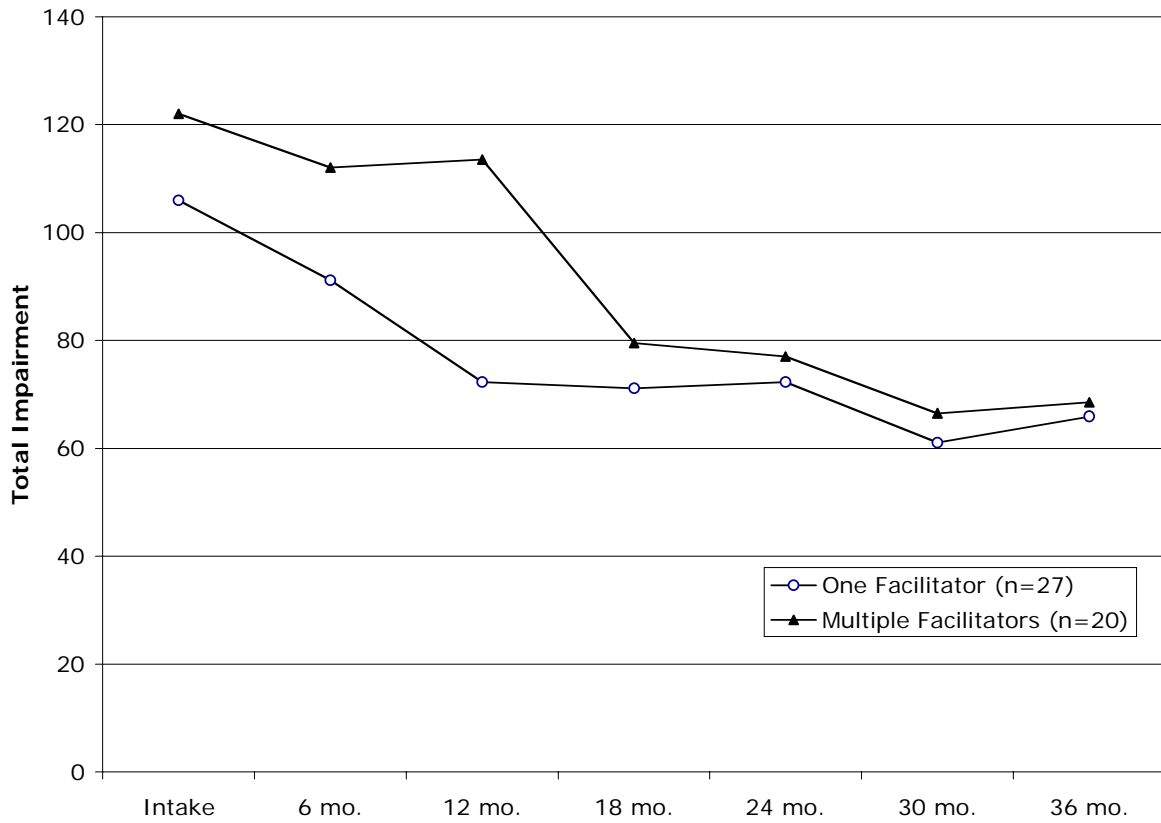
Source: Columbia Impairment Scale (CIS)

This basic pattern of results was replicated among a separate sample of children participating in the local evaluation. For this sample, functional impairment was assessed using the Child and Adolescent Functional Assessment Scale (CAFAS). The CAFAS 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. A total score was calculated for each child in order to assess his or her global level of impairment.

Figure 4 shows the change in total impairment over 36 months for children with one and more than one facilitator. As was seen with the previous sample of children, there was a difference between the two groups at the outset. Children who would ultimately become involved with multiple facilitators tended to have more severe levels of impairment relative to children who would remain with a single facilitator. And, as was seen in the previous sample, impairment scores between the two groups appeared to converge toward the later follow-up periods.

The fact that this same general pattern of results was replicated for two different samples of children with two separate measures of impairment indicates that this finding is not spurious. It may be that children with more severe impairment are more likely to require intervention from multiple caseworkers; or it may be that more demanding cases are more likely to lead to turn-over or reassignments.

Figure 4. Functional Impairment (CAFAS)



Source: Child and Adolescent Functional Assessment Scale (CAFAS)

More detailed data for each of the subscales of the CAFAS are provided in Table 10. The areas of greatest impairment, and also the areas of greatest improvement, were in school, home, behavior toward others, and moods/emotions.

Table 10. Functional Impairment (CAFAS)

	Intake	6 mo.	12 mo.	18 mo.	24 mo.	30 mo.	36 mo.	36 mo. Change	p Value
School (0 = No Impairment; 10 = Mild Impairment; 20 = Moderate Impairment; 30 = Severe Impairment)									
One Fac. (n=27)	22.22	20.37	16.30	15.56	15.93	12.59	14.07	-8.15	< .001
Mult. Fac. (n=20)	26.00	24.00	22.50	17.50	15.50	15.00	12.50	-13.50	< .001
Total (n=47)	23.83	21.91	18.94	16.38	15.74	13.62	13.40	-10.43	< .001
Home (0 = No Impairment; 10 = Mild Impairment; 20 = Moderate Impairment; 30 = Severe Impairment)									
One Fac. (n=27)	18.89	18.15	13.70	13.70	12.96	11.11	11.85	-7.04	< .001
Mult. Fac. (n=20)	25.50	22.00	21.50	15.00	15.00	11.50	11.50	-14.00	< .001
Total (n=47)	21.70	19.79	17.02	14.26	13.83	11.28	11.70	-10.00	< .001
Behavior Toward Others (0=No Impairment; 10=Mild Impairment; 20=Moderate Impairment; 30 Severe Imp.)									
One Fac. (n=27)	19.63	17.41	14.81	14.07	14.07	12.22	12.22	-7.41	< .001
Mult. Fac. (n=20)	23.50	20.00	21.00	14.50	13.50	12.00	13.00	-10.50	< .001
Total (n=47)	21.28	18.51	17.45	13.83	13.83	12.13	12.55	-8.73	< .001
Moods/ Emotions (0=No Impairment; 10 = Mild Impairment; 20 = Moderate Impairment; 30 = Severe Impairment)									
One Fac. (n=27)	18.89	16.67	15.19	14.44	15.56	13.33	15.56	-3.33	< .10
Mult. Fac. (n=20)	20.00	17.50	17.00	14.00	16.00	13.00	14.00	-6.00	< .10
Total (n=47)	19.36	15.96	15.96	14.26	15.74	13.19	14.89	-4.47	< .01
Community (0 = No Impairment; 10 = Mild Impairment; 20 = Moderate Impairment; 30 = Severe Impairment)									
One Fac. (n=27)	8.89	7.41	3.70	4.44	4.44	4.81	4.81	-4.08	< .10
Mult. Fac. (n=20)	12.50	11.50	11.50	10.00	8.00	6.50	8.50	-4.00	n.s.
Total (n=47)	10.43	9.15	7.02	6.81	5.96	5.53	6.38	-4.05	< .01
Self-Harmful Behavior (0=No Impairment; 10=Mild Impairment; 20=Moderate Impairment; 30=Severe Imp.)									
One Fac. (n=27)	8.52	4.44	3.70	2.96	5.56	3.33	2.22	-6.30	< .05
Mult. Fac. (n=20)	6.50	6.50	5.00	2.50	2.50	3.00	2.00	-4.50	n.s.
Total (n=47)	7.66	5.32	4.26	2.77	4.26	3.19	2.13	-5.53	< .01
Thinking/Communication (0=No Impairment; 10=Mild Impairment; 20=Moderate Impairment; 30=Severe Imp.)									
One Fac. (n=27)	6.30	4.44	3.70	4.07	1.48	2.22	1.48	-4.82	< .01
Mult. Fac. (n=20)	5.50	4.50	7.00	3.50	4.50	2.00	3.00	-2.50	n.s.
Total (n=47)	5.96	4.47	5.11	3.83	2.77	2.13	2.13	-3.83	< .001
Substance Use (0 = No Impairment; 10 = Mild Impairment; 20 = Moderate Impairment; 30 = Severe Impairment)									
One Fac. (n=27)	2.59	2.22	1.11	1.85	2.22	1.48	3.70	1.11	n.s.
Mult. Fac. (n=20)	2.50	6.00	8.00	2.50	2.00	3.50	4.00	1.50	< .05
Total (n=47)	2.55	3.83	4.04	2.13	2.13	2.34	3.83	1.28	n.s.
Total Impairment									
One Fac. (n=27)	105.93	91.11	72.22	71.11	72.22	61.11	65.93	-40.00	< .001
Mult. Fac. (n=20)	122.00	112.00	113.50	79.50	77.00	66.50	68.50	-53.50	< .001
Total (n=47)	112.77	100.00	89.79	74.68	74.26	63.40	67.02	-45.75	< .001

Source: Child and Adolescent Functional Assessment Scale (CAFAS)

Behavioral and Emotional Problems. Caregivers reported on their children’s problem behaviors using the Child Behavior Checklist (CBCL). Table 11 provides data on the severity of problem behaviors across a number of domains. Problem scores are based on normative comparisons 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. Finally, in Table 12 two broad-band scales are shown – Internalizing and Externalizing Problems – as well as a composite Total Problems score.

Table 11. Behavioral and Emotional Problems – Narrow-Band Scales

	Intake	6 mo.	12 mo.	18 mo.	24 mo.	24 mo. Change	p Value
Social Problems (Standard score with mean of 50 and standard deviation of 10)							
One Facilitator (n=43)	67.16	64.33	63.65	60.58	61.56	-5.60	< .001
Multiple Facil. (n=41)	70.54	66.85	66.07	65.49	62.54	-8.00	< .001
Total (n=84)	68.81	65.56	64.83	62.98	62.04	-6.77	< .001
Thought Problems (Standard score with mean of 50 and standard deviation of 10)							
One Facilitator (n=43)	66.00	64.33	63.16	61.00	62.19	-3.81	< .01
Multiple Facil. (n=41)	69.56	67.46	67.00	66.90	63.68	-5.88	< .01
Total (n=84)	67.74	65.86	65.04	63.88	62.92	-4.82	< .001
Attention Problems (Standard score with mean of 50 and standard deviation of 10)							
One Facilitator (n=43)	68.88	66.26	64.95	62.88	62.23	-6.65	< .001
Multiple Facil. (n=41)	72.61	67.61	66.10	67.34	64.95	-7.66	< .001
Total (n=84)	70.70	66.92	65.51	65.06	64.07	-6.63	< .001
Anxious/Depressed (Standard score with mean of 50 and standard deviation of 10)							
One Facilitator (n=43)	64.53	62.19	60.12	59.28	58.40	-6.13	< .001
Multiple Facil. (n=41)	68.02	62.66	62.44	63.37	60.10	-7.92	< .001
Total (n=84)	66.24	62.42	61.25	61.27	59.23	-7.01	< .001
Withdrawn/Depressed (Standard score with mean of 50 and standard deviation of 10)							
One Facilitator (n=43)	67.63	65.14	63.30	61.12	61.19	-6.44	< .001
Multiple Facil. (n=41)	67.34	64.61	64.00	62.85	62.80	-4.54	< .01
Total (n=84)	67.49	64.88	63.64	61.96	61.98	-5.51	< .001
Somatic Complaints (Standard score with mean of 50 and standard deviation of 10)							
One Facilitator (n=43)	60.23	58.40	57.02	54.49	56.84	-3.39	< .001
Multiple Facil. (n=41)	61.32	58.73	57.80	57.78	56.71	-4.61	< .05
Total (n=84)	60.76	58.56	57.40	56.10	56.77	-3.99	< .001
Rule-Breaking (Standard score with mean of 50 and standard deviation of 10)							
One Facilitator (n=43)	66.67	65.40	64.23	62.28	63.74	-2.93	< .001
Multiple Facil. (n=41)	69.85	66.46	65.12	65.49	64.34	-5.51	< .001
Total (n=84)	68.23	65.92	64.67	63.85	64.04	-4.19	< .001
Aggressive Behavior (Standard score with mean of 50 and standard deviation of 10)							
One Facilitator (n=43)	72.98	70.70	68.37	67.30	66.44	-6.54	< .001
Multiple Facil. (n=41)	76.98	71.29	70.15	71.34	68.12	-8.86	< .001
Total (n=84)	74.93	70.99	69.24	69.27	67.26	-7.67	< .001

Source: Child Behavior Checklist (CBCL)

Table 12. Behavioral and Emotional Problems – Broad-Band Scales

	Intake	6 mo.	12 mo.	18 mo.	24 mo.	24 mo. Change	p Value
Internalizing Problems <i>(Standard score with mean of 50 and standard deviation of 10)</i>							
One Facilitator (n=43)	65.93	62.74	60.16	56.98	57.21	-8.72	< .001
Multiple Facil. (n=41)	66.95	63.66	62.17	62.15	59.02	-7.93	< .001
Total (n=84)	66.43	63.19	61.14	59.50	58.10	-8.33	< .001
Externalizing Problems <i>(Standard score with mean of 50 and standard deviation of 10)</i>							
One Facilitator (n=43)	70.21	68.09	66.26	64.47	65.49	-4.72	< .001
Multiple Facil. (n=41)	73.49	69.20	67.78	68.37	65.71	-7.78	< .001
Total (n=84)	71.81	68.63	67.00	66.37	65.60	-6.21	< .001
Total Problems <i>(Standard score with mean of 50 and standard deviation of 10)</i>							
One Facilitator (n=43)	70.42	67.35	64.72	61.72	63.19	-7.23	< .001
Multiple Facil. (n=41)	72.85	68.88	67.59	67.61	64.83	-8.02	< .001
Total (n=84)	71.61	68.10	66.12	64.60	63.99	-7.62	< .001

Source: Child Behavior Checklist (CBCL)

Statistically significant improvements in problem scores were evident in all measured problem domains ($p < .05$ in each case by separate ANOVAs). Moreover, the magnitude of the 24-month change on most items was clinically significant – that is, a reduction of at least 5 points (or one half standard deviation).

On most of the narrow-band scales (Social Problems, Thought Problems, Attention Problems, Anxious/Depressed, Rule Breaking, and Aggressive Behavior) children who would later have multiple facilitators entered the program with problems 3-4 points more severe than children who would have one facilitator. Over time this gap appeared to narrow. Thus, the pattern of results for problem behaviors resembled the pattern observed for functional impairment, as described above. However, the observed group differences in problem scores did not achieve statistical significance, although for the Total Problems scale there was a marginally significant ($p = .08$) interaction between number of facilitators and time, providing some statistical evidence that the two groups of children showed different patterns of behavior over time.

Summary of Key Findings

This report examined the prevalence of case reassignments resulting from front-line staff turnover and other factors, and the impact of such case reassignments on outcomes for children affected by severe emotional disturbance.

Key findings were as follows:

- About half (52%) of families participating in Community Solutions had the same facilitator through their involvement with the program. The remainder had more than one facilitator resulting either from employee turnover or from case transfers.
- After 6 months, families who worked with a single facilitator rated the program more highly than did those who had multiple facilitators. However, this difference disappeared after 12 months, perhaps because families who were less satisfied with their first facilitator may have been more satisfied after their case was transferred to a new facilitator.
- Caregivers rated the quality of services higher than did youths. In focus groups, youths indicated that they felt their caregivers' opinions took precedence over their own.
- Children's strengths, functional impairment, and problem behaviors showed significant and sustained improvement over time.
- Children who kept the same facilitator showed greater gains in their strengths relative to children who switched facilitators, especially during the first 12 months (corresponding roughly to the service period). Over 30 months, children who had one facilitator improved twice as much as those who had multiple facilitators.
- Children with more severe starting levels of impairment were more likely to be involved with multiple facilitators. This may indicate that more challenging cases are more likely to result in case reassignments.

APPENDIX A. UTILIZATION OF FLEXIBLE FUNDING

Flexible funding is one of the key elements of wraparound identified by SAMSHA. The purpose of flexible funding is to provide discretionary funds which allow child and family teams to devise creative, strength-based, cost-effective alternatives to traditional services. For example, flexible funding may be used to support improved family outcomes by purchasing respite, therapeutic recreation, youth camp participation, or even household items to contribute toward stabilizing the home environment. This report provides an accounting of flexible fund use by Community Solutions (between November 2003 and March 2008).

Data presented here were gathered from paper forms of flexible funding requests provided to the evaluation team. Facilitators submitted funding requests on behalf of individual families. The clinical director reviewed requests before funds were released. In all, 1077 flexible funding requests were approved between November 2003 and the middle of March 2008.

The dollar amounts of the requests ranged from \$2 to \$1,175, with a median amount of \$100 (all amounts reported here are rounded to the nearest dollar). Table A-1 shows the distribution of requests by dollar amount. About half of the requests (52%) were for expenses \$100 or less, and nearly three-quarters (73%) were for \$200 or less. In total, \$171,095 in flexible funds has been released to families as of the middle of March 2008.

Table A-1. Flexible Funding Requests by Dollar Amount
(N = 1077 requests)

Amount	Number	Percent
\$100 or less	558	52%
\$101 – \$200	231	21%
\$201 – \$300	133	12%
\$301 – \$400	65	6%
\$401 – \$500	33	3%
\$501 – \$600	21	2%
\$601 – \$700	23	2%
\$701 or more	13	1%

In addition to the flexible funding requests reported above, flexible funds also give reimbursements to facilitators for food purchases for wraparound meetings, graduation parties, etc. In all, 214 food reimbursements were submitted, ranging in cost from \$2.50 to \$150, with a median cost of \$15. Food reimbursements accounted for a total of \$5,568.

Table A-2 shows the distribution of flexible funding requests received by individual families. Families who were referred but received no wraparound services were excluded. For each of 341 families, the total dollar amount of flexible funds spent was calculated by summing all requests submitted for that family (excluding food reimbursements to the facilitator). A quarter of families (25%) received no flexible funds. Of the remaining 257 (75%) who did receive funds, the total dollar amount received per family ranged from \$10 to \$2,378, with a median amount of \$557 and a mean of \$666.

Table A-2. Flexible Funding by Family
(N = 341 families)

Amount	Number	Percent
\$0	84	25%
\$1 – \$500	120	35%
\$501 – \$1000	74	22%
\$1001 – \$1500	40	12%
\$1501 – \$2000	19	6%
\$2001 or more	4	1%

Table A-3 shows flexible fund use by the type of purchase. For each purchase category, the number of requests, the cost of a typical (median) purchase, and the total cost of all purchases in that category are indicated. Note that some purchases were counted in more than one category.

Table A-3. Flexible Funding by Purchase Category
(N = 1136 requests)

Category	Number	Median Cost	Total Cost
Utilities	163	\$184	\$34,171
Activities	189	\$137	\$32,967
Housing	55	\$400	\$22,041
Services	104	\$134	\$19,590
Supplies	211	\$49	\$17,271
Furnishings/Appliances	72	\$190	\$16,860
Automobiles	50	\$143	\$11,346
Clothing	80	\$99	\$8,429
Transportation	76	\$55	\$6,372
Groceries	48	\$98	\$5,761
Incentives	56	\$44	\$3,190
Medical	9	\$110	\$2,040
Legal	11	\$42	\$1,221
Other	12	\$144	\$2,431

(A given request may fall into more than one category.)

Payment of family utility bills (e.g., electricity, gas, water) made up the largest category in terms of dollars spent and requests. Activities (e.g., tickets, events, camps, classes) made up the second largest part of flexible fund use, followed by housing expenses (e.g., rent, mortgage, home improvement) and services (e.g., respite, counseling). Utilities and housing expenses together made up nearly a third (31%) of flexible fund use.

Supplies (e.g., games, equipment, school supplies, household items) made up the next largest category in terms of dollars spent, followed closely by Furnishings/Appliances (e.g., beds, refrigerators, computers). The Automobile category included car-related expenses such as auto repair, gas cards, and insurance. The Transportation category included bus passes and airfare.

Table A-4 shows flexible fund use by the child or family life domain to which the expense related. By far, the bulk of flexible funds were spent helping families with financial difficulties (e.g., paying utility bills, rent, etc.). In many of these cases, flexible funds were used to stabilize the family, tend to basic needs, and deal with financial crises. A considerable number of requests were related to emotional or psychological well-being of the child or family, education-related expenses, social enrichment, and transportation. The "place to live" life domain consisted of expenses related to improving the home environment.

Table A-4. Flexible Funding by Life Domain
(N = 1412 requests)

Life Domain	Number	Median Cost	Total Cost
Finances	327	\$178	\$72,942
Emotional/Psychological	189	\$96	\$28,078
Social	113	\$150	\$22,281
Education	132	\$95	\$19,291
Transportation	123	\$55	\$17,082
Behavior	123	\$60	\$13,722
Family	115	\$72	\$12,259
Place to Live	48	\$147	\$11,937
Health	52	\$63	\$6,901
Safety	47	\$61	\$5,533
Competency Development	38	\$45	\$3,143
Language/Communication	20	\$53	\$2,119
Permanent Relationships	13	\$72	\$2,079
Accountability	38	\$45	\$1,888
Legal	9	\$128	\$1,710
Work	17	\$60	\$1,668
Immigration/Citizenship	6	\$130	\$911
Public Safety	1	\$147	\$147
Spiritual	2	\$69	\$139
Other	20	\$67	\$3,045

(A given request may fall into more than one life domain.)

Utilization of flexible funds changed somewhat over time. When flexible funds were first examined by evaluators more than two years ago, 32% of families had received no flexible funds, compared with 25% now. The proportion of money spent on activities for children has increased (17% compared to 12%) along with the dollars spent on social and behavioral life domains.

In summary, \$171,095 in flexible funding has so far been expended in support of plan of care goals for individual child and family teams. Of families who received funds, a typical family received \$557 over the course of their involvement with Community Solutions. The largest category of flexible funding use in Fort Worth was devoted to stabilizing families by tending to basic needs. Other frequent uses of flexible funds included therapeutic activities, household purchases, services, and supplies. Combining flexible funds with food purchases, a total of \$176,663 has been spent for individual children and family teams.