

Family Empowerment and Youth Well-Being in Ohio



The Ohio State University
Center for Family Research

&

The Ohio Department of Mental Health

In Brief

- Overview of the FA\$T evaluation model
- Data collection effort
- Enrollment figures and characteristics
- Analyses regarding program activities
- Analyses regarding the outcomes indicators

Overview of the FA\$T Evaluation Model



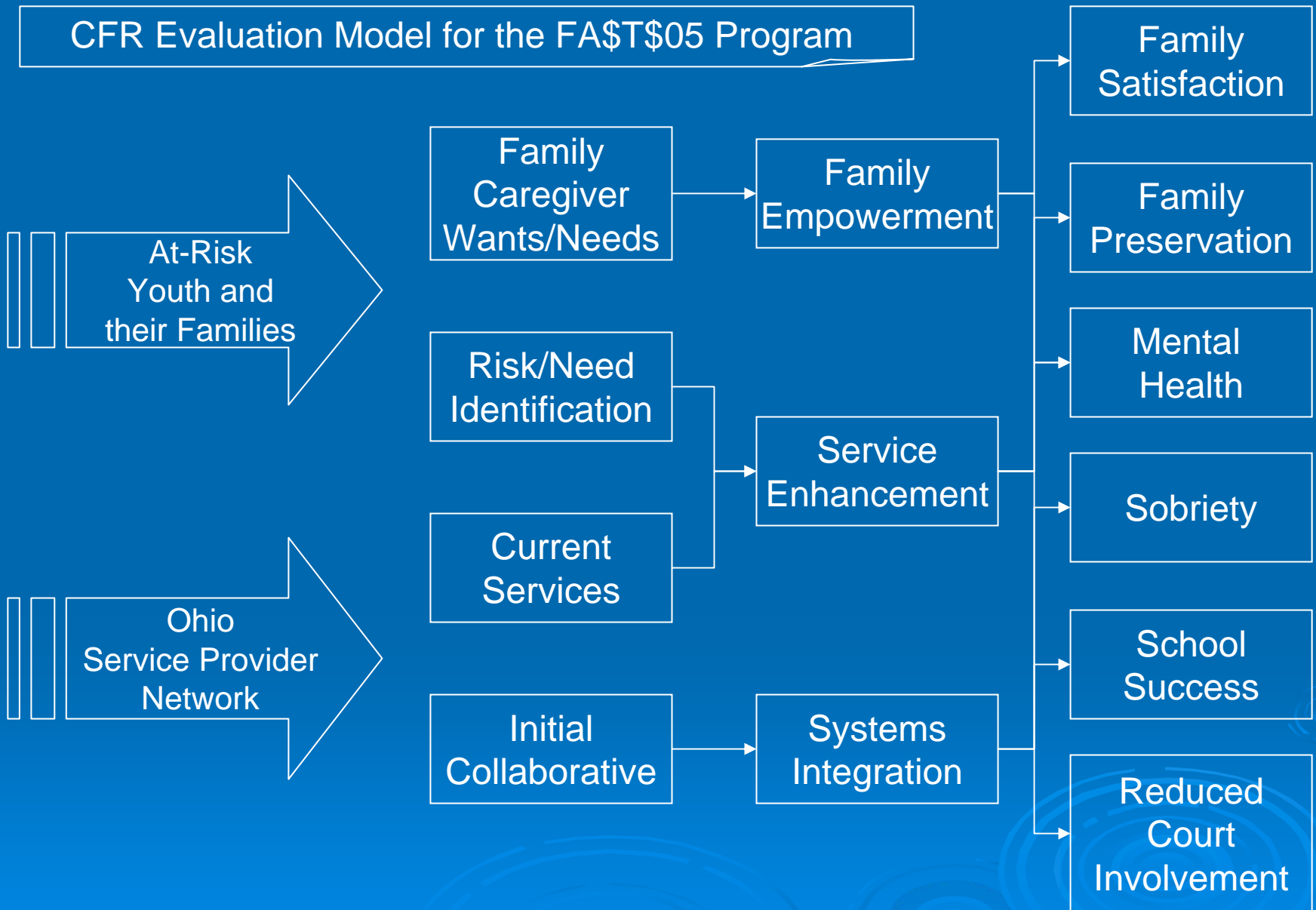
An OSU-ODMH collaboration effort



An Overview

- This evaluation effort focused on three program activities:
 - **service enhancement**
 - **family empowerment**
 - **systems collaboration**
- as well as outcome variables associated with child well-being indicators

CFR Evaluation Model for the FA\$T\$05 Program



The Program Activities

- **Service enhancement**
 - enabled through more flexible use of program funds
- **Family empowerment**
 - accomplished through the provision of family advocates to families in the treatment planning process
- **Systems collaboration**
 - accomplished through the requirement that agencies needed to work together around service decisions for families

Data collection effort

What were the primary methods used in the FA\$T evaluation?



Quantitative and Qualitative Data Collection Effort

- Quantitative information was obtained through three primary data sources:
 - the OSU enrollment forms and scales
 - the MACSIS claims database
 - the Ohio Outcomes database

Quantitative and Qualitative Data Collection Effort

- Qualitative information was obtained in focus groups that were conducted throughout the state of Ohio with:
 - service providers/program administrators
 - parent advocates
 - family caregivers

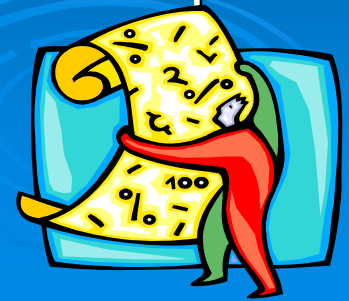
Enrollment figures and characteristics

Who was served?



Enrollment Data and County Participation: Was FA\$T used to enhance services?

- As of April 21, 2007 there were **4,673 youth** that had received FA\$T-funded services over the three years of this program's existence.
- This includes a total of **768 new enrollments** during the 2007 fiscal year, adding to the 2,082 youth that were enrolled in the 2005 fiscal year and 1,823 youth that were enrolled in 2006 fiscal year.
- A total of 859 youth originally enrolled during the 2005 fiscal year and 1,168 youth originally enrolled in 2006 fiscal year continued to receive services at some point during fiscal 2007.



County Size and Enrollment

- Ohio's 8 largest counties (with populations greater than 300,000) comprise approximately 50% of Ohio's population, yet account for only 26% of all FA\$T enrollments.
- The 19 mid-range counties (populations between 100,000 to 300,000) account for 25% of Ohio's population and 22% of all FA\$T enrollments.
- The 61 small counties (populations under 100,000) comprise 25% of Ohio's population as well, yet account for 52% of all FA\$T enrollments.

County Size and Enrollment

- Hence, the smallest Ohio counties are taking maximum advantage of FA\$T funding for the behavioral health care needs of their youth through enrollment rates that are significantly higher than the large and mid-range counties ($\chi^2 = 48.8, p < .001$)



Youth characteristics

- The typical youth enrolled in FA\$T was a 12 year-old Caucasian male with mental health-related needs
 - 65% male and 35% female
 - Ethnicity:
 - Caucasian (80%)
 - African American (15%)
 - Other (5%)
 - The average age: 12.2 years



Service Enhancement

Were the youth served by FA\$T
really “at risk?”

If so, what was done for them?



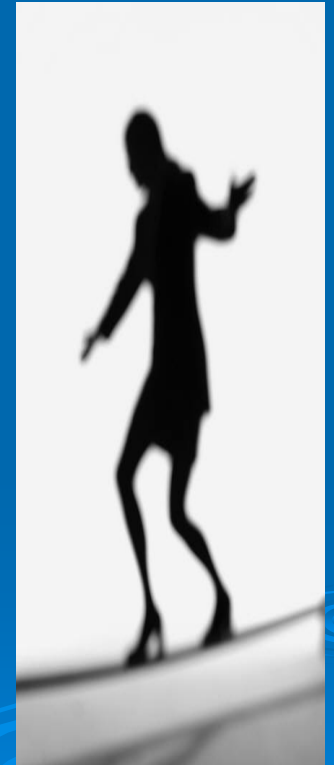
Risk of placement concerns

The “Top 3” issues related to placement risk (often involving multiple issues for each youth served) included:

- abuse/dependency/neglect concerns (42%)
- the need for in-patient mental health treatment (35%)
- involvement in criminal activity (31%)

Was Service Enhancement Really Necessary?

- A total of 68% of all youth served with FA\$T funding had identified issues that placed them at risk of out-of-home placement.



Threats to Family Stability

- Quantitative data regarding **threats to family stability** also were telling in terms of the **pile-up of stressors**
- The “Top 3” issues (with the possibility that multiple issues could be faced) reported by families enrolled in the FA\$T Program included reports that:
 - 56% of the families had experienced a major change in family routine or schedule during the previous year
 - 43% of the youth had changed schools during the previous year
 - 40% of the parents had lost their job or a significant amount of their income during the previous year

Family Stability and Stress Pile-Up

- Two of the Top 3 stressors were significantly more likely to occur in the presence of risk of out-of-home-placement.
- When there were identified issues that placed children **at risk of placement**, family members were significantly more likely to report having faced a major change in family routine or schedule during the previous year ($\chi^2 = 15.24$ $p < .001$) and a change of schools during the previous year ($\chi^2 = 11.45$, $p < .01$)
- The remaining stressor (a parent having lost their job or a significant amount of their income during the previous year) displayed marginally significant ($\chi^2 = 3.75$, $p = .053$) differences.

Were Services Enhanced?

- The **service provider/program administrator** focus groups indicated that **FA\$T enhanced services** by providing help for families that otherwise may not have been possible with existing lines of funding support.
- Respite was the most frequent type of service discussed in the focus groups.
- Other service enhancements for families included: outdoor education, mentoring, parent education, camps, Y memberships, and instructional activities such as karate and gymnastics.

Were Services Enhanced?

- The **parent advocate** focus groups revealed that **FA\$T enhanced services** through a variety of family-supportive services in an atmosphere characterized as caring and empathetic.
- Some of the service enhancements discussed in the focus groups included biofeedback, respite care, summer camps, Y family memberships, family/child mentors, art therapy and school assistance.

Were Services Enhanced?

- The **family caregiver** focus groups indicated that **FAST\$06 enhanced services** to benefit families by building relationships formed through the services for family preservation, success, and resiliency.
- Some of the services that were mentioned involved youth programming, respite care, mentoring, and purchasing material goods.

Family Empowerment

What do caregivers
want and need?



Was Family Empowerment Really Necessary?

The “Top 3” caregiver wants and needs being met at time of enrollment in FA\$T:

- 75% of adult caregivers experienced high levels of access to people who seemed to “**understand their point of view**” in dealing with problems and concerns arising from services or treatment
- 74% of adult caregivers experienced high levels of access to people who gave “**tips**” **about getting children the help they need**
- 73% of adult caregivers experienced high levels of **access to services** that directly assisted them in helping their children

County Size and Family Empowerment

- **County size mattered with regard to family empowerment.**
- Families residing in mid-range counties reported significantly higher levels of family empowerment than the state average, and families residing in small counties reported significantly lower levels of family empowerment than the state average, $F(2,3306) = 6.50, p < .01$

Did FA\$T Empower Families?

- The **service provider/program administrator** focus groups indicated that **FA\$T empowered families** through parent advocacy, options for using FA\$T funds, and through an environment of family involvement in the decision-making process.
- Also, these groups reported that FA\$T nurtured **support and respect** for service provider and program administrators through positive intra- and inter-agency communications by valuing decision-making skills and abilities.
- Finally, also noted was the belief that when the stakeholders of the program are empowered, then family empowerment will follow.

Did FA\$T Empower Families?

- The **parent advocate** focus groups denoted that FA\$T **empowered families** by giving them a “voice and choice,” resulting in parent confidence and a better understanding of their parental rights and options.
- Also, these groups reported that FA\$T helped parent advocates perceive **respect and support** in their advocacy roles for families when they were valued by their supervisors and peers for their abilities and skills for serving FA\$T families.

Did FA\$T Empower Families?

- The **family caregiver** focus groups revealed that **FA\$T empowered families** through advocacy efforts by listening, encouraging family decision-making, being available, conferring ultimate decision making to families, and promoting effective family services.
- Also, these groups reported that FA\$T instilled **respect and support** via family empowerment strategies such as valuing opinions, listening, and encouraging families to help themselves.

Did FA\$T Empower Families?

- Evidence for empowering families as expressed by a family caregiver:

“my parent advocate has been comforting me concerning my special needs granddaughter. She has been a great support and with the problems I have been dealing with. My parent advocate helped my voice be heard. I have found a great friend and advocate.”

Systems Collaboration

Working together within Ohio's
behavioral health care system



Did Systems Collaborate?

- The **service provider/program administrator** focus groups indicated that FA\$T influenced **systems collaboration** in large part because of how FA\$T funding is structured.
- Individuals, teams, and agencies partnered with each other to effectively serve families in their communities. Collaborations included faith-based groups, state agencies, and Family and Children First Councils.

Did Systems Collaborate?

- The **parent advocate** focus groups revealed that FA\$T strengthened **systems collaboration** as different organizations worked through the structure of FA\$T toward ultimately benefiting families.

Did Systems Collaborate?

- As one parent advocate reported,

“I think FA\$T requires them (agencies/ organizations) to work together because families have-to-have the cluster, and that pulls the agencies together and having to learn to work together.”

Did Systems Collaborate?

- The **family caregiver** focus groups indicated that FA\$T fostered **systems collaboration** to benefit them and their families when systems, agencies, and organizations created a collaborative environment for positive family outcomes.



Outcomes indicators

The Ohio Scales data and beyond



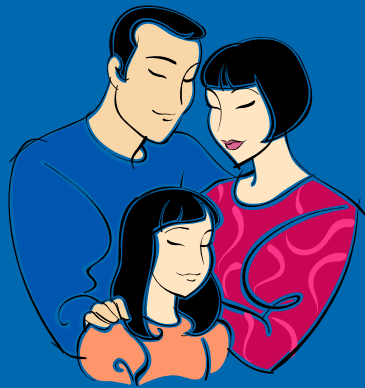
OUTCOMES REPORT

- The first outcomes report – issued in December 2005 – focused on data related to terminations
- Main focal points:
 - The assessment of youth well-being indicators at time of enrollment and termination.
 - The measurement of family empowerment and its impact on family satisfaction with services

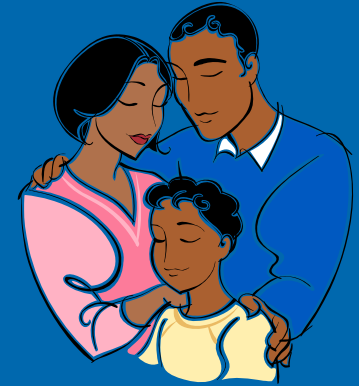
Youth Reports

- Youth reported a **significant decrease in problem severity levels** ($t = 3.02$, $p < .01$) from time of enrollment to time of termination





Parent Reports



- Parents reported:
 - a significant increase in hopefulness ($\underline{t} = 4.43, \underline{p} < .001$)
 - a significant increase in functioning levels ($\underline{t} = 3.24, \underline{p} < .001$)
 - a significant increase in satisfaction with services ($\underline{t} = 2.77, \underline{p} < .01$)
 - a significant decrease in problem severity levels ($\underline{t} = 3.62, \underline{p} < .001$) from time of enrollment to time of termination

Worker Reports

- Workers reported:
 - a significant increase in functioning levels ($\underline{t} = 4.08, \underline{p} < .001$)
 - a significant decrease in problem severity levels ($\underline{t} = 5.01, \underline{p} < .001$) from time of enrollment to time of termination.



Family Empowerment

Were family needs met?



Data on Family Empowerment

- A total of 210 adult family caregivers completed Family Caregiver Wants and Needs Scale (FCWNS) forms at time of enrollment and termination.
- Evidence indicated that participation in the FA\$T program **significantly increased family empowerment** ($t = 3.83$, $p < .001$).



More on Family Empowerment

- In addition, data from 102 families indicated that **family empowerment gains were significantly associated with increased family satisfaction with services** ($r = .33, p < .01$) as measured by the Ohio Scales at the time of termination from FA\$T.



Focus Group Data on Outcomes

- The *service provider/program administrator* focus groups determined that FA\$T brought about **successful outcomes** for children and families in terms of:
 - service enhancement
 - family preservation
 - parent advocacy support

Focus Group Data on Outcomes

- The *parent advocate* focus groups indicated that FA\$T resulted in ***successful outcomes*** as advocates were able to:
 - initiate needed services
 - advance family preservation

Focus Group Data on Outcomes

- The *family caregiver* focus groups revealed that FA\$T resulted in **successful outcomes** as expressed by family caregivers regarding:
 - maintaining or getting custody of their children
 - positive parent advocacy
 - receipt of beneficial services

Focus Group Data on Outcomes

- In the words of one family caregiver:

“FA\$T services have been a blessing that has saved our family structure and for our family to stay in Ohio. What will happen if FA\$T ends (for my family)? Very concerned..... My family will only survive with FA\$T program providers and services, very helpful! They listen to suggestions, working as a team with teachers; they really value opinions from service providers.”

Improving FA\$T

- Data was also collected from focus groups for improving FA\$T.
- Strategies for improvement were suggested around these issues:
 - Increase parent advocacy
 - Improve communication
 - Streamline reporting and data collection procedures
 - Increase funding to provide quality FA\$T programming
 - Examine training and education for parent advocates
 - Explore web-based data entry technology
 - Develop process for early referrals for FA\$T families

The Evaluation “Bottom Line”

- Taken together, these results indicate that participation in the FA\$T program coincided with **solid gains in family and youth well-being indicators.**



The End (for now!)

