

## Overview

- ❖ The report includes a description of and evaluation data pertaining to the Parent Support Partner (PSP) Evaluation.
- ❖ This report summary includes Pre Survey demographic data for 781 parents/primary caregivers and their children receiving PSP services between July 2016 and September 2018.
- ❖ This report summary also includes Post Survey analysis of outcomes for 84 parents/primary caregivers and their children receiving PSP services between July 2016 and September 2018, using the following measures:
  - ❖ PSP Outcome Tool
  - ❖ CAFAS & PECFAS
- ❖ The PSP Outcome Tool is based on a PSP Logic Model developed by MDHHS in partnership with Network180 (Kent County, MI) and the Association for Children’s Mental Health (ACMH). The Logic Model outlines five outcome areas: Alliance Building, Bridging, Collaboration, Developing Direction and Determination, and Empowering.
- ❖ Analyzing PSP outcome data allows the PSP Evaluation Project and MDHHS to assess the effectiveness of PSP services on parents’/primary caregivers’ hope, confidence, and empowerment to create positive outcomes for their child and family.

# Parent Support Partner (PSP) Evaluation Project

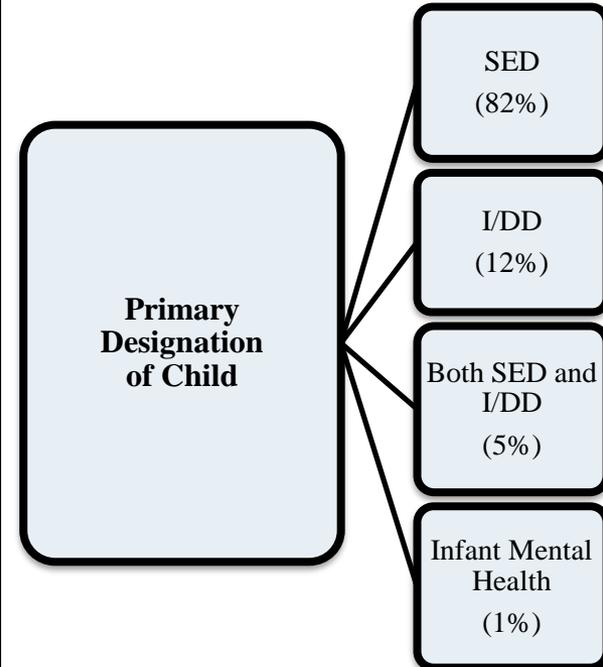
*July 1, 2016 – September 30, 2018*

## Components of the Parent Support Partner Evaluation Project

<b>PSP</b> PSP services utilize peer-parent relationships to increase parents’/primary caregivers’ sense of empowerment, self-sufficiency, self-confidence, and feelings of competence in order to inform services and supports for their child.	<b>Vision</b> The vision of PSP services in Michigan is for parents/primary caregivers of a child with Serious Emotional Disturbance (SED) and/or Intellectual/Developmental Disability (I/DD) to have hope, feel confident, and be empowered to use their voice to create positive outcomes for their child and family, through working with a veteran parent who has similar experiences.	<b>Parent Perception</b> How helpful have you found PSP services? <b>9.4/10</b> How likely are you to recommend PSP services? <b>9.7/10</b>
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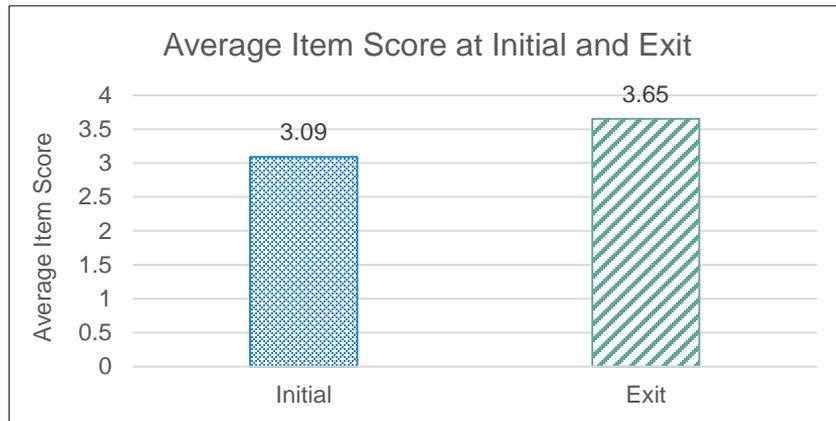
## Parent/Child Background Information

<b>Primary Caregivers Involved</b>	
Biological Mother	69%
Adoptive Mother	11%
Grandmother	7%
Other	13%
<b>Parent/Primary Caregiver Race</b>	
White	71%
Black or African American	21%
Mixed/Other/Did not report	8%
<b>Number of PSP Contacts</b>	
Met with PSP 1-5 times	27%
Met with PSP 6-15 times	39%
Met with PSP 16+ times	34%
<b>Length of Service</b>	2-15 mos.
<b>Reasons Primary Caregivers Exited</b>	
Met PSP goals/outcomes	38%
Lost contact	21%
“Other”	17%
All other reasons	24%



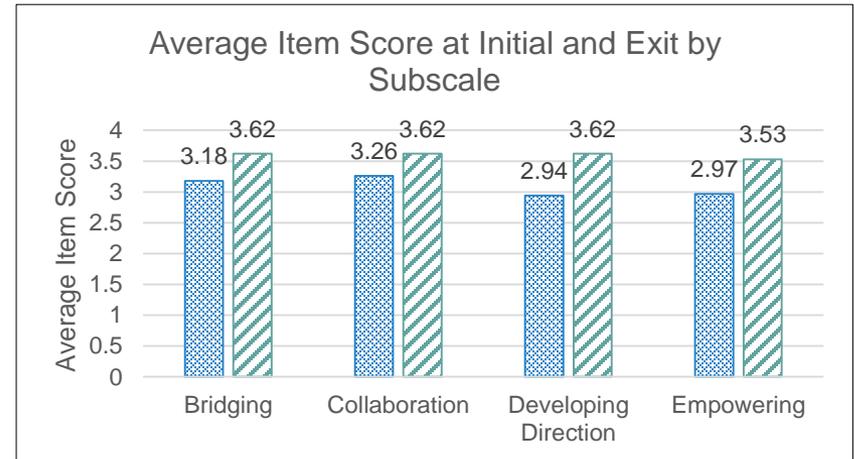
## How do levels of parent/caregiver hope, confidence, and empowerment change by the end of PSP services?

The average item score increased by 0.56 on this measure of hope, confidence, and empowerment of the parent/primary caregiver as a result of PSP services.



$N = 84$ . Though “Progress” data are collected, this analysis only includes data from caregivers that have exited services. Scale of the survey: 0 = Never True, 4 = Always True.

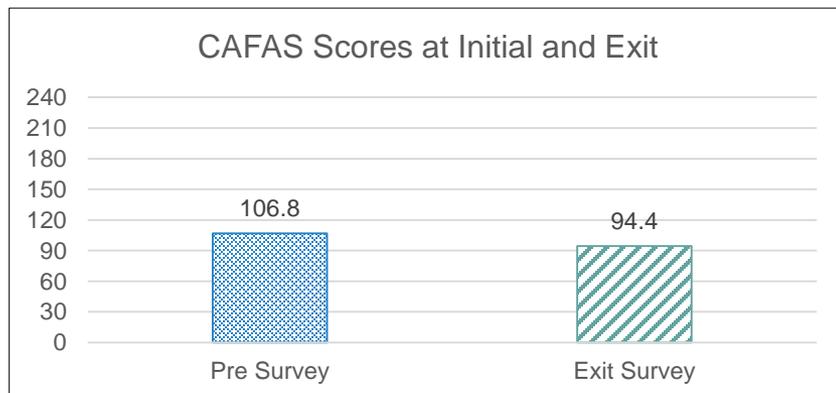
Every area measured by the Outcome Tool improved from initial assessment to exit from services.



$N = 84$ . Average item scores on the Pre Survey ranged from 2.73 to 3.60, out of a maximum score of 4. Average item scores on the Post Survey ranged from 3.29 to 3.95.

## To what extent do youths' levels of functioning improve after their parents/caregivers receive PSP services?

Youth ages 5 to 18 showed improvement in their level of functioning when their parents/caregivers exited PSP services.



$N = 84$ . The highest possible score is 240.

## How frequently are parents receiving services? How long do PSP services typically last?

The most common combination of number of contacts and length of services was 6-15 contacts over the course of 3 months.

		Number of PSP Contacts				
		1-5 contacts	6-15 contacts	16-25 contacts	26-40 contacts	41+ contacts
Length of Services (months)	1-2	8	13	2	2	0
	3-4	16	32	5	3	0
	5-6	7	16	8	1	1
	7-8	2	4	4	8	0
	9-10	0	4	6	4	1
	11-12	2	3	1	3	1
	13-14	1	1	2	3	4
	15-16	1	1	0	0	3

$N = 84$ .

**Michigan Department of  
Health and Human Services:  
Parent Support Partner (PSP)  
Evaluation  
Executive Summary  
FY18**

**Michigan State University PSP Evaluation Project**

**Principal Investigator: John S. Carlson, PhD, Professor**

**Current Project Staff: Bethany Beggs, MA**

**Past Project Staff: Adrianna Crossing, MA; Rachel Ogle, MA**

**Parent Support Partner (PSP) Evaluation  
Executive Summary, FY18  
January 23, 2019**

## Introduction

The following summary provides a background and brief report of the results of the Parent Support Partner (PSP) Evaluation Pilot (July 2016 through August 2017) and the Statewide Evaluation, which began September 2017. PSP Medicaid services utilize peer-parent relationships to increase parents/primary caregivers' sense of empowerment, self-sufficiency, self-confidence, and feelings of competence, in order to inform services and supports for their child. Originally, the purpose of the PSP Evaluation was twofold: 1) Develop an outcome tool to evaluate PSP services in Michigan, and 2) Assess the effectiveness of PSP services on parents' hope, confidence, and empowerment to create positive outcomes for their child and family. As of September 1, 2017, the pilot evaluation of the Parent Support Partner Outcome Tool was completed. During the pilot phase, 10 Community Mental Health Agencies from around the state administered surveys and entered the data into our online system. This process allowed administrators to refine the procedures, outcome tools, and approaches to data analysis.

While previous studies have examined the effects of similar parent-to-parent services (January et al., 2016; Kutash, Duchnowski, Green, & Ferron, 2013), this is the first study of PSP services in Michigan. The Michigan Department of Health and Human Services (MDHHS), as well as the Prepaid Inpatient Health Plans (PIHP) and Community Mental Health (CMH) Service Providers (SPs), determined that none of the existing outcome tools used in previous research captured the unique nature of PSP services in Michigan. In Michigan, the vision of PSP is for parents/primary caregivers of a child with a Serious Emotional Disturbance (SED) and/or Intellectual/Developmental Disability (I/DD) to have hope, feel confident, and are empowered to use their voice to create positive outcomes for their child and family, through working with a veteran parent who has similar experiences.

MDHHS, in partnership with Network180 (Kent County, Michigan) and the Association for Children's Mental Health (ACMH), created a PSP Logic Model that outlines five outcome areas of PSP in Michigan: Alliance Building, Bridging, Collaboration, Developing Direction and Determination, and Empowering. This logic model was used as the basis for the development of the outcome tool. Defined in the logic model, the five outcome areas include:

- Alliance Building is the ability to build strong connections and relationships based on mutual respect and strategic self-disclosure. (Progress/Post Survey only)
- Bridging is the ability to work collaboratively with parent/primary caregiver and others to bring perspectives together. (Pre Survey & Progress/Post Survey)
- Collaboration is the ability to purposefully, thoughtfully, and strategically build effective and fair communication with the parent/primary caregiver and others involved in the family's care. (Pre Survey & Progress/Post Survey)
- Developing Direction and Determination is the ability to work collaboratively with parent/primary caregivers in developing a purposeful sense of future that builds hope. (Pre Survey & Progress/Post Survey)
- Empowering is the ability to actively support, encourage, and reinforce the parent's/primary caregiver's right to influence the direction of their family, including services provided. (Pre Survey & Progress/Post Survey)

## **Outcome Measures (Pre Survey and Progress/Post Survey)**

For the purposes of this evaluation, a Pre Survey and a Progress/Post Survey were created to assess the outcome areas outlined in the logic model. The Pre Survey contains 24 items completed by parents/primary caregivers using a 5-point Likert scale (Never True = 0, Rarely True = 1, Sometimes True = 2, Usually True = 3, Always True = 4). Items on the Pre Survey were designed to assess four outcome areas: Bridging (6 items; possible range of scores = 0-24), Collaboration (6 items; possible range of scores = 0-24), Developing Direction and Determination (5 items; possible range of scores = 0-20), and Empowering (7 items; possible range of scores = 0-28). In addition to total scores for each outcome area, the Pre Survey also yields a Total Score, which includes the scores for all 24 items on the Pre Survey (possible range of scores = 0-96).

The Progress/Post Survey of the PSP Outcome Tool is titled as such because it was uniquely designed to capture both families leaving services (“Post”), as well as families who choose to remain, but are filling out a “Progress” report (i.e., every six months). The Progress/Post Survey contains 33 items completed by parents/primary caregivers. Thirty-one items are rated on the same 5-point Likert scale described above. These items on the Progress/Post Survey were developed to measure the same subscales as the Pre Survey, but with the addition of the Alliance Building (5 items) aspect of services outlined in the logic model and two additional items to measure the area of Developing Direction and Determination. Two questions at the end serve the purpose of measuring social validity. The two social validity items were added to the Progress/Post Survey on June 28, 2017. Those two items were developed to gauge how helpful a parent/primary caregiver had found services and how likely they were to recommend services; both questions are answered with a 10-point Likert scale, not helpful (1) to very helpful (10), and not likely (1) to very likely (10), respectively. These scores are not factored into the total score. Data for the fiscal year can be found on page 9 of this report.

The outcome areas measured by the Progress/Post Survey are: Alliance Building (5 items; possible range of scores = 0-20), Bridging (6 items; possible range of scores = 0-24), Collaboration (6 items; possible range of scores = 0-24), Developing Direction and Determination (7 items, possible range of scores = 0-28), and Empowering (7 items, possible range of scores = 0-28). The Progress/Post Survey also yields a Total Score, which includes the scores for all 31 items on the Progress/Post Survey. The possible range of scores on the Total Score is from 0 to 124. Higher scores on the Pre Survey and Progress/Post Survey indicate higher agreement with items. Scores on the Pre Survey and Progress/Post Survey are compared in order to investigate the effectiveness of PSP services.

## **Summary of the Pilot Evaluation Phase**

The pilot phase was carried out from July 14, 2016 to August 15, 2017. Ten CMH SPs volunteered their time and energy to carry out the first stages of the evaluation. These SPs were the Community Mental Health (CMH) Authority of Clinton, Eaton, and Ingham Counties (CEI-CMHA), Gogebic CMH Authority, the Right Door of Hope, Recovery, and Wellness, Network 180, Macomb County CMH, Monroe CMH Authority, Easter Seals Oakland County, Oakland Family Services, CMH of Ottawa County, and Detroit Wayne Mental Health Authority – Family Alliance for Change. During this period, known as the “Parent Support Partner Outcome Tool

Evaluation Pilot,” the surveys developed to measure outcomes of PSP services were tested in the field, revised to reflect continuous improvement, and used to gather outcome data. Emails from project administrators were sent to all participating supervisors and data entry personnel monthly. These emails included updates to administration practices, updates to the survey forms, reminders, and answers to commonly raised questions. Quarterly conference calls were hosted to provide individuals carrying out the evaluation in the field the opportunity to provide detailed updates to project administrators, make suggestions to change the project based on feedback from parents/primary caregivers and PSPs, and help administrators make major project changes that would best benefit individuals in the field. Some changes to the project that were made in response to this feedback include: 1) eliminating the mail-in option after it was found to have nearly a 0% return rate, and 2) adding a system that automatically generates reminder emails to fill out Progress/Post Surveys for individual agencies across 8 weeks. These reminders are sent out on 3 occasions: a) four weeks before a survey is due, b) two weeks before a survey is due, and c) four weeks after a survey is past due.

Several major changes were made to the survey forms themselves to optimize accessibility. First, shading was added to the questionnaire section of the form to ensure that parents/primary caregivers are filling out the correct Likert scale that corresponds to each question. Data entry personnel also benefited from this change, as this formatting reduced eye strain during data entry and made the process more efficient. Lastly, the language of the forms was revised during a collaborative process to improve the readability of the forms. Initially, the average reading grade level of the questionnaire portion of the form was approximately 10th grade. The average reading grade level was lowered to 8th grade through an item-by-item reading level analysis process. Feedback from the field confirmed that these changes improved parents’/primary caregivers’ interface with the questionnaires and reduced some confusion and ambiguity. Moving forward, the administrative and research arms of the evaluation will continue to work with PSP supervisors across the state of Michigan to highlight their voice and their needs and maximize the quality and quantity of data they share.

Procedures and documents were finalized by September 1, 2017, the date of the state-wide expansion. A series of “Procedures and Instructions” documents were drafted to assist in the completion of both forms. Further, instructions and an example script for PSPs themselves were provided to walk them through administering the survey to caregivers. Guidance for using REDCap to enter data and an FAQ document were created to reflect concerns and solutions generated from the pilot process. All partners in the pilot process were advised to shred and reprint all forms on September 1, 2017, so that everyone across the state of Michigan was working with the same documentation. A webinar to support the state-wide expansion was held on August 17, 2017. Over 50 Parent Support Partners, PSP Supervisors, data entry personnel, and agency leaders from across the state of Michigan attended this 90-minute training on the PSP service, the development of the tool, and the procedures of the evaluation. A second webinar was held on September 27, 2017 in advance of another wave of new sites that would be starting evaluation efforts on October 1, 2017. Between October 1, 2017 and September 30, 2018, five sites and 26 new PSPs joined the evaluation efforts.

### **Evaluation Summary/Results (January 23, 2019)**

This report includes data that were collected from CMH SPs or their contract agencies that are providing PSP services. The results section of this report summarizes the demographic information of the parents/primary caregivers. This report contains data from the Pre Survey and Progress/Post Survey, the outcome tools developed during this PSP Evaluation Pilot. Data presented in this report includes the average scores of parents/primary caregivers on the four subscales prior to the start of services and the five subscales at exit from services at sites across Michigan.

#### **Child Demographic Information**

This report contains data from 781 parents/primary caregivers participating in PSP services who have children with Serious Emotional Disturbance (SED), Intellectual or Developmental Disability (I/DD), or both SED and I/DD. Additionally, this report contains data from cases opened for a pregnant mother (i.e., Infant Mental Health). The Pre Survey also includes an item to identify if the child of a parent/primary caregiver receiving PSP services was diagnosed with Autism Spectrum Disorder (ASD). Please see the child demographics provided in Table 1 for more information. Note that the Ns vary based on willingness to respond.

Table 1 Child Demographic Information	
Average Age at Pre Survey ( <i>n</i> =759) Age Range	11 years, 2 months 2 months - 18 years, 11 months
Primary Designation ( <i>n</i> =703)	
Serious Emotional Disturbance (SED)	575 (82%)
Intellectual or Developmental Disability (I/DD)	82 (12%)
Both SED and I/DD	33 (5%)
Infant Mental Health (IMH)	13 (2%)
Diagnosed with ASD ( <i>n</i> =690)	109 (16%)
Youth and Children's Functioning	
Average CAFAS Score at Pre Survey ( <i>n</i> =573)	106.3
Average PECFAS Score at Pre Survey ( <i>n</i> =37)	106.2

This report also contains information from the Child and Adolescent Functional Assessment Scales (CAFAS; Hodges, 1990; ages 5-19) and the Preschool and Early Childhood Functional Assessment Scales (PECFAS; Hodges, 1990; ages 3-7). The CAFAS and PECFAS are standardized and validated functional assessment tools used to monitor youth and children's current level of mental health functioning. On the CAFAS and PECFAS, a decrease in score indicates an improvement in functioning. Specifically, a 20-point decrease indicates a significant and reliable improvement in functioning. Please see Table 1 for CAFAS and PECFAS scores at Pre Survey.

The surveys have a section to report scores on the Devereux Early Childhood Assessment (DECA; LeBuffe & Naglieri, 1999; ages 2-5). The DECA is a standardized, norm-referenced, behavior rating scale that assesses within-child protective factors and behavior concerns. Different versions of the DECA were used in this evaluation based on the child's age (DECA-I-T Infant Record Form, 1 month-18 months; DECA-I-T Toddler Record Form, 18 months-36 months; DECA Clinical Form, 2 years - 5 years). Due to only three cases reporting DECA scores, those data were not included in the current report.

### Parent Demographic Information

There is a question on the Pre Survey that asks for a description of the primary caregiver (see Figure 1). According to the results, 69% are biological mothers ( $n=420$ ), 11% are adoptive mothers ( $n=68$ ), 7% are grandmothers ( $n=43$ ), 5% are biological fathers ( $n=30$ ), 3% are foster mothers ( $n=21$ ), less than 1% are live-in partners ( $n=2$ ), less than 1% are foster fathers ( $n=2$ ), less than 1% are stepfathers ( $n=2$ ), less than 1% are grandfathers ( $n=2$ ), less than 1% are stepmothers ( $n=1$ ), and 3% are other relatives ( $n=16$ ). The total number of primary caregivers that responded to this question is 607.

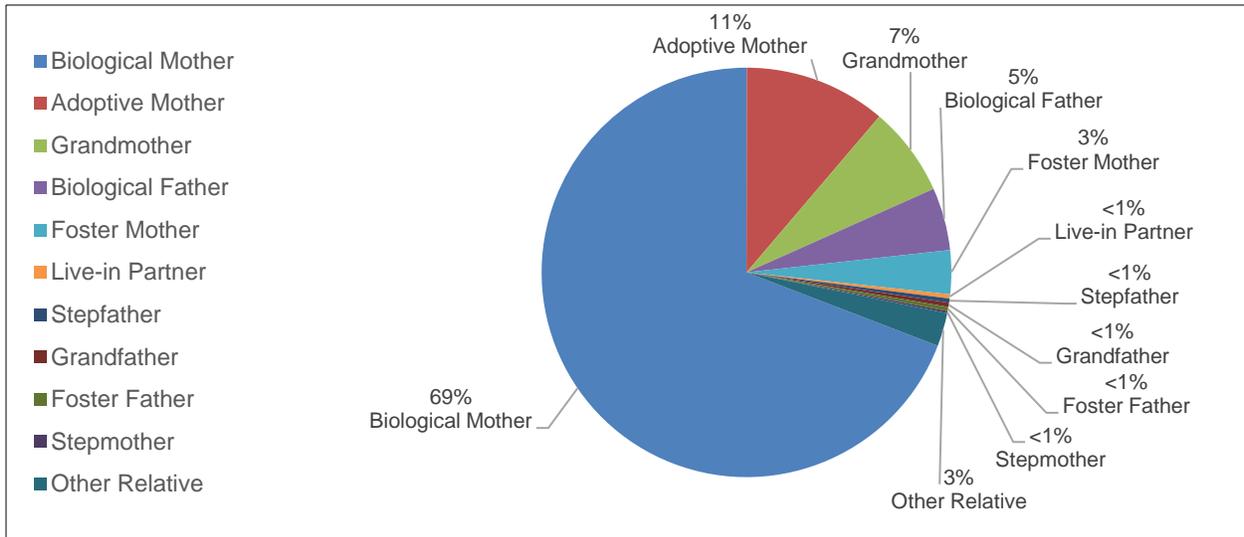


Figure 1. Primary Caregivers Involved in PSP Services

There is a question on the Pre Survey that asks for the parent/primary caregiver to identify the races that best describe them (see Figure 2). According to the responses, 71% of caregivers are White ( $n = 496$ ), 21% of caregivers are Black or African American ( $n = 145$ ), 1% are American Indian ( $n = 10$ ), less than 1% are Middle Eastern ( $n = 5$ ), less than 1% are Arab American ( $n = 1$ ), 3% indicated “Other” ( $n = 13$ ), and 3% indicated two or more races ( $n = 22$ ). The total number of primary caregivers that responded to this question is 700.

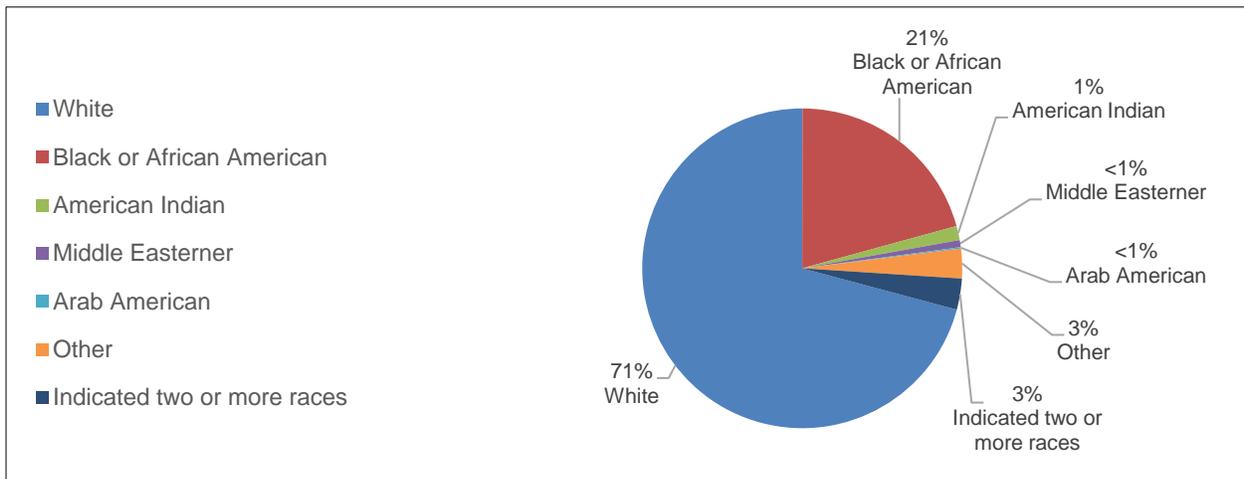


Figure 2. Parent/Primary Caregiver Race

Seven hundred and twenty parents and primary caregivers self-identified their ethnicity. When asked to choose whether they identified with a Hispanic or Latin Cultural or Ethnic Background, 665 (92%) parents/primary caregivers did not identify as being of Hispanic or Latin cultural/ethnic heritage, while 8% did identify as belonging to those groups ( $n=55$ ). Fifty-eight percent of those parents/primary caregivers identified as Mexican-American or Chicano ( $n=32$ ), 9% identified as Puerto Rican ( $n=5$ ), 7% identified as Dominican ( $n=4$ ), 4% identified as Cuban ( $n=2$ ), and 2% each identified as Central American ( $n=1$ ) and South American ( $n=1$ ). Eighteen percent of parents/primary caregivers indicated they were of a Hispanic or Latin cultural/ethnic heritage, but did not specify one from the available choices, nor did they fill in one in the blank provided ( $n=10$ ).

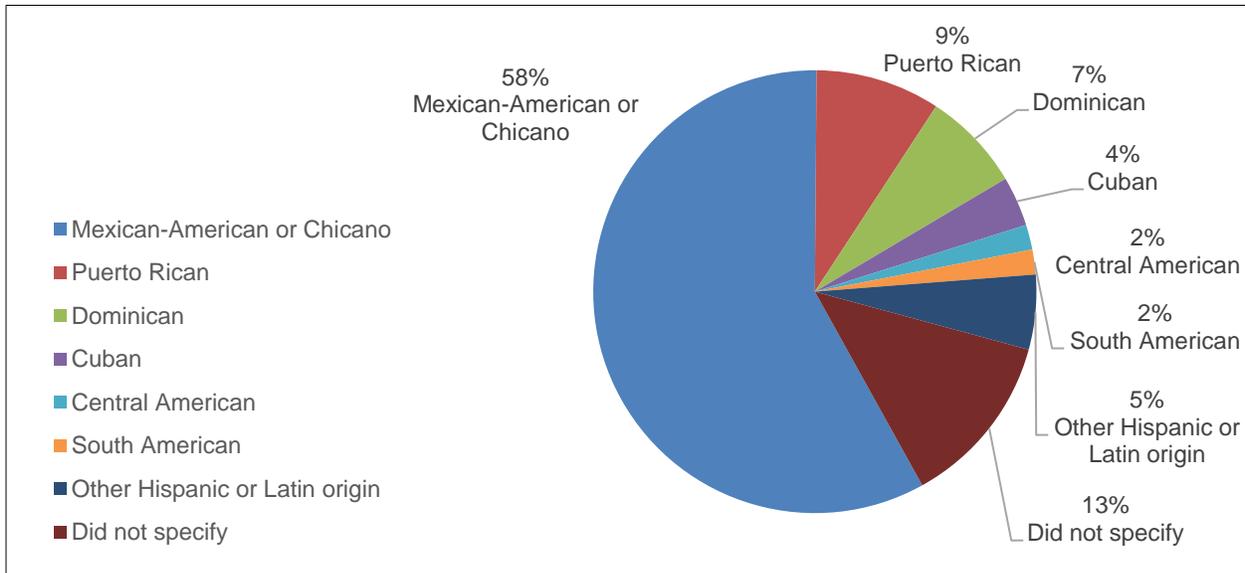


Figure 3. Breakdown of Parent's/Primary Caregiver's of Hispanic or Latin Cultural/Ethnic Background

### Parent Exit Information

When filling out an Exit Report, agencies are requested to provide data about the parent/caregiver's time receiving services and why they are exiting PSP services. A range of the number of contacts with PSP services was recorded to identify parents and primary caregivers whose short interaction with PSP services may not have been effective to change their outcomes. Eight weeks was determined to be the minimum effective dosage for services. Less than eight weeks is not sufficient time to build relationships and improve parent hope, confidence, and empowerment to create positive outcomes for their child and family. An item on the Exit Report section of the Progress/Post Survey asked if it had been at least 8 weeks since the Pre Survey was completed. Of 230 responses to this item, only 9% indicated that a primary caregiver left PSP services after less than 8 weeks ( $n=22$ ). Of the 208 caregivers who remained in services, it was not reported how many times 13 (6%) of those caregivers met with their PSP. Of the 195 caregivers for whom that information was reported, 27% met with their PSP between 1 and 5 times ( $n=58$ ), 39% met with their PSP between 6 and 15 times ( $n=85$ ), 15% met with their PSP between 16 and 25 times ( $n=33$ ), 13% met with their PSPs between 26 and 40 times ( $n=28$ ), and 6% met with their PSPs greater than 41 times ( $n=13$ ).

In addition, the length of service in months was able to be calculated for 187 caregivers. This was determined by the Pre Survey completion date and the Exit date. The length of services ranged from 2 months to 15 months. The heatmap below (Figure 4) indicates the relationship between the number of contacts a parent/primary caregiver had with their PSP relative to the amount of time they received PSP services.

		Number of PSP Contacts				
		1-5 contacts	6-15 contacts	16-25 contacts	26-40 contacts	41+ contacts
Length of Services (months)	1	0	0	0	0	0
	2	8	13	2	2	0
	3	11	24	1	2	0
	4	5	8	4	1	0
	5	4	12	3	0	1
	6	3	4	5	1	0
	7	2	3	0	6	0
	8	0	1	4	2	0
	9	0	2	4	2	1
	10	0	2	2	2	0
	11	0	3	1	3	0
	12	2	0	0	3	1
	13	0	0	0	1	1
	14	1	1	2	2	3
	15	1	1	0	0	3

*Figure 4.* Parents and Primary Caregivers Number of Contacts and Length of Stay in Months with PSP Services. Numbers indicate the number of primary caregivers who met the indicated number of times and stayed in services for the indicated length of time. Darker green indicates more parents/primary caregivers who met the same number of times for the same length of time. *Note.* This analysis excludes parents/primary caregivers who received services for less than 8 weeks.

On the “Exit Report” feature of the Progress/Post Survey, data entry persons and PSPs are asked to indicate the reason a parent/primary caregiver may have left services (see Figure 5). Two hundred individuals responded to this item. Thirty-eight percent indicated that they met their PSP goals/outcomes ( $n=76$ ), 21% of primary caregivers could not be contacted and therefore services were terminated ( $n=41$ ), 13% of primary caregivers ended services because the parents/primary caregivers were satisfied with their progress prior to meeting goals ( $n=26$ ), and 9% of caregivers moved out of the service area ( $n=18$ ). Another 2% of caregivers withdrew from services due to dissatisfaction ( $n=3$ ) while 2% of caregivers withdrew because their child aged out of services ( $n=1$ ). Seventeen percent of caregivers left for “Other” reasons ( $n=34$ ). The most common “Other” reasons include: the child moved to a new placement ( $n=10$ ) and the family was too busy to commit to services ( $n=8$ ).

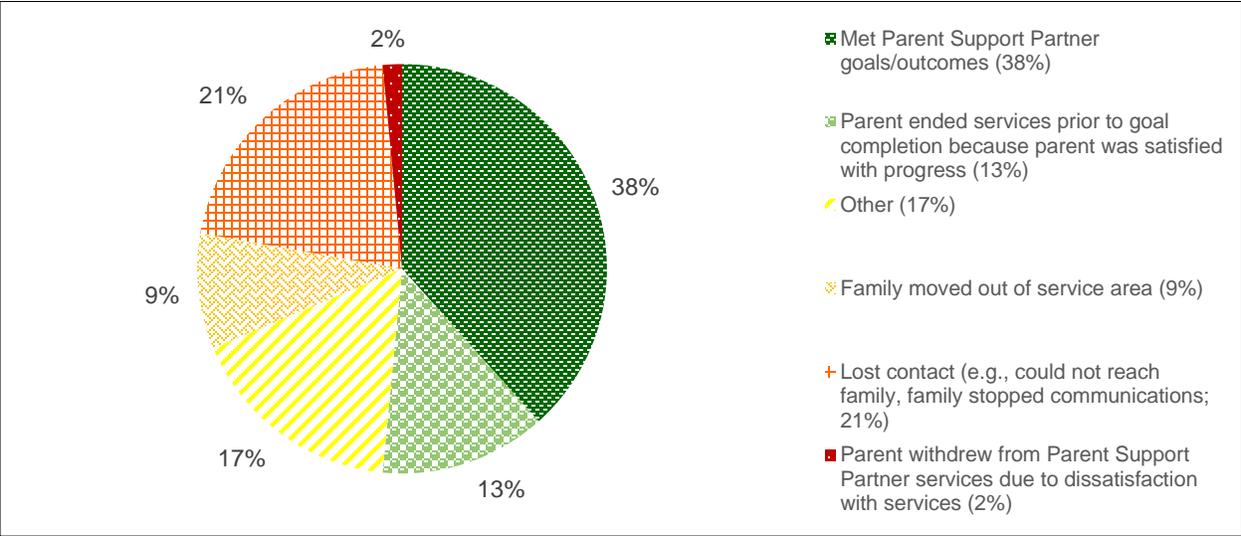


Figure 5. Reasons Primary Caregivers Exited PSP Services

**Outcome Data for Parents/Primary Caregivers**

This section of the report includes comparisons of Pre Survey and Progress/Post Survey data to demonstrate the primary outcomes of PSP services: changes in parents/primary caregivers’ sense of empowerment, self-sufficiency, self-confidence, and feelings of competence. Please note that these analyses only include parents and primary caregivers for whom both Pre and Progress/Post Survey data were available.

Two questions at the end of the Progress/Post Survey serve the purpose of measuring social validity. The two social validity items were added to the Progress/Post Survey on June 28, 2017. Those two items were developed to gauge how helpful a parent/primary caregiver had found services and how likely they were to recommend services; both questions are answered with a 10-point Likert scale, not helpful (1) to very helpful (10), and not likely (1) to very likely (10), respectively. These scores are not factored into the total score. The average scores based on 68 responses can be found below.

How helpful have you found PSP Services? <i>(1 = not helpful; 10 = very helpful)</i>	<b>9.4</b> out of 10
How likely are you to recommend PSP Services? <i>(1 = not likely; 10 = very likely)</i>	<b>9.7</b> out of 10

The average item score (out of 4 possible) of the Pre Survey and Progress/Post Surveys represent the hope, confidence, and empowerment of the parent/primary caregiver as a result of PSP services, across all four areas at the beginning (i.e., Bridging, Collaboration, Developing Direction and Determination, and Empowering), and the five areas of service accounted for at progress and exit (all previously mentioned areas with the addition of Alliance Building). Though “Progress” data are collected, this analysis only includes data from caregivers that have exited services. The Post Survey data for those parents/primary caregivers are called “Exit” data. The maximum score for all items is 4. The average score on the Pre Survey was 3.09 and the

average score on Exit Surveys was 3.65. This analysis did not include cases where the parent/primary caregiver did not complete a questionnaire. The total sample size for this analysis was 84 parents/primary caregivers.

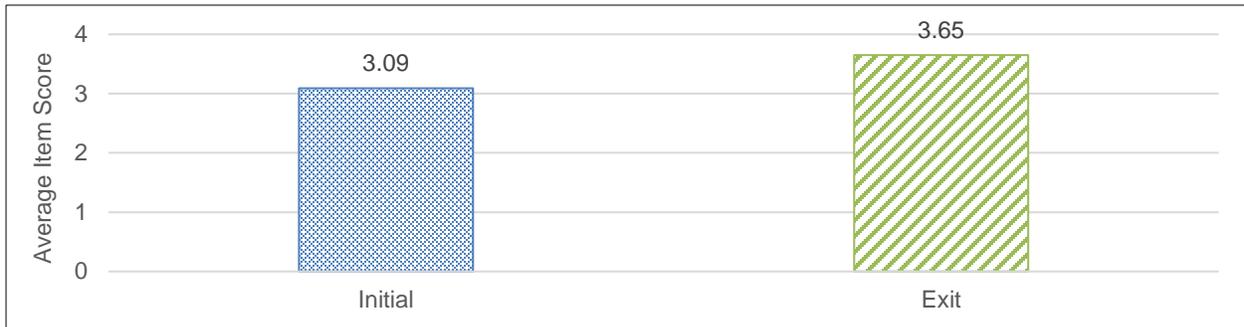


Figure 6. Average Item Score at Initial (Pre Survey) and Exit (Progress/Post Survey)

Across all participating PSP sites, average item scores per outcome area on the Pre Survey ranged from 2.73 to 3.60, out of a maximum score of 4. The average score on Pre Survey items was 3.09 and the average score on Post Survey items was 3.65. On the Post Survey, these scores ranged from 3.29 to 3.95. The sample for this analysis was made up of 84 parents/primary caregivers. At the time of Progress/Post Survey data collection, the same subscales from the Pre Survey (i.e., Bridging, Collaboration, Developing Direction, and Empowering) were measured, with the addition of the subscale of Alliance Building.\* Every area measured by the Outcome Tool improved from initial assessment to exit from services.

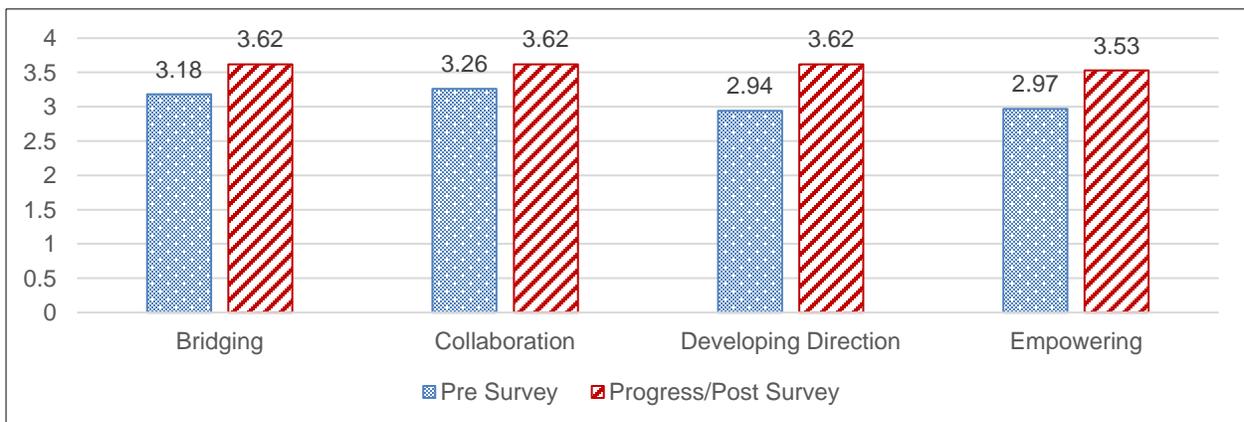


Figure 7. Comparison of Average Item Score Across Time by Subscale.

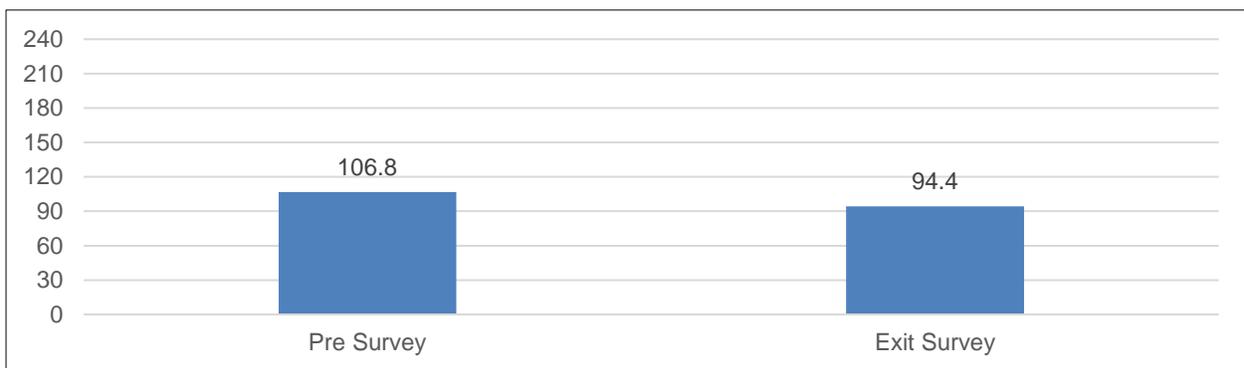
*Note.* The area of Alliance Building was not included on the Pre Survey form because that area relates directly to the relationships that develop between the parent/primary caregiver and their PSP, their service providers, and family or other supporters. Typically, these relationships have not formed within the first few weeks of services. The high average item score on the Alliance Building subscale (3.92 out of 4.00 possible) is strongly indicative that PSP services are meeting their goals in that area.

### Outcome Data for Children

This section of the report includes comparisons of Pre Survey and Progress/Post Survey data to demonstrate the secondary outcomes of PSP services: changes in children’s functioning. It is hoped that changes in parents/primary caregivers’ sense of empowerment, self-sufficiency, self-

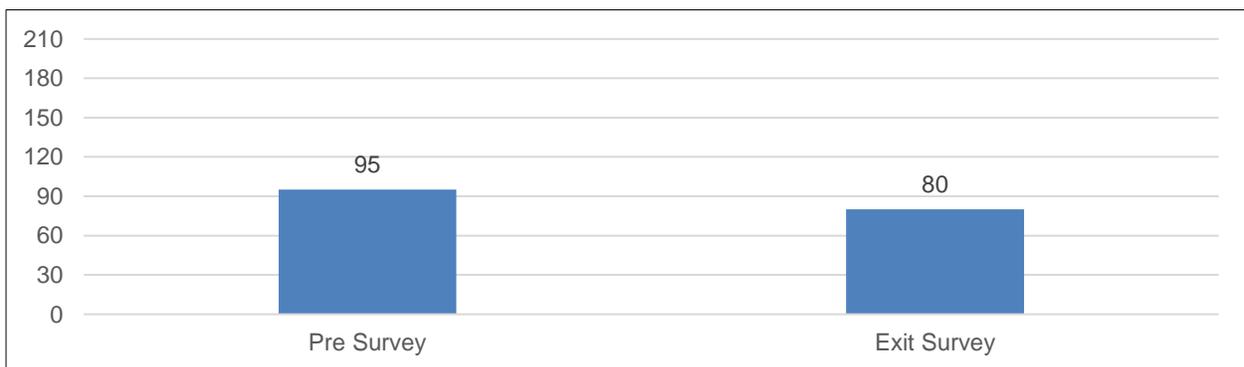
confidence, and feelings of competence will help to inform services and supports for their child. As a result, secondary outcomes involve changes to childrens’ level of functioning. Please note that these analyses only include children for whom both Pre and Progress/Post Survey data were available.

Providers at CMH SPs or their contract agencies responsible for data collection fill out the child’s CAFAS or PECFAS information on the Pre Survey when caregivers begin Parent Support Partner services. The CAFAS measures eight subscales assessing youth and two subscales assessing caregivers. The subscales assessing youth include School/Work, Home, Community, Behavior Toward Others, Moods/Emotions, Self-Harmful Behavior, Substance Use, and Thinking. The subscales assessing caregivers are Material Needs and Family/Social Support. Total CAFAS scores at Initial and Exit were available for 84 youth (see Figure 8). Subscale-specific scores for the CAFAS can be found below (see Table 2).



*Figure 8. CAFAS Scores at Initial and Exit.*  
*Note. N = 84. The highest possible score is 240.*

The PECFAS measures seven subscales assessing youth and two subscales assessing caregivers. The subscales assessing youth are identical to the CAFAS, with the exception of the Substance Use subscale. The subscales assessing caregivers are identical to the CAFAS. Total PECFAS scores at Initial and Exit were available for four children (see Figure 9). Subscale-specific scores for the PECFAS can be found below (see Table 2).



*Figure 9. PECFAS Scores at Initial and Exit.*  
*Note. N = 4. The highest possible score is 210.*

Table 2 CAFAS and PECFAS Subscale Scores				
Subscale Name	CAFAS Avg. Subscale Score		PECFAS Avg. Subscale Score	
	Initial	Exit	Initial	Exit
Child/Youth Impairment in Day to Day Functioning				
School/Work Performance	22	21	20	18
Home Role Performance	24	19	20	15
Community Role Performance	7	7	13	5
Behavior Towards Others	21	19	25	23
Moods/Emotions	20	18	15	15
Self-Harmful Behavior	9	5	3	3
Substance Abuse	2	2	n/a	
Thinking	3	4	0	3
Caregiver Provision for the Child's Needs				
Material Needs	2	3	0	0
Family/Social Support	7	8	3	0

### Summary

The results of this evaluation are based on data collected from 781 parents and primary caregivers participating in PSP services. Parents/primary caregivers participating in PSP services have a child with Serious Emotional Disturbance (SED: 82%), a child with an Intellectual or Developmental Disability (I/DD: 12%), both SED and I/DD (5%) or are infant mental health cases (2%). The average age of the children whose parents/primary caregivers are participating in PSP services is 11 years, 2 months. A majority of the parents/primary caregivers participating in PSP services are biological mothers (69%) and White (71%). The largest majority of parents and primary caregivers met with their PSP between 6 and 15 times (39%), while 27% met with their PSP 5 times or less. The time spent receiving PSP services ranged from 2 months to 15 months. The most common reason for parents and primary caregivers to exit PSP services was because they had met their PSP goals or outcomes (38%) while 21% lost contact or moved out of the service area. Parents and primary caregivers reported that they found PSP services to be very helpful (9.4/10) and were very likely (9.7/10) to recommend PSP services. From initial to exit, the average score for 85 parents and primary caregivers (whom completed both sets of forms) increased from 3.09 to 3.65. When broken down by outcome area (Bridging, Collaboration, Developing Direction, and Empowering), increases were found across all four outcome areas measured by both the Pre and Post Survey. The high average item score on the Alliance Building subscale (3.92 out of 4.00 possible) indicates that PSP services are meeting their goals “to build strong connections and relationships based on mutual respect and strategic self-disclosure.” For the children of these parents and primary caregivers, CAFAS (106.8 to 94.4: -12.4 points) and PECFAS (95 to 80: -15 points) scores decreased (i.e., improved) substantially from initial to exit.

## References

- Hodges, K. (1990). Child and adolescent functional assessment scale (CAFAS).
- January, S. A. A., Hurley, K. D., Stevens, A. L., Kutash, K., Duchnowski, A. J., & Pereda, N. (2016). Evaluation of a community-based peer-to-peer support program for parents of at-risk youth with emotional and behavioral difficulties. *Journal of Child and Family Studies, 25*(3), 836-844.
- Kutash, K., Duchnowski, A. J., Green, A. L., & Ferron, J. (2013). Effectiveness of the Parent Connectors program: Results from a randomized controlled trial. *School Mental Health, 5*(4), 192-208.
- LeBuffe, P. A., & Naglieri, J. A. (1999). The Devereux Early Childhood Assessment (DECA).