The Clark County System of Care Outcome Evaluation ~Summative Report~

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National Outcome Evaluation

Who?

- Describes the families that are receiving services

→

What?

- Describes the services they're receiving.

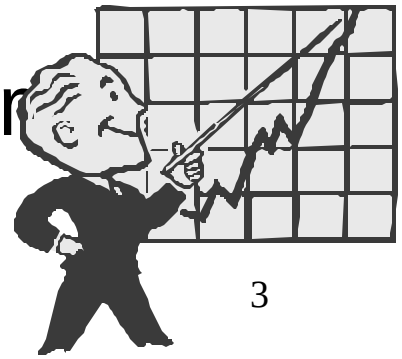
→

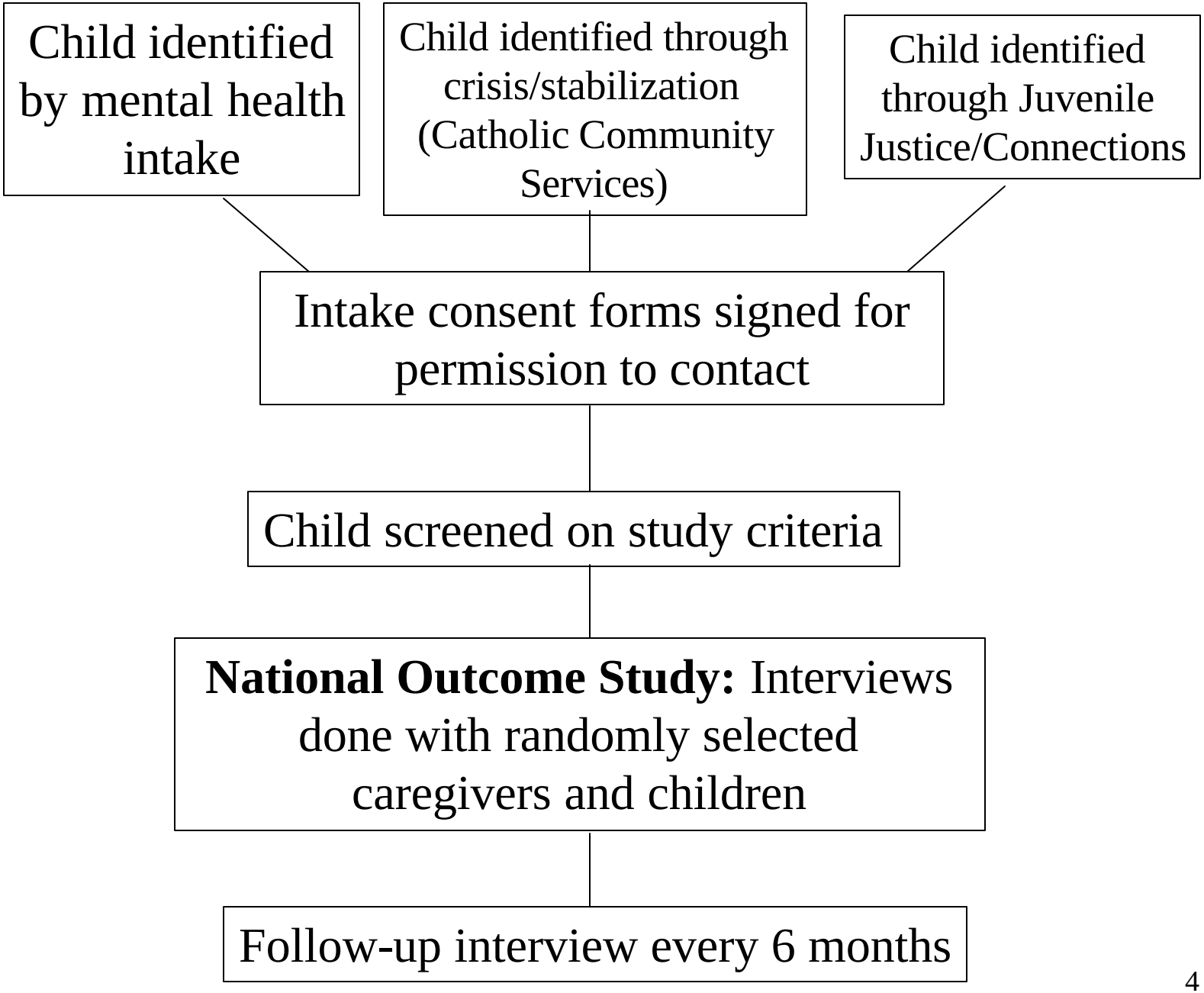
What happened?

- Describes the outcomes for children and families

National Outcome Evaluation

- Since 1993, 92 sites have been funded
  - 61 are currently funded, 14 are graduating this year (including Clark County)
  - 31 sites have already graduated
- Approximately 100 families per year from Clark County
- Six-year evaluation, following fam for up to 3 years




Child identified by mental health intake
Child identified through crisis/stabilization (Catholic Community Services)
Child identified through Juvenile Justice/Connections
Intake consent forms signed for permission to contact
Child screened on study criteria
National Outcome Study: Interviews done with randomly selected caregivers and children
Follow-up interview every 6 months

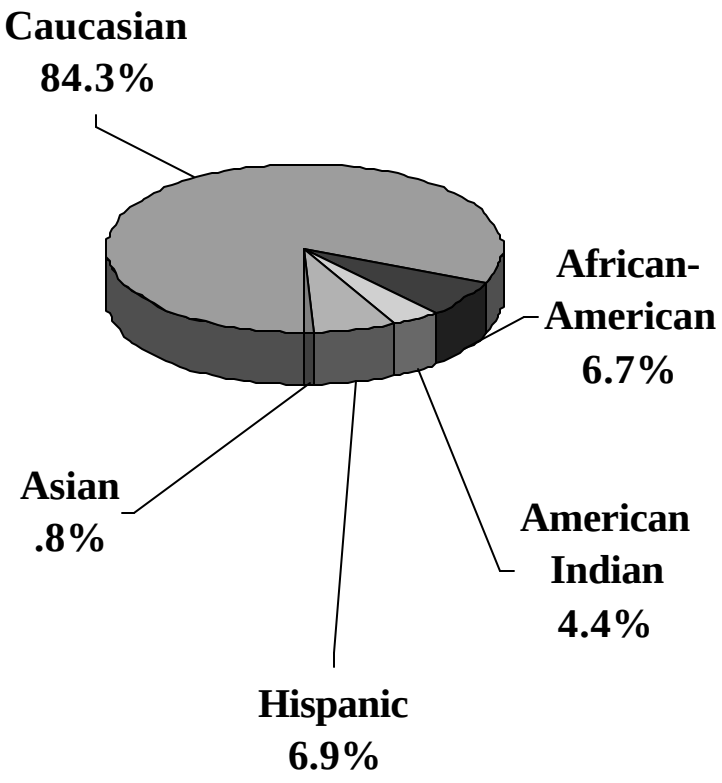
Criteria for Evaluation

- Youth has a DSM-IV diagnosis
- Multi-system involvement
- Requires services for at least one year
- GAF/CGAS score under 50
- Youth is between 5 and 18 years of age at intake

Number of families interviewed

DIQ-only	792
Baseline	337
6 months	265
12 months	218
18 months	193
24 months	150
30 months	95
36 months	68

# Demographic Profile
# Youth
N=796



- Male: 61.8%
- Average age: 11.9
- Average number of children per household: 2.4
- Previously taken medication for mental health: 42.5%

Demographic Profile
Youth Primary Diagnosis at Intake

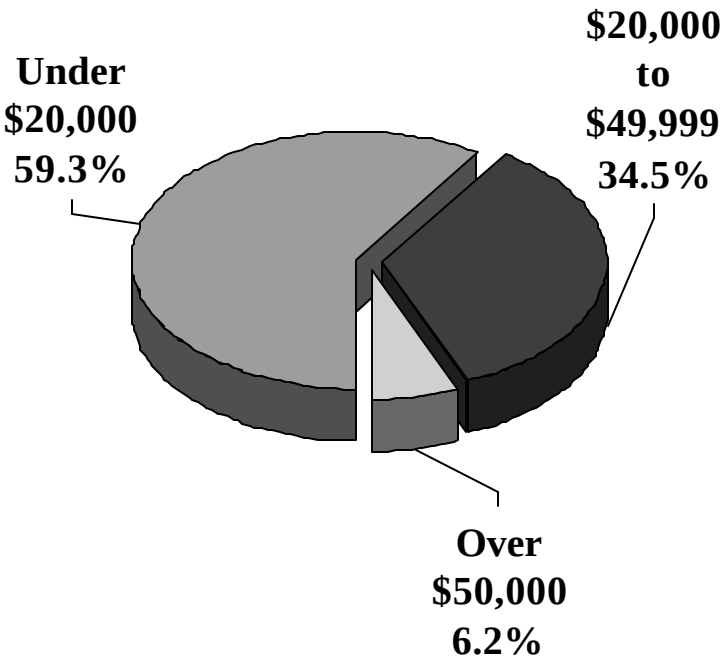
N=781

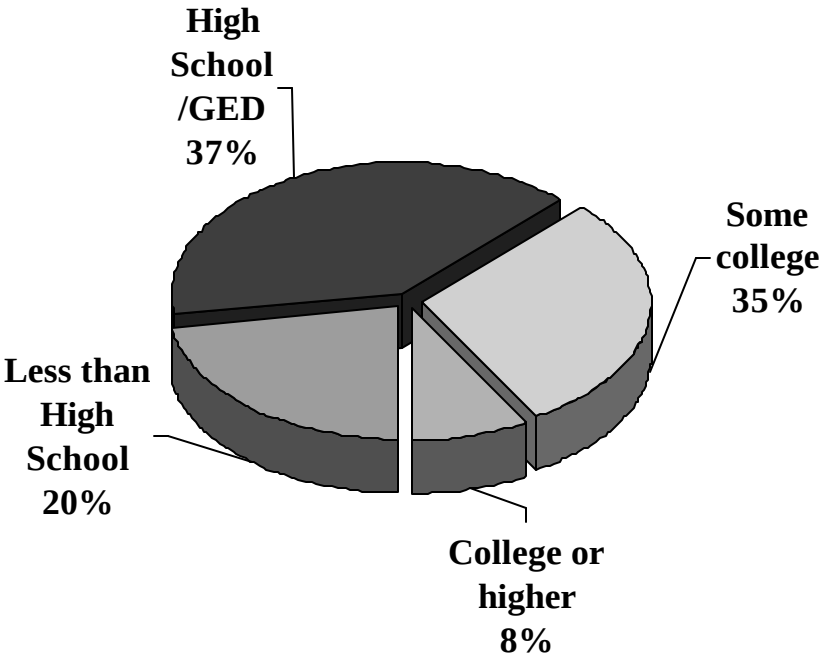
- Primary diagnosis:
  - 23.8%--Oppositional Defiant Disorder/Conduct Disorder
  - 23.7%--Depressive Disorder
  - 17.5%--ADD/ADHD
  - 14.9%--Anxiety Disorder
  - 2.8%--Bipolar Disorder
  - 2.2%--Adjustment Disorder NOS or mixed
  - 1.9%--Other disorder
  - 1.8%--Developmental Disorder
  - 1.3%--Substance Use Disorder
  - .1%--Thought Disorder

- GAF/Axis V or GAS average: 45

Demographic Profile
Caregiver

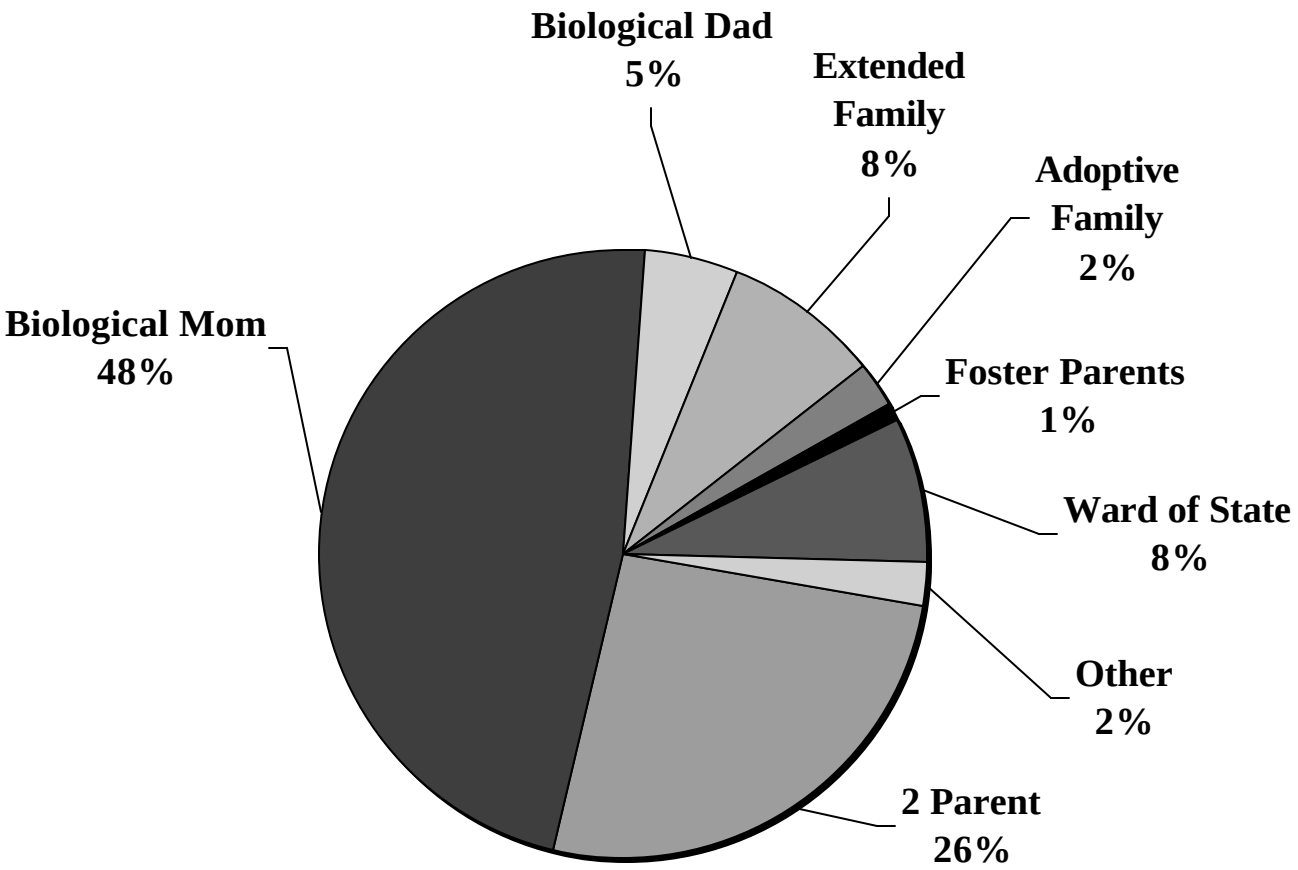
N=796





- Average age: 38.7
- Average number of people in household: 4.1
- Mean income: $21,520

# Demographic Profile
# Custody
N=796



Main findings

- Youth's functioning at home, at school, and in the community significantly improved over time after intake

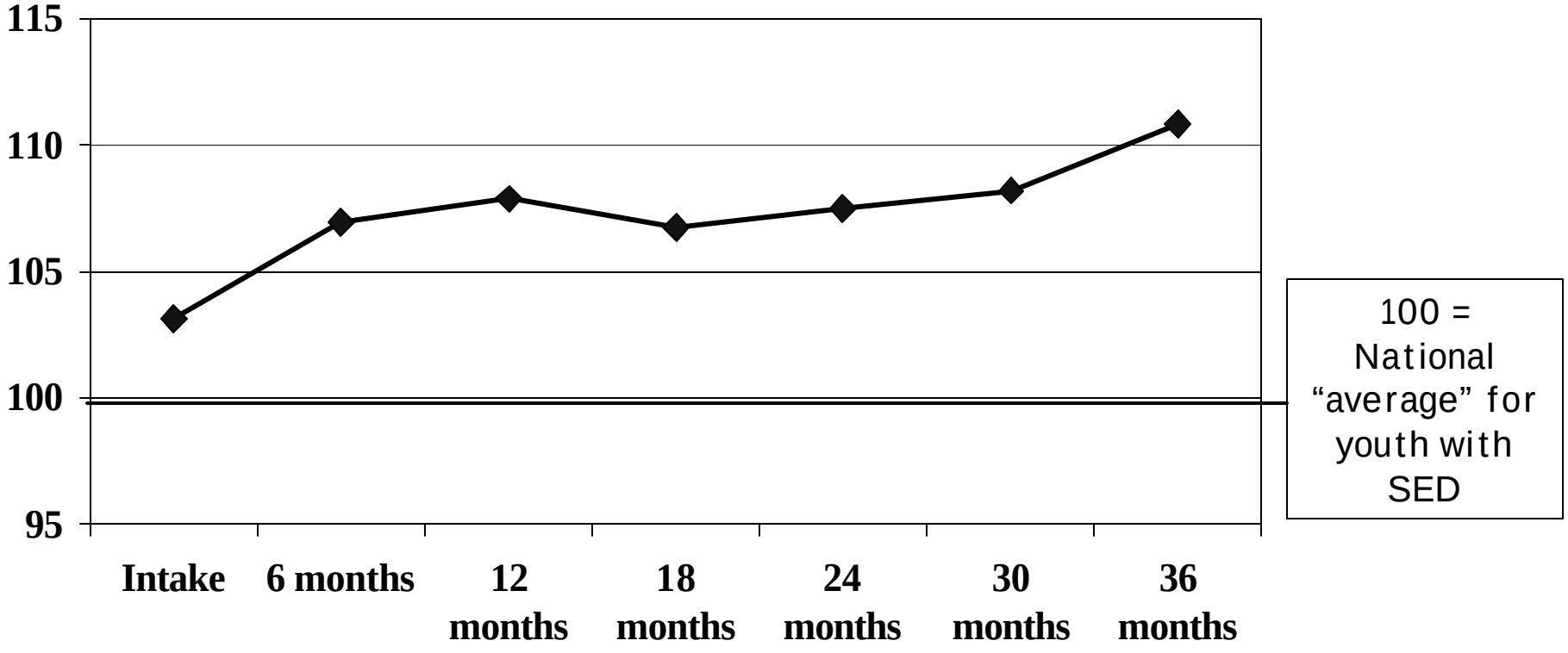
Child Functioning

- ***Youth's functioning improved over time***
  - Average child functioning significantly improved over time on all four standardized measures of functioning, including the BERS, CBCL, CAFAS, and YSR

Child Functioning (BERS Total Strengths) Intake – 36 months

N=43

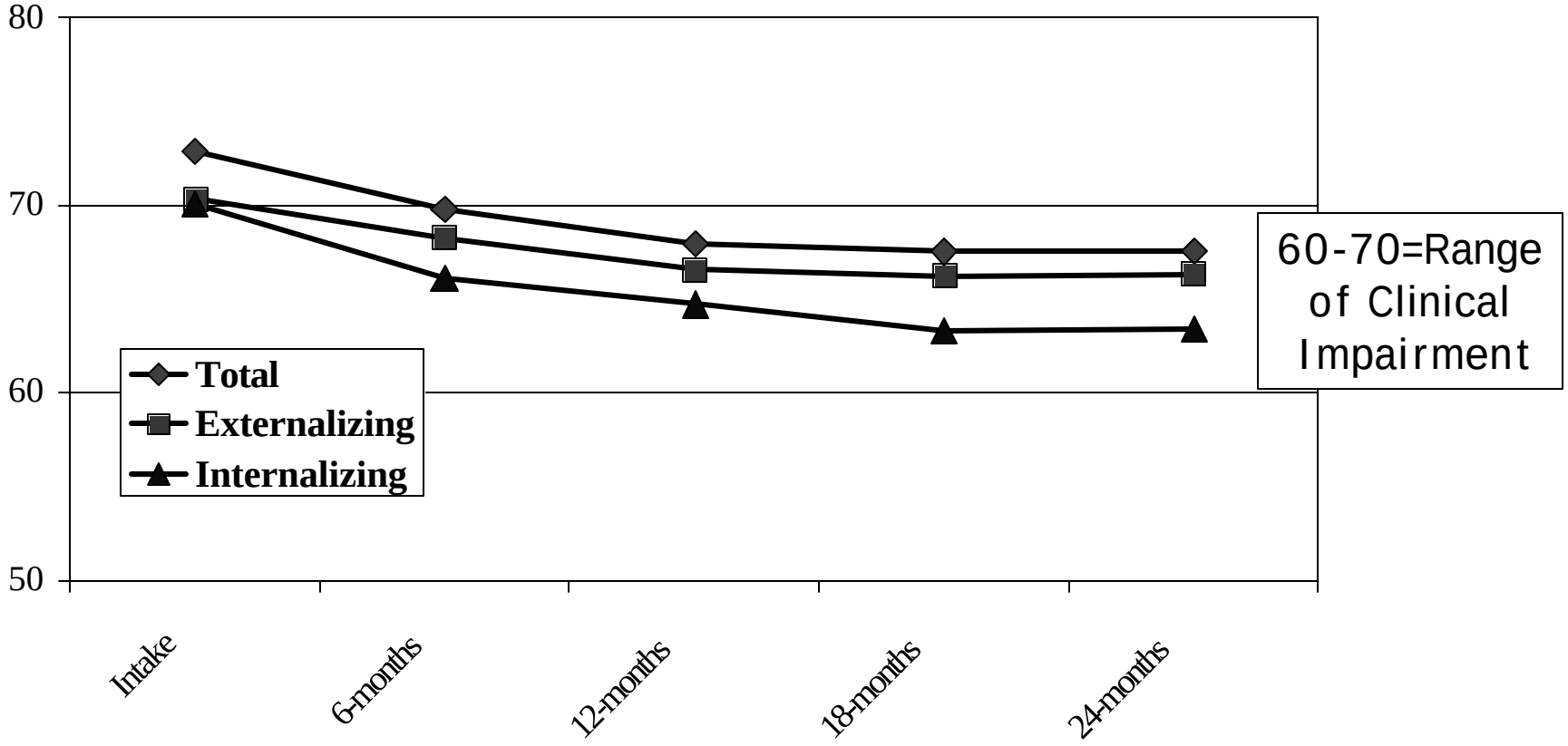
Higher scores mean more strengths



Child Functioning (CBCL problems) Intake-24 months

N=90

Higher scores mean more problems



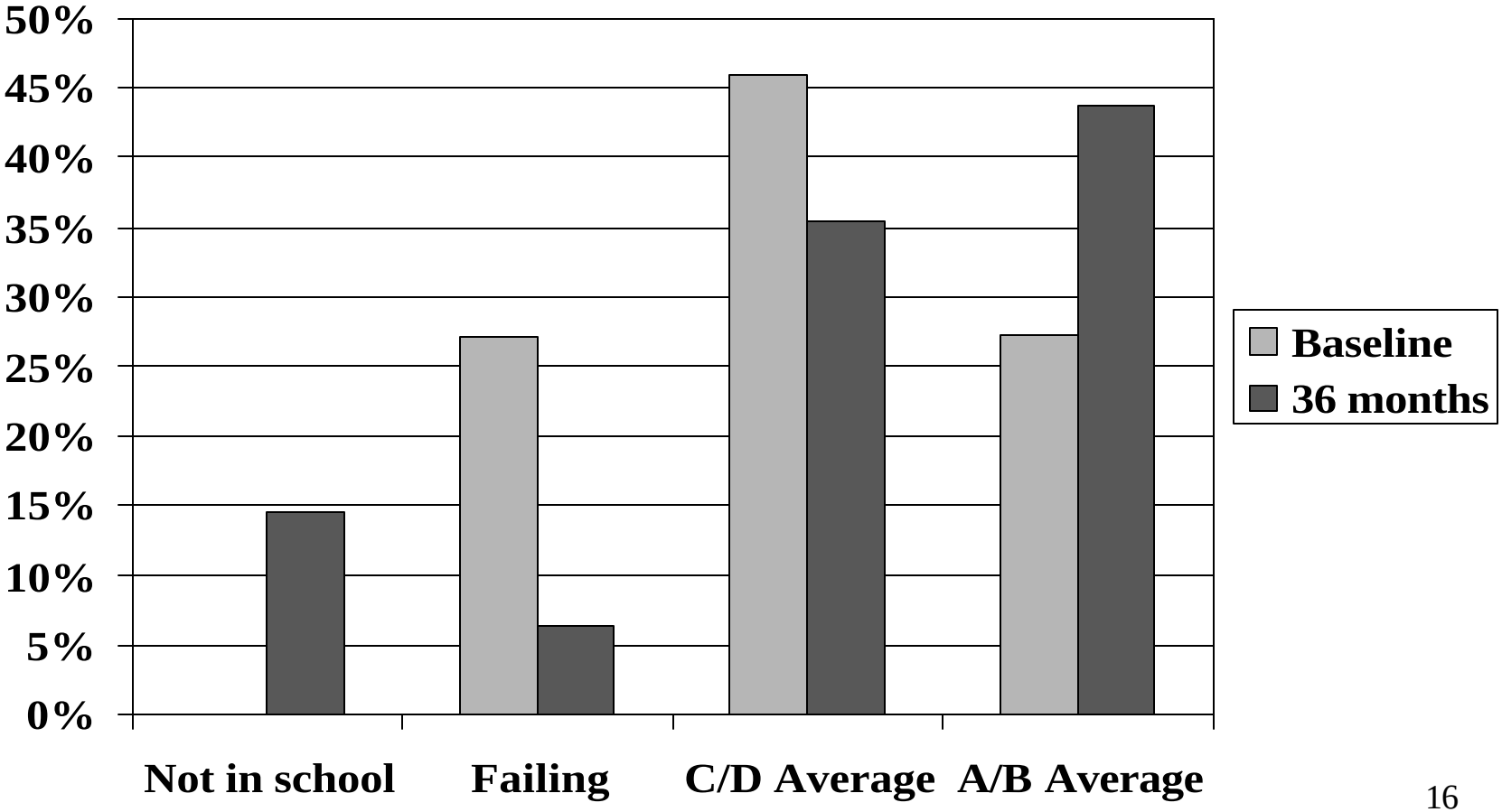
Education

- ***On average, youth demonstrated improvement in educational outcomes***
  - ***Grades significantly improved***
  - ***Disciplinary actions significantly decreased***

Education/Grades - % from baseline to 36 months

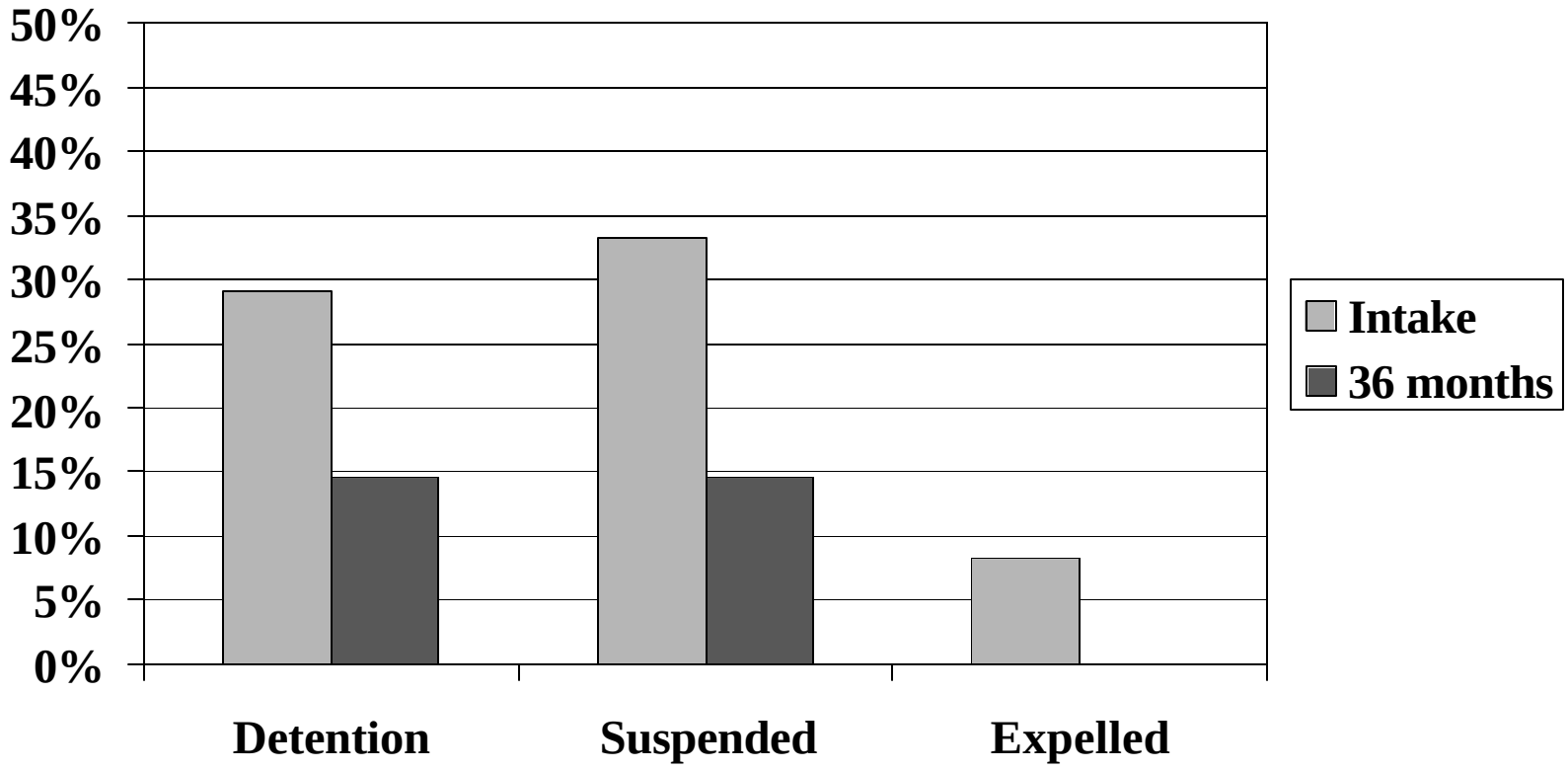
N=48

Caregiver Report



School disciplinary actions
Intake-36 months

N=48

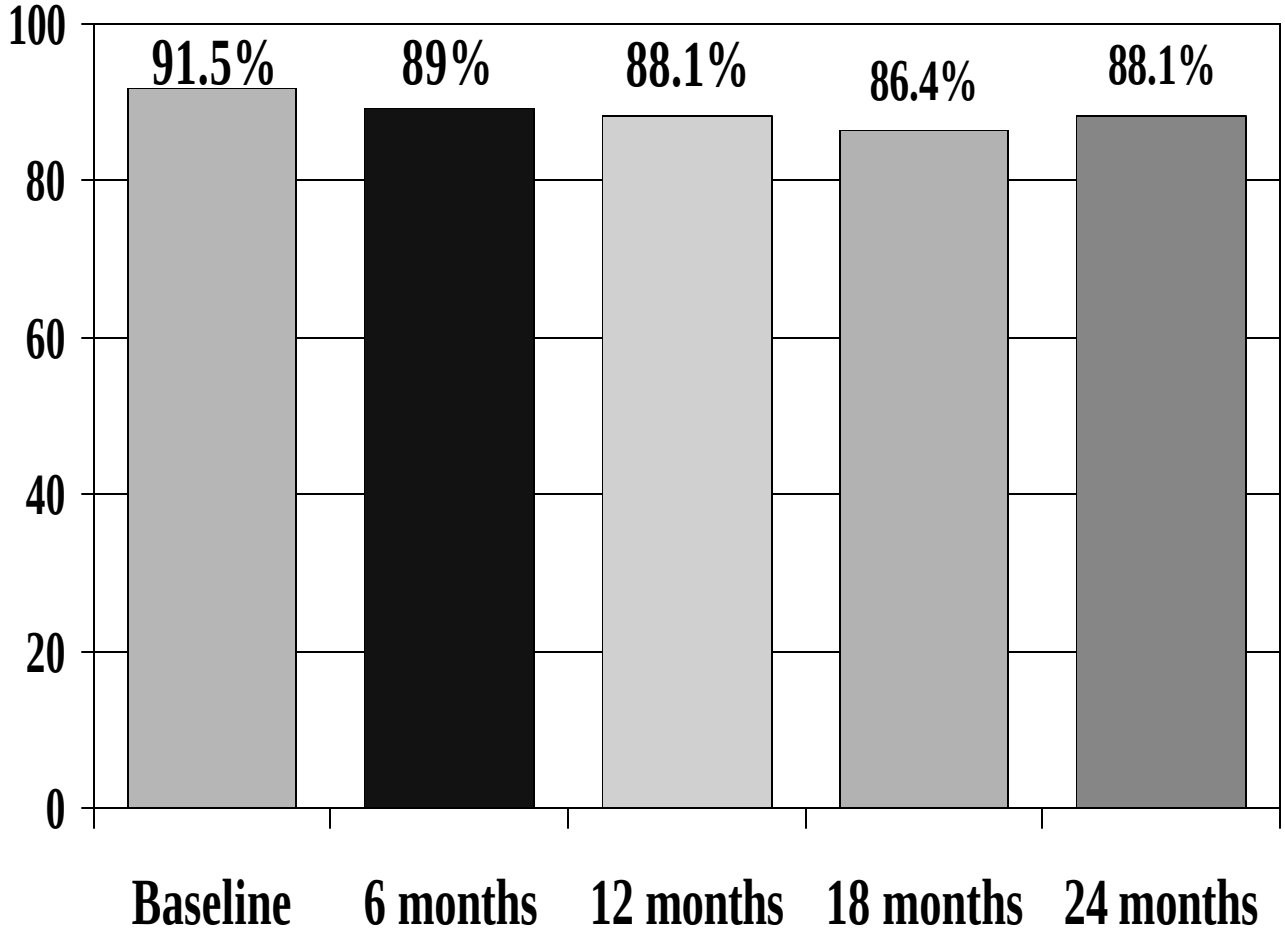


Housing/Living environments

- Increasing the stability and decreasing the restrictiveness of living situations is one goal of the system of care.
- ***The percentage of youth living in a normative environment remains high over time***
- ***The number of different living situations during the 6 months prior to the interview slightly decreased after intake***

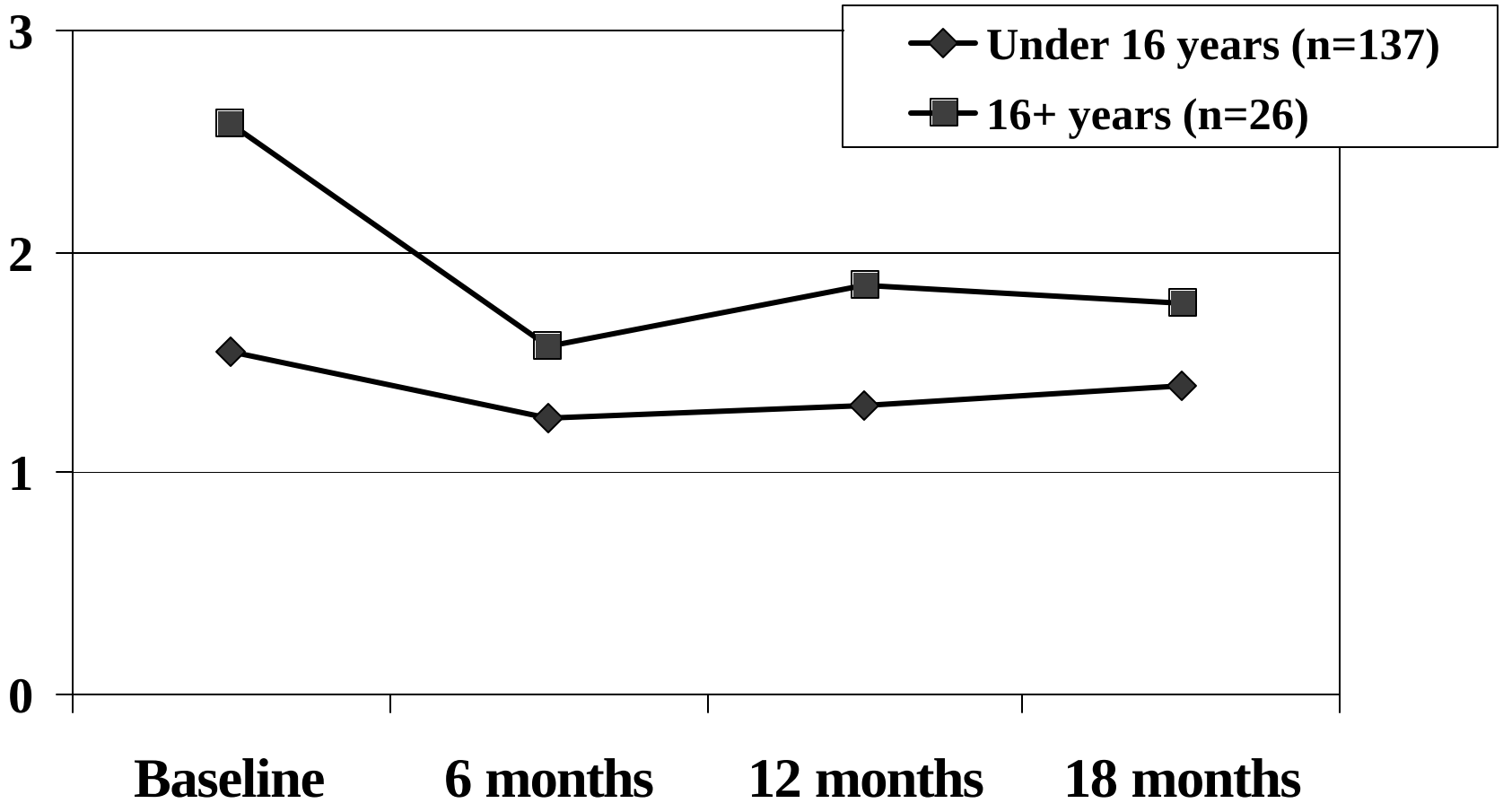
Percentage of youth living at home Intake-24 months

N=118



- This includes all youth living with at least one parent, an adoptive home, living independently, or living in the home of a relative at any time in the 6 months previous

Average number of living situations Intake-18 months

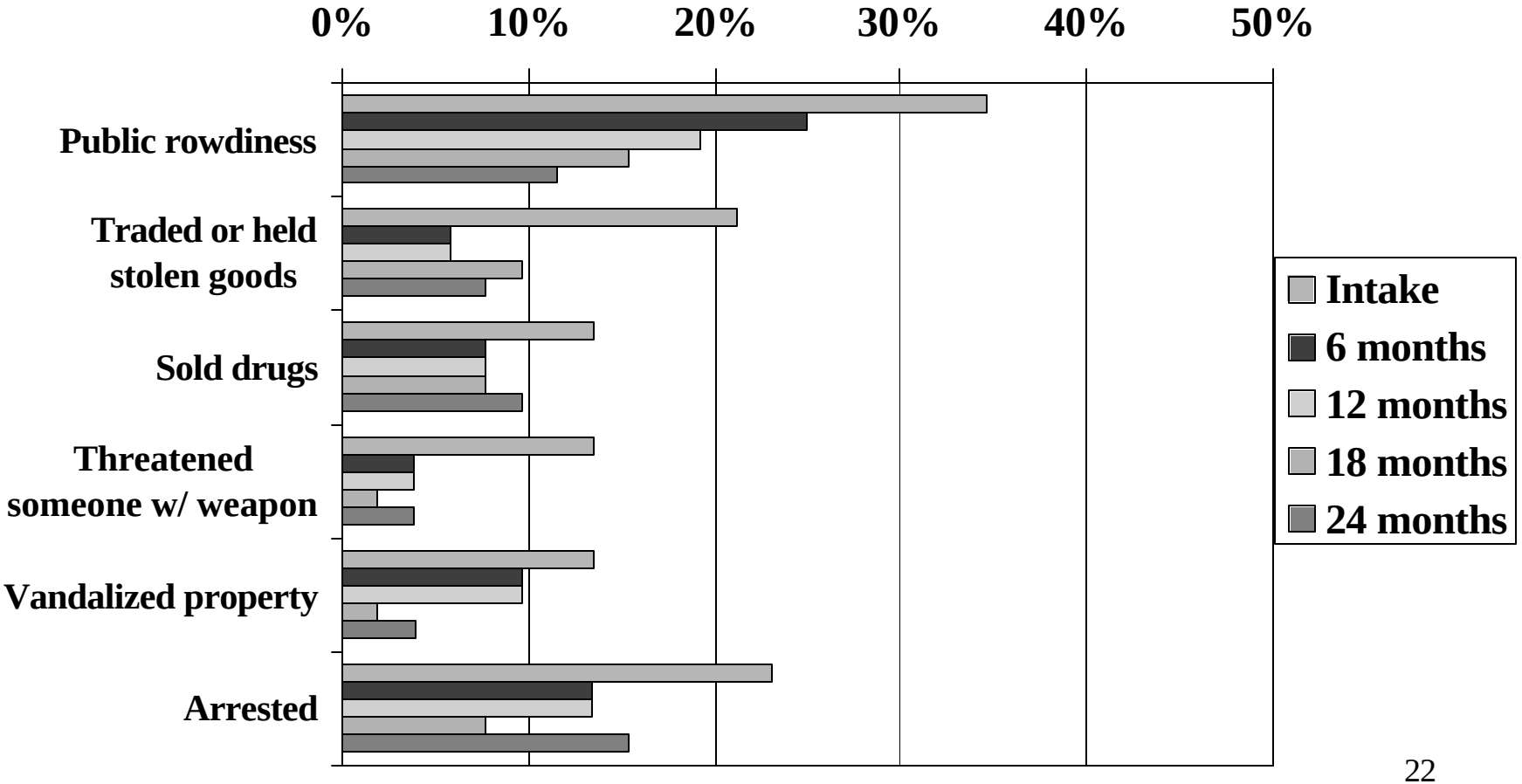


Delinquent Behaviors

- ***The percentage of youth that report engaging in the most common delinquent behaviors decreased over time***

Most common delinquent behaviors Intake-24 months

Youth report
n=52

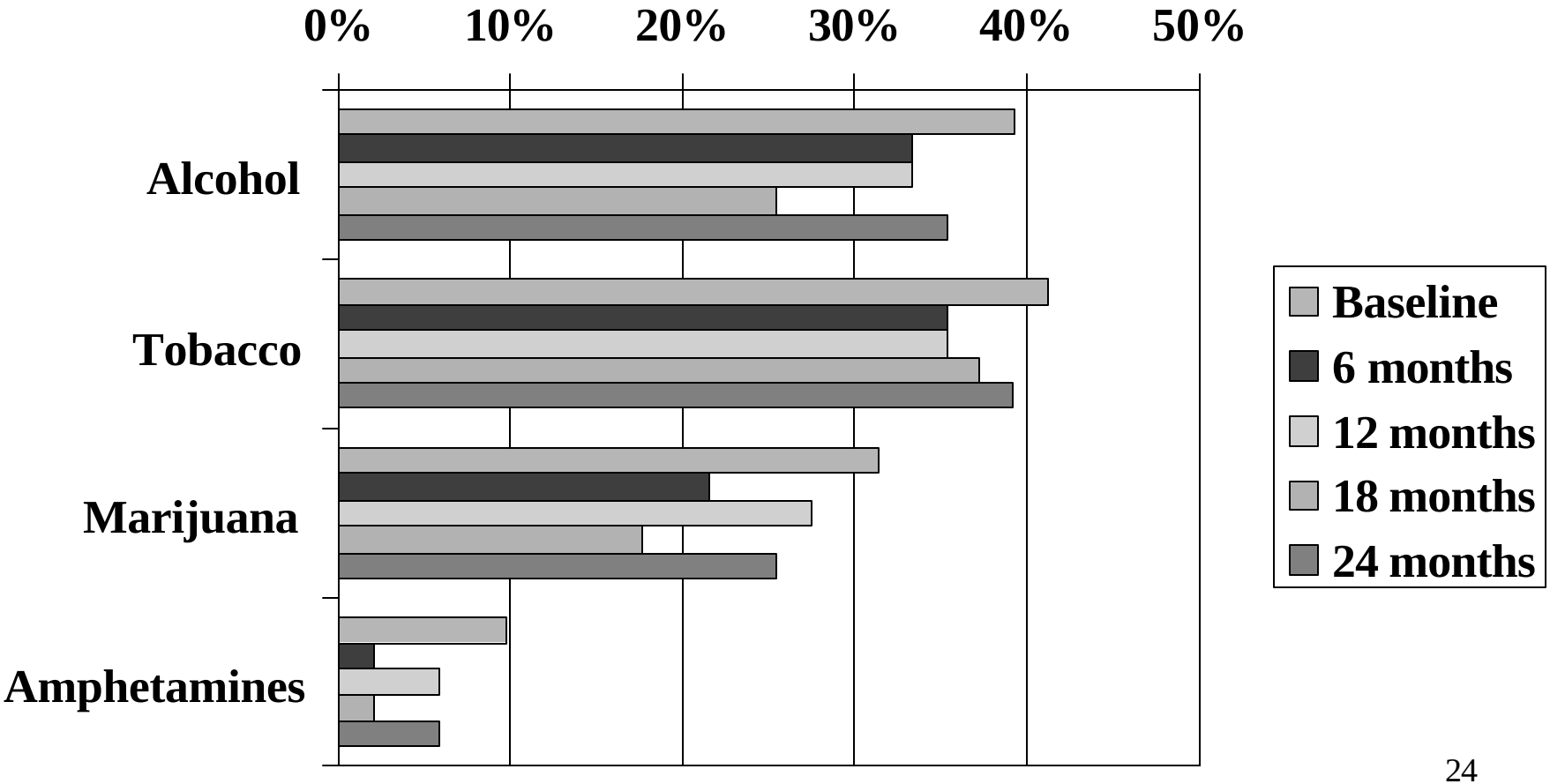


Substance Use Survey (SUS-AB)

- ***Substance use appears to decrease after baseline, and then increase again to near baseline levels by 36 months.***
- SUS-AB assesses the youth's report of his/her substance use
- SUS-AB is administered to youth 11 years and older

Substance use
Intake – 24 months

N=51



Main findings

- Youth's functioning at home, at school, and in the community significantly improved over time after intake
- Caregiver strain decreased over time

Caregiver Strain (CGSQ)

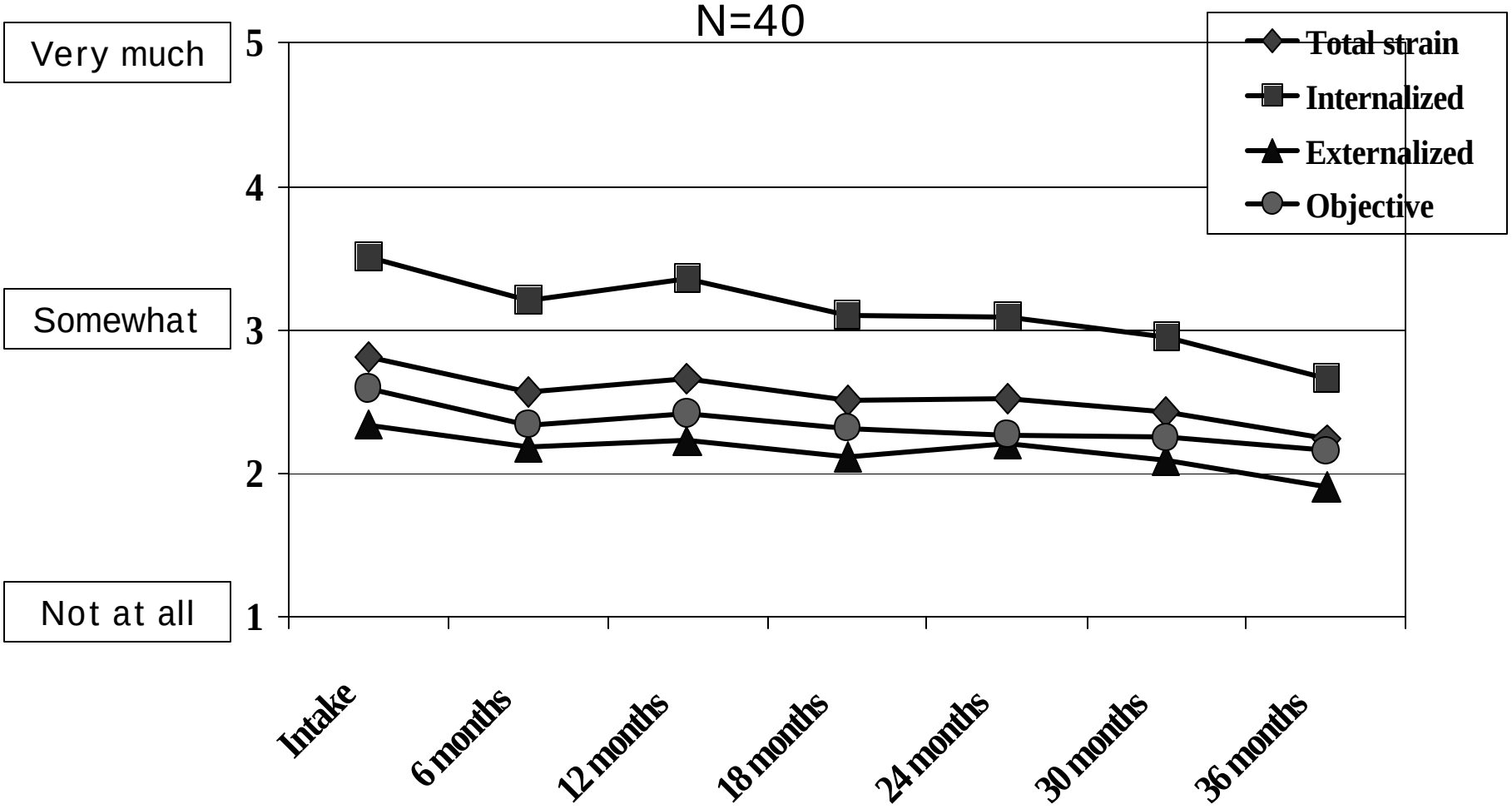
- ***Caregivers reported significantly decreased strain over time***
- CGSQ assesses the extent to which caregivers experience strain due to their child's emotional or behavioral issues
- CGSQ measures three types of caregiver strain due to the child's problems:
  - Externalized Strain – negative feelings about the child such as anger, resentment, etc.
  - Internalized Strain – negative feelings such as worry, guilt, and fatigue
  - Objective Strain – observable negative events that are a problem such as trouble with the neighbors, etc.

Caregiver Strain

Intake-36 months

Higher scores = more strain

N=40



Main findings

- Youth's functioning at home, at school, and in the community significantly improved over time after intake
- Caregiver strain decreased over time
- Family resources and family functioning did not change over time

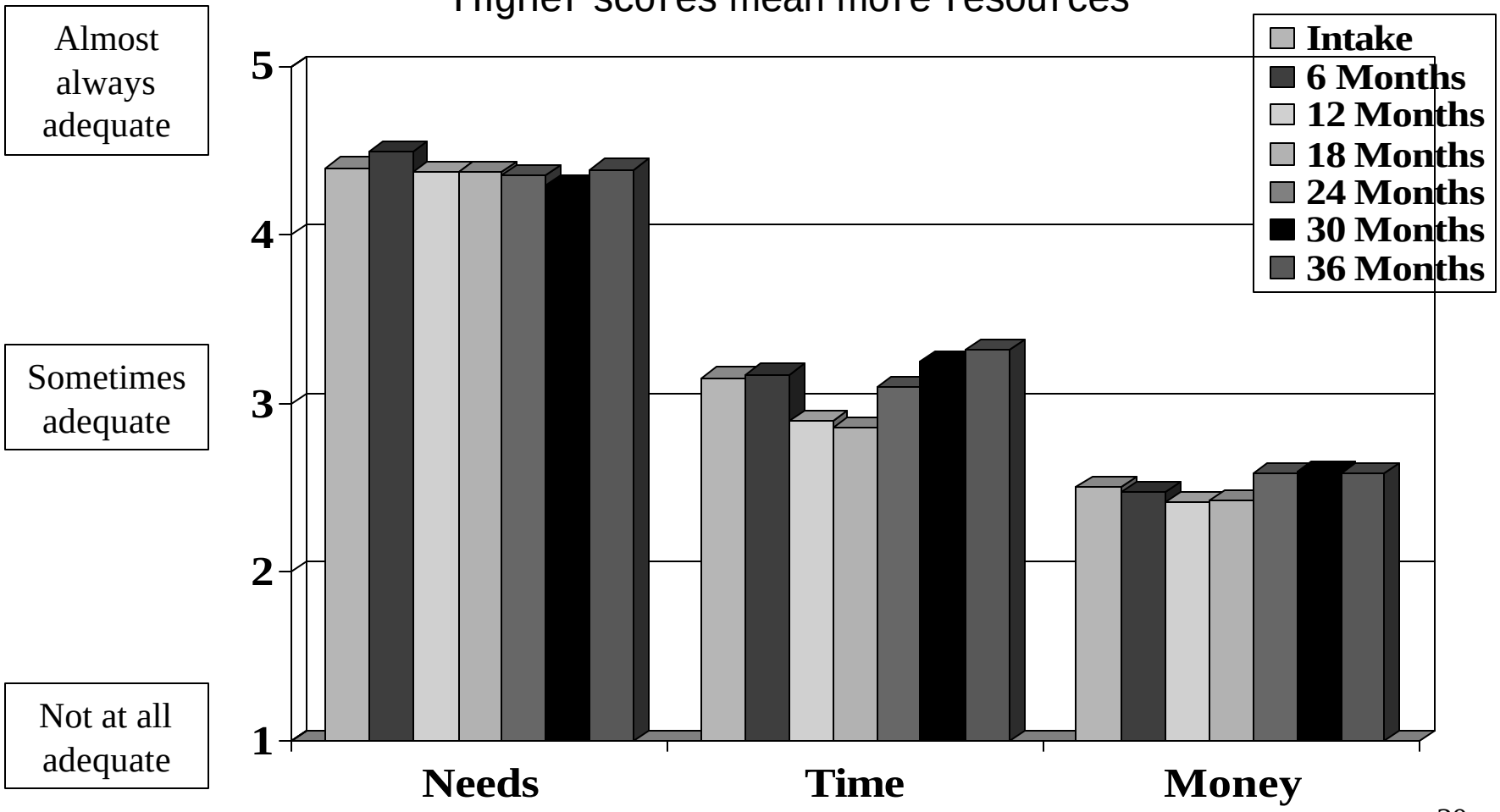
Family Resources

- ***Families reported that resources to meet basic needs were adequate***
- ***Resources involving money and time were more scarce than basic needs***
- ***There were no changes in resources over time***
- FRS has three subscales
  - Basic Needs: adequacy of food, shelter, clothing, etc.
  - Money: adequacy of job, money for self and family, etc.
  - Time: adequacy of time for family, time for self, time to socialize, etc.

Family Resources
Intake – 36 months

N=40

Higher scores mean more resources

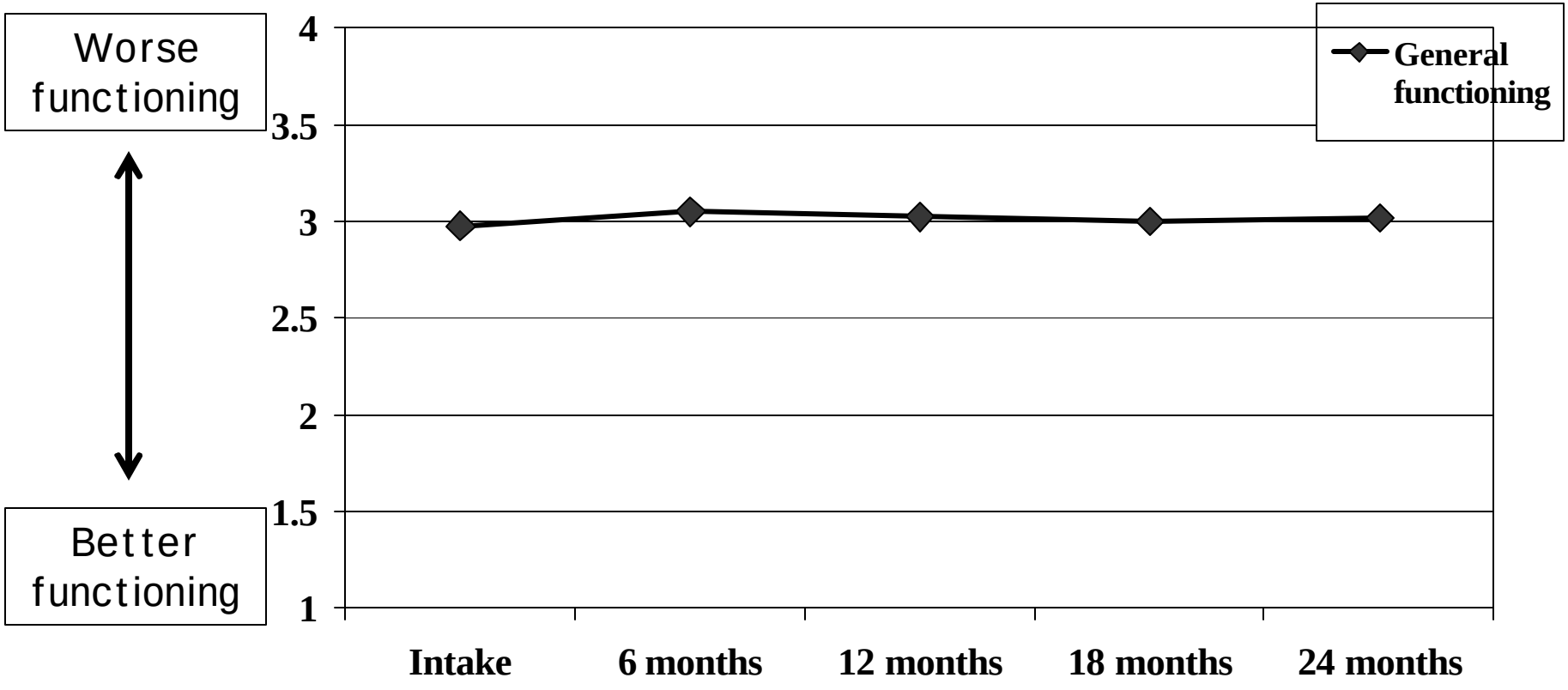


Family Functioning

- ***Families reported no changes in their functioning over time***
- The Family Assessment Device (FAD) measures how families interact, communicate and work together. Items include:
  - "In times of crisis we can turn to each other for support."
  - "You can easily get away with breaking the rules."
  - "We make sure members meet their family responsibilities."
- Lower scores indicate fewer problems and better functioning

Family Functioning
Intake – 24 months

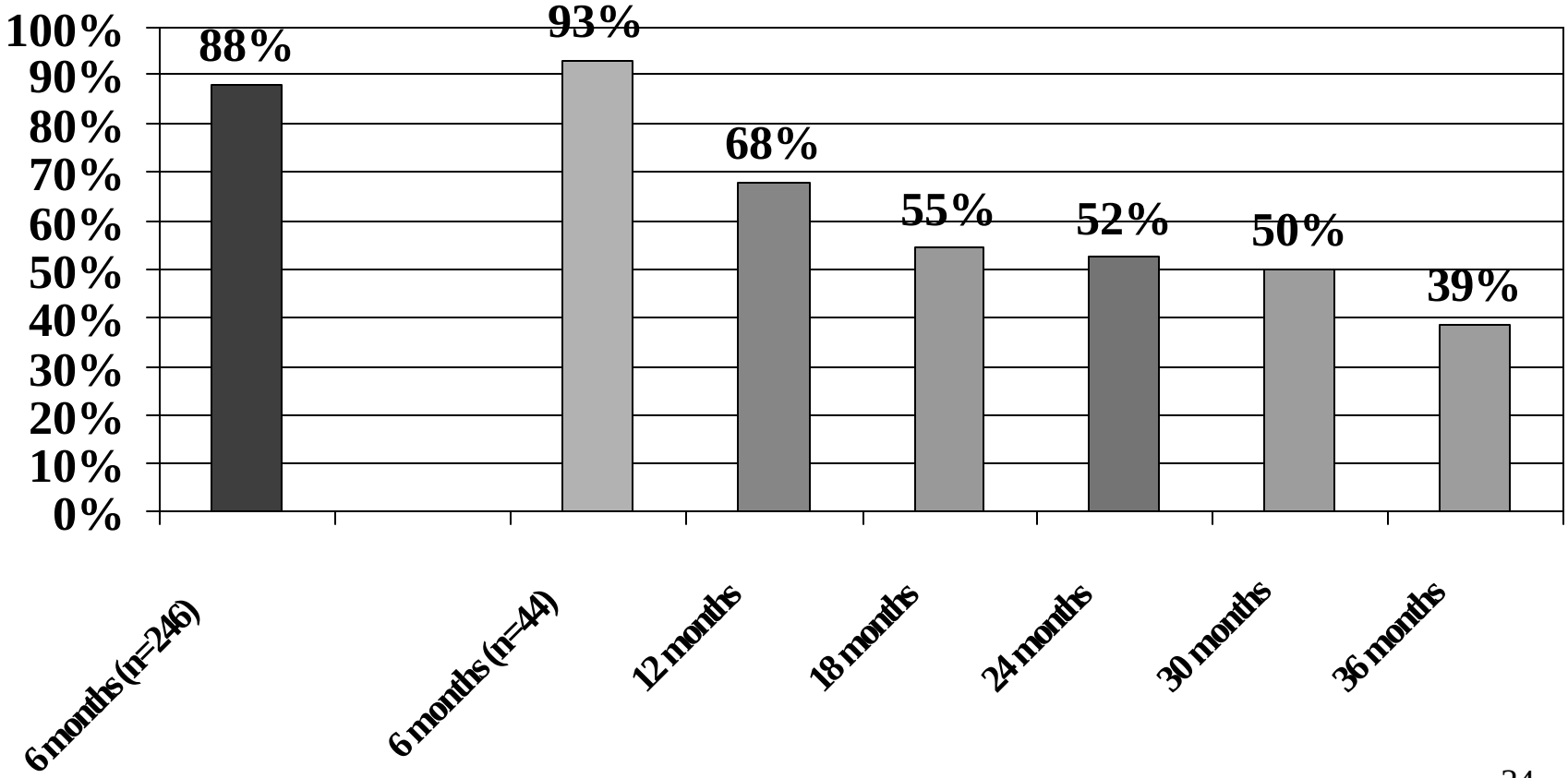
N=97



Services Received (MSSC)

- MSSC records caregivers' reports of services used in the past 6 months
- ***Many families (22%) reported receiving no services between baseline and 6 months--these families probably received services for a very short period of time***
- ***Most families completed services***
- ***A sizable percentage of families decided to no longer continue services***
- ***The most commonly received services are traditional services such as individual therapy, medication management, and case management***

Percentage of families receiving any services in the previous 6 months 6-36 months



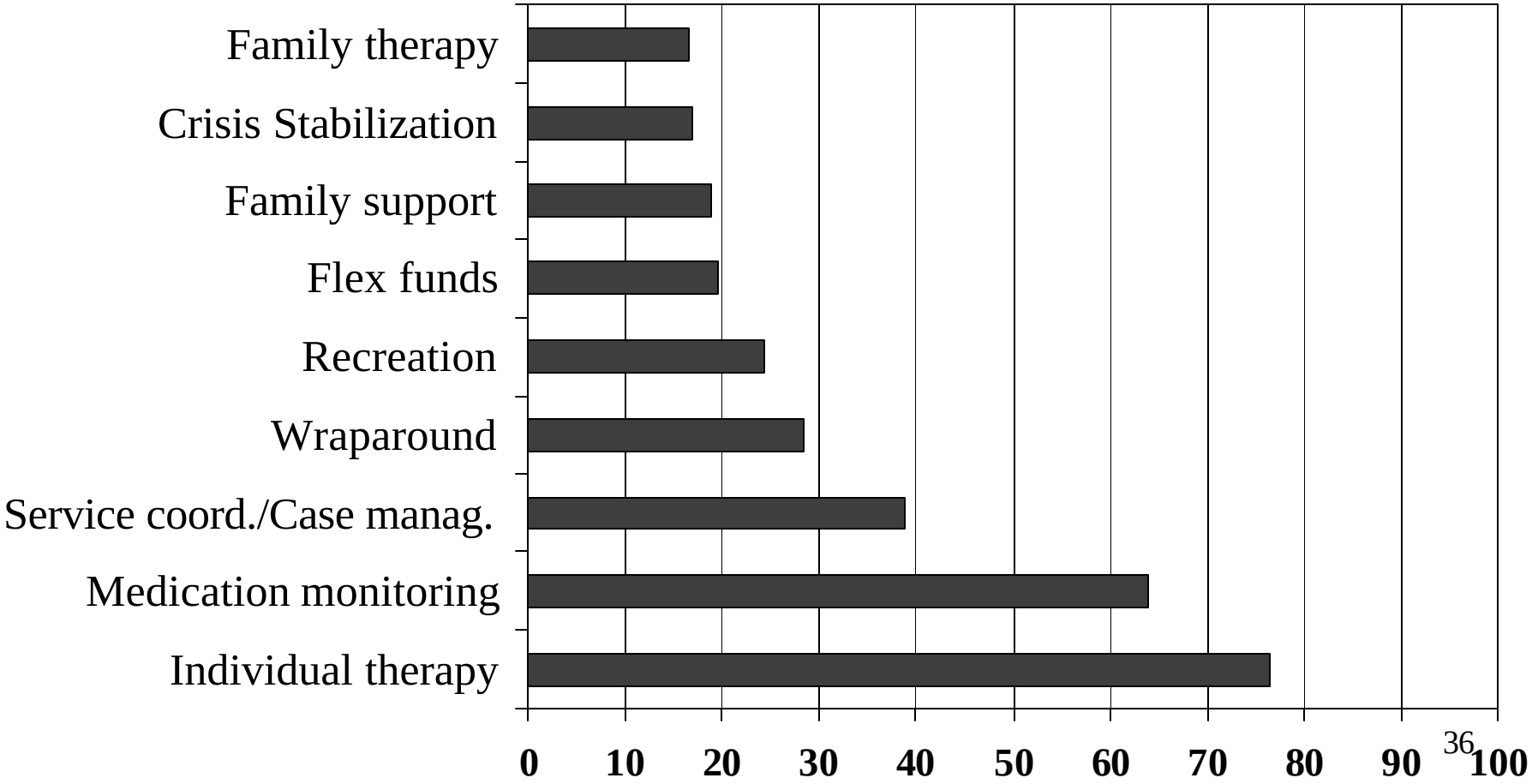
Reasons why families did not receive services 6 months to 36 months

Reason for not receiving service	*6 months n=29*	*12 months n=64*	*18 months n=68*	*24 months n=56*	*30 months n=42*	*36 months n=33*
Completed service	44.8%	59.4%	64.7%	75%	73.8%	72.7%
Decided not to continue	31%	14.1%	23.5%	12.5%	9.5%	18.2%
Ineligible	10.3%	1.6%	-	1.8%	4.8%	3%
Moved out of area	-	1.6%	2.9%	3.6%	7.1%	6.1%
Other	13.8%	20.3%	7.4%	5.4%	4.8%	-

Percent of families receiving services, out of those in any type of service

6 months

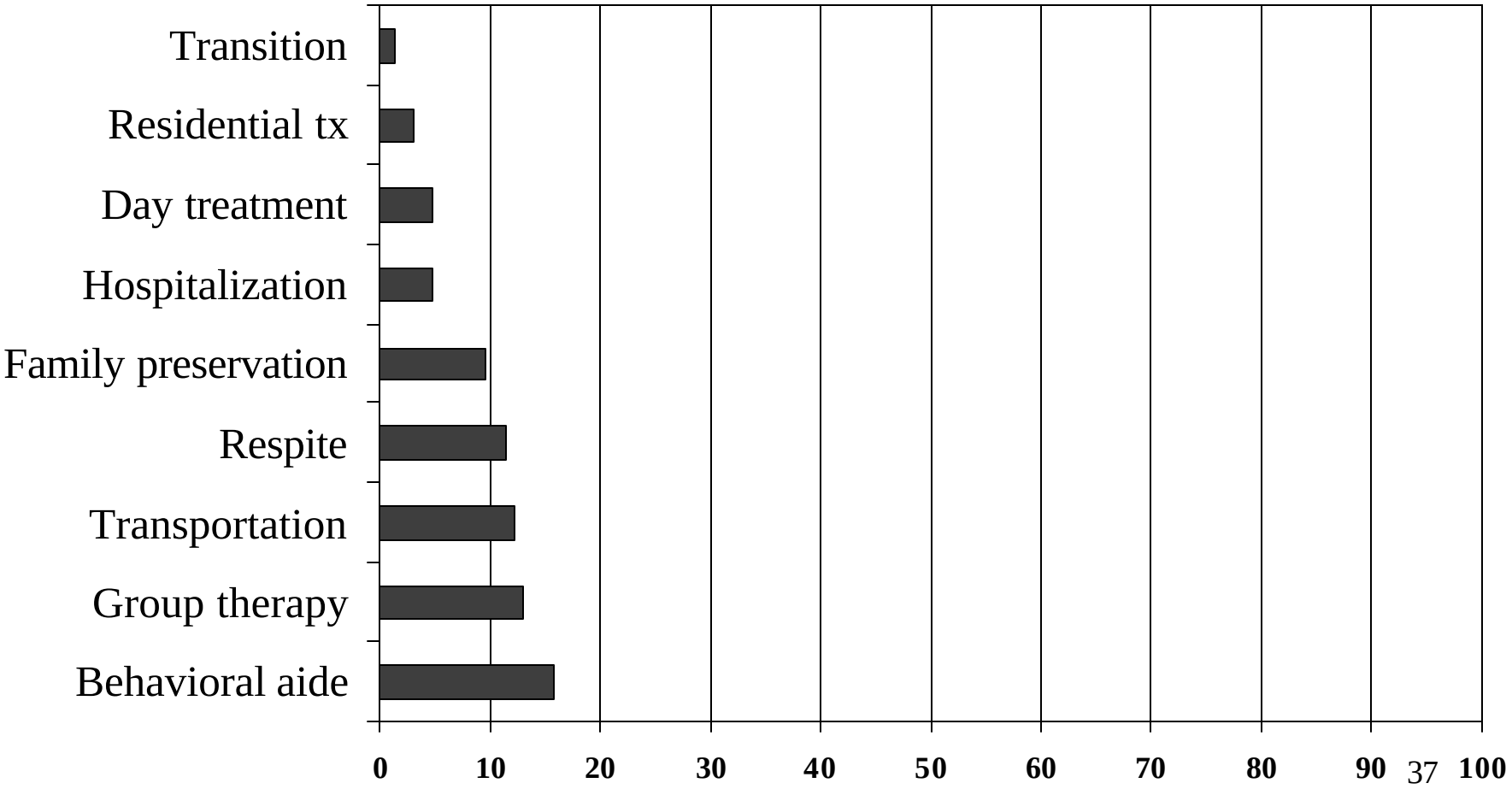
n=261



Percent of families receiving services, out of those in any type of service

6 months

n=261



Individual and Tailored Care (ITC)

- ***High percentages of caregivers reported that their team adhered to most wraparound principles***
- ITC questionnaire is administered to the caregiver and asks whether the family has a wraparound team
- ITC questionnaire assesses whether the team has an individualized plan based on the family's strengths, how well the plan fits the families needs and culture, whether the caregiver views him/herself as an equal partner in the team process, etc.
- ITC defines a wraparound team in the following way:
  - "A team that is designed to create an environment in which families can voice their own needs and where supports can be produced which are tied to those unique needs"

Individualized and Tailored Care

Caregiver ratings at 6 month follow-up

N=69

	%
There is a designated facilitator	91.3%
Family's strengths were identified	91.3%
Meetings are responsive to the family's needs	91.2%
The goals and objectives are clearly stated	89.9%
Caregiver has authority/influence over the plan	88.4%
The plan utilizes formal and informal supports/services	86.6%
Services/supports are based in the community	83.8%
The plan fits the family's needs and culture	76.1%
Caregiver feels like an equal partner in the team process	75.4%
The goals and objectives are monitored regularly	73.4%
Services are provided in a timely manner	70.8%
Caregiver received written materials regarding ITC	64.7%
Caregiver received ITC training	24.6%

Main findings

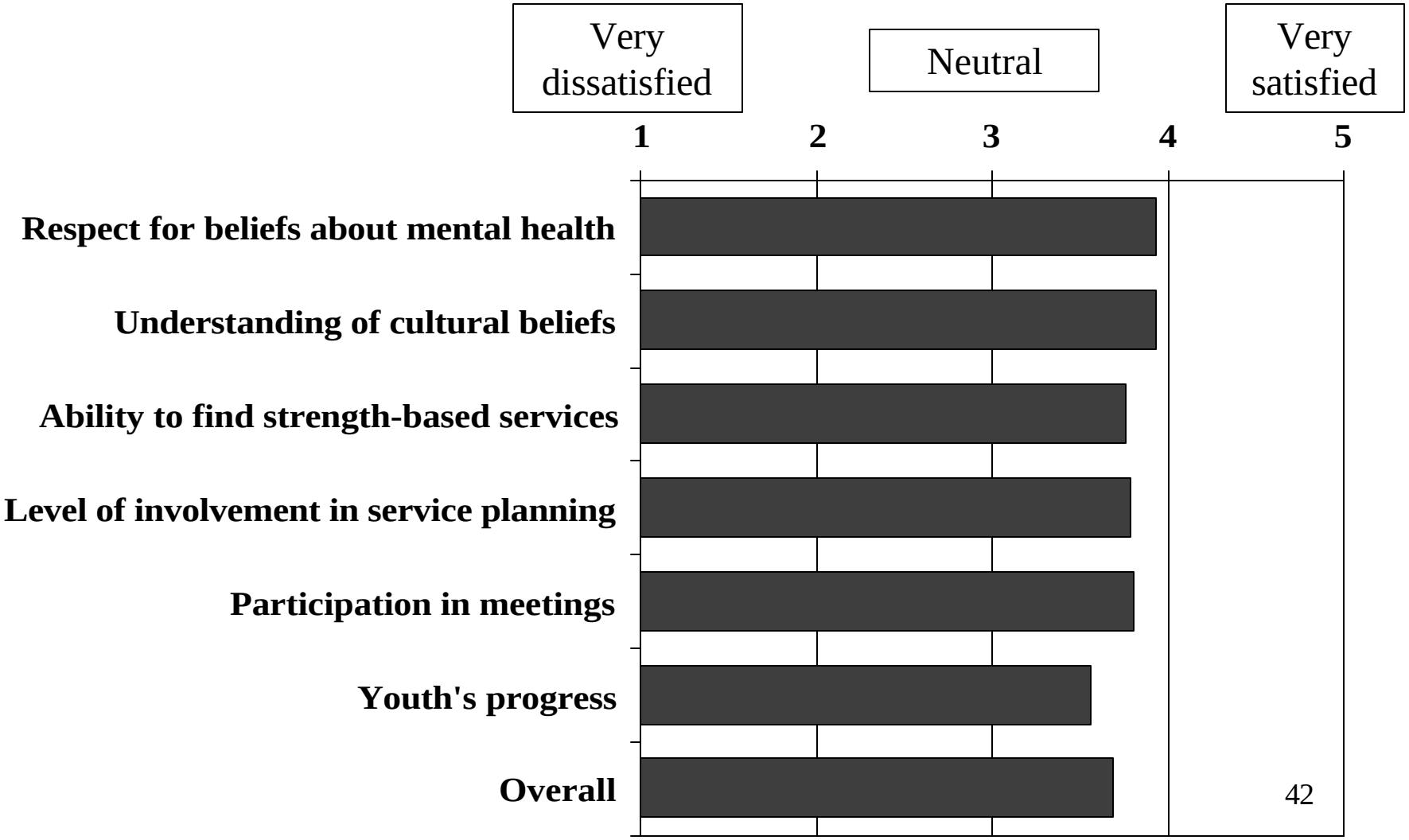
- Youth's functioning at home, at school, and in the community significantly improved over time after intake
- Caregiver strain decreased over time
- Family functioning and family resources did not change over time
- In general, families were satisfied with services their family received

Family Satisfaction (FSQ-A)

- FSQ-A contains seven items to assess the caregiver's satisfaction with services as a whole, child's progress, cultural competence, and family focus
- Responses are rated on a five-point scale ranging from "very dissatisfied" to "very satisfied"
- FSQ-A has no subscales
- ***On average, caregivers were between neutral and satisfied with the services their family received***

Caregiver satisfaction with services 6 months

n=215



Caregiver: “What was the most helpful thing about the services your family received over the last 6 months?”

- ***Agency/Staff***
  - “<Name> has been helpful”; “Being able to go to <agency>”
- ***Specific Services***
  - “Medication,” “Counseling”
- ***Emotional Support***
  - “Support,” “Having someone there,” “Emotional support from school and <agency>.”
- ***New Skills***
  - “<Child> being able to verbalize her fears”
- ***Tangible Support***
  - “Can take child places she needs to go.”
- ***Other***

Caregiver: "What was the least helpful thing about the services your family received over the last 6 months?"

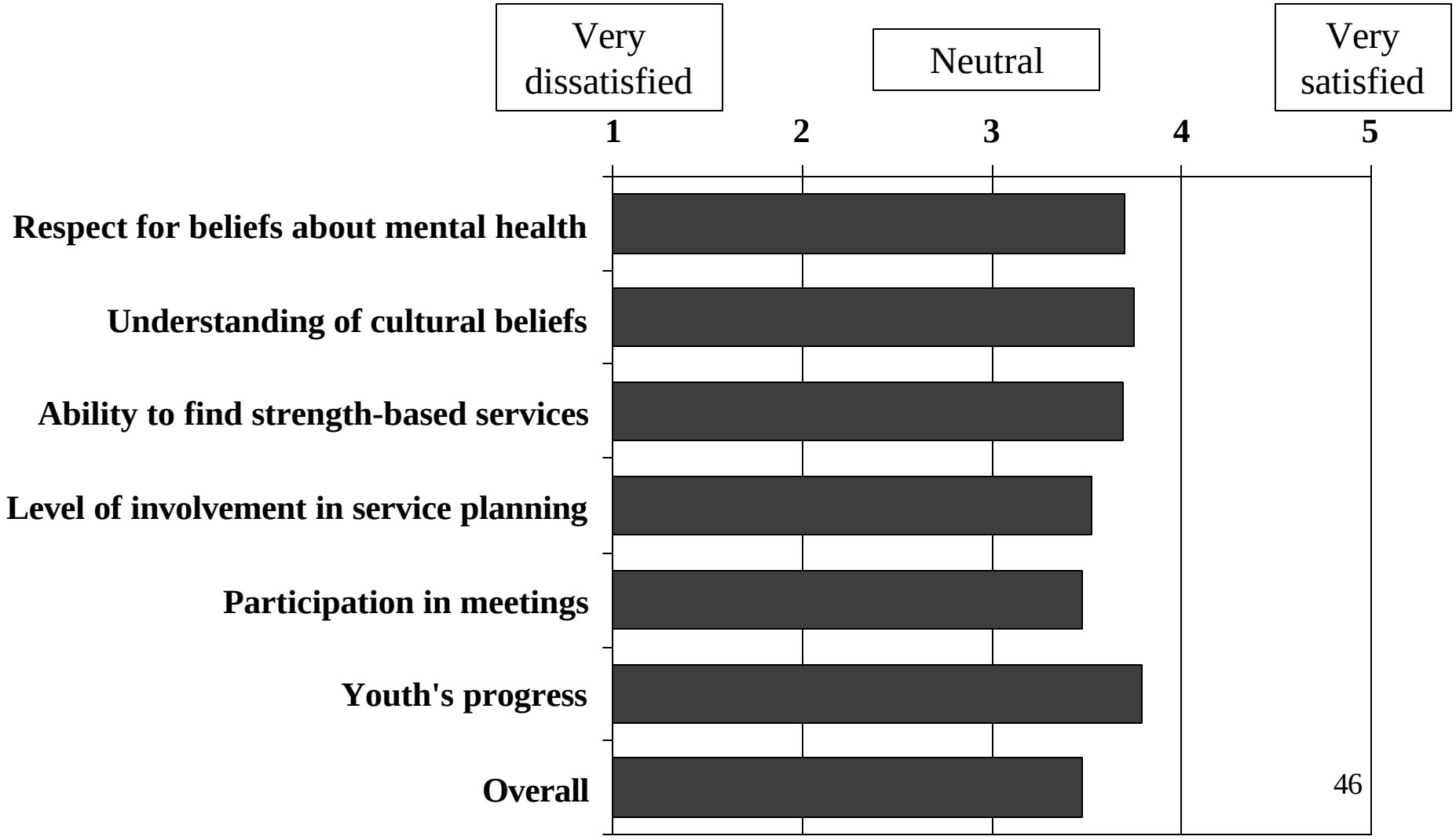
- ***Lack of progress/follow through***
  - "Didn't really address my child's anger problem."
- ***Inflexible***
  - "Mandatory classes costs a lot of time/transportation, not responsive to bus schedule."
- ***Lack of Specific Services***
  - "Lack of psychiatrists to work with medications."
  - "No respite care."
- ***Agency/Staff***
  - "<Staff> was rude to child on phone."
- ***Too much change***
  - "Changed therapists three times."
- ***Communication***
  - "Not including me in treatment or decision making."
  - "Lack of communication between parents and service providers."

Youth Satisfaction (YSQ-A)

- YSQ-A assesses satisfaction with services as a whole, youth's progress, cultural competence, and family focus
- Responses are rated on a five-point scale ranging from "very dissatisfied" to "very satisfied"
- YSQ-A has no subscales
- ***On average, youth were between neutral and satisfied with the services they received***

Youth satisfaction with services
6 months

n=110



Changes after system reorganization

- In the summer of 2000, the Clark County mental health system was reorganized
  - Contracts with agencies were renegotiated to support more innovation and non-traditional services
  - Catholic Community Services began serving youth
- Data collected prior to reorganization is used as a historical comparison

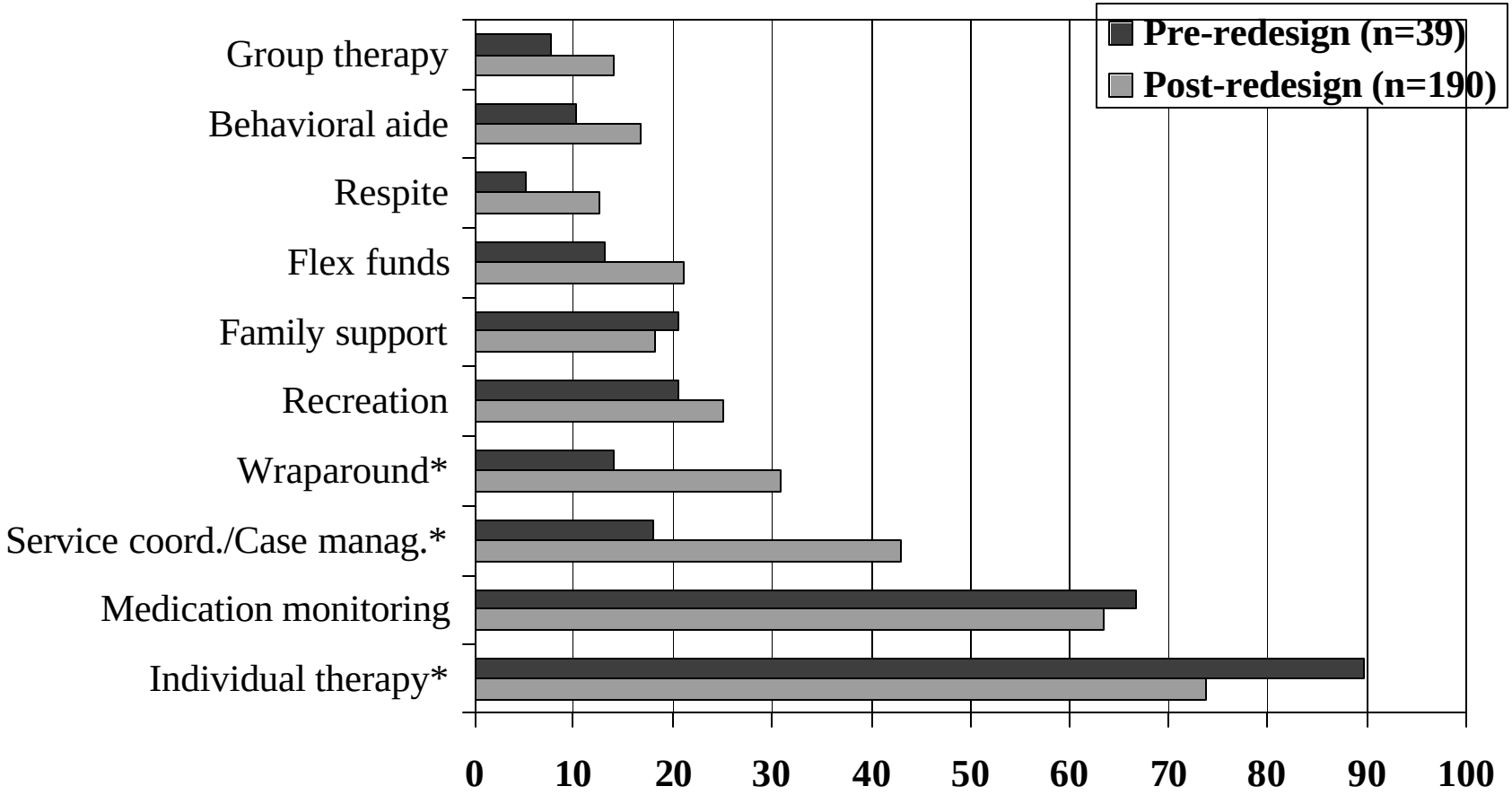
Main findings

- Youth's functioning at home, at school, and in the community significantly improved over time after intake
- Caregiver strain decreased over time
- Family functioning and family resources did not change over time
- In general, families were satisfied with the services they received
- The System of Care shifted to more innovative and individualized services after reorganization

Changes in service utilization, pre- vs. post-reorganization

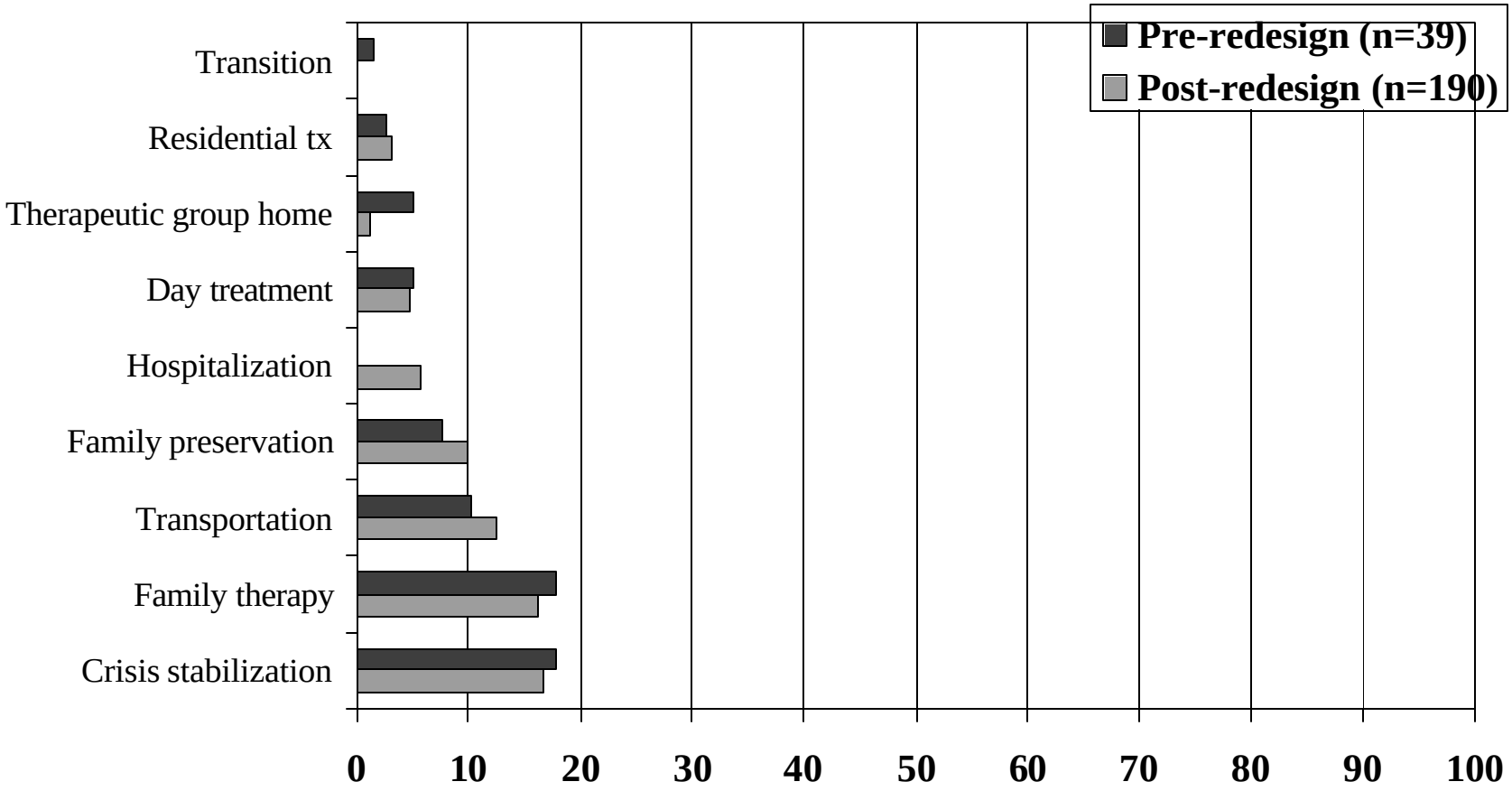
- ***After reorganization:***
  - ***Significantly more families reported receiving service coordination/case management and having a Wraparound team.***
  - ***Significantly less families reported receiving individual therapy.***
  - ***Without statistical significance, more families reported receiving flexible funds, respite, behavioral aides, and group therapy***

System change: % of families reporting services received, baseline to 6 months (caregiver report)



*Statistically significant difference, p<.05

System change: % of families reporting services received, baseline to 6 months (caregiver report)



Main findings

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- In general, families were satisfied with the system
- The System of Care shifted to more innovative and individualized services after reorganization
- The rate of change in youth and family outcomes did not alter after system reorganization

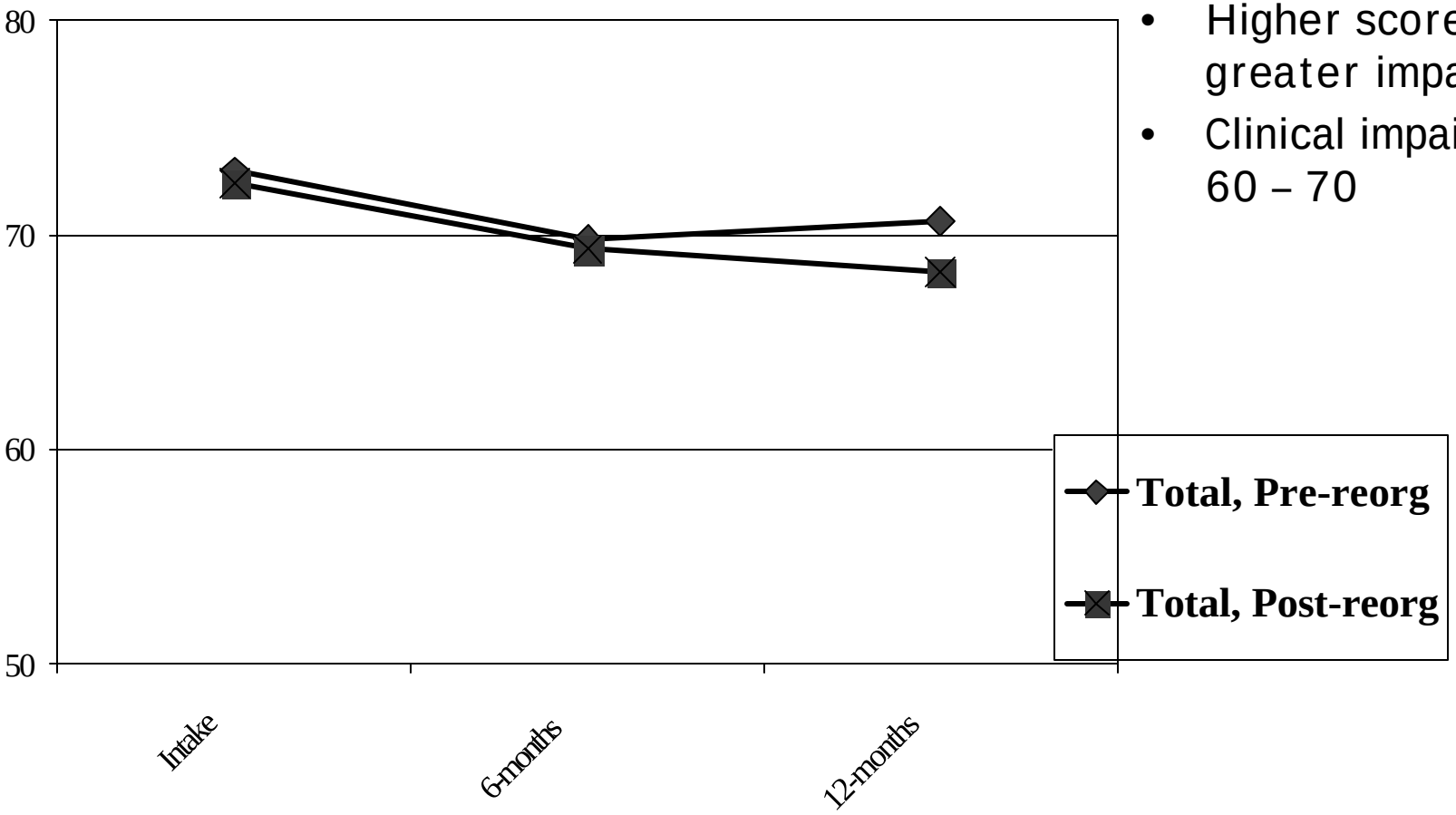
Changes in youth and family functioning, pre- vs. post-reorganization

- There were no significant differences in the trajectory of group's functioning: the pre- group did no better or worse over time than post-group

Child Functioning
Intake-12 months (CBCL)

N=180

Differences are not statistically significant



- Higher scores = greater impairment
- Clinical impairment = 60 – 70

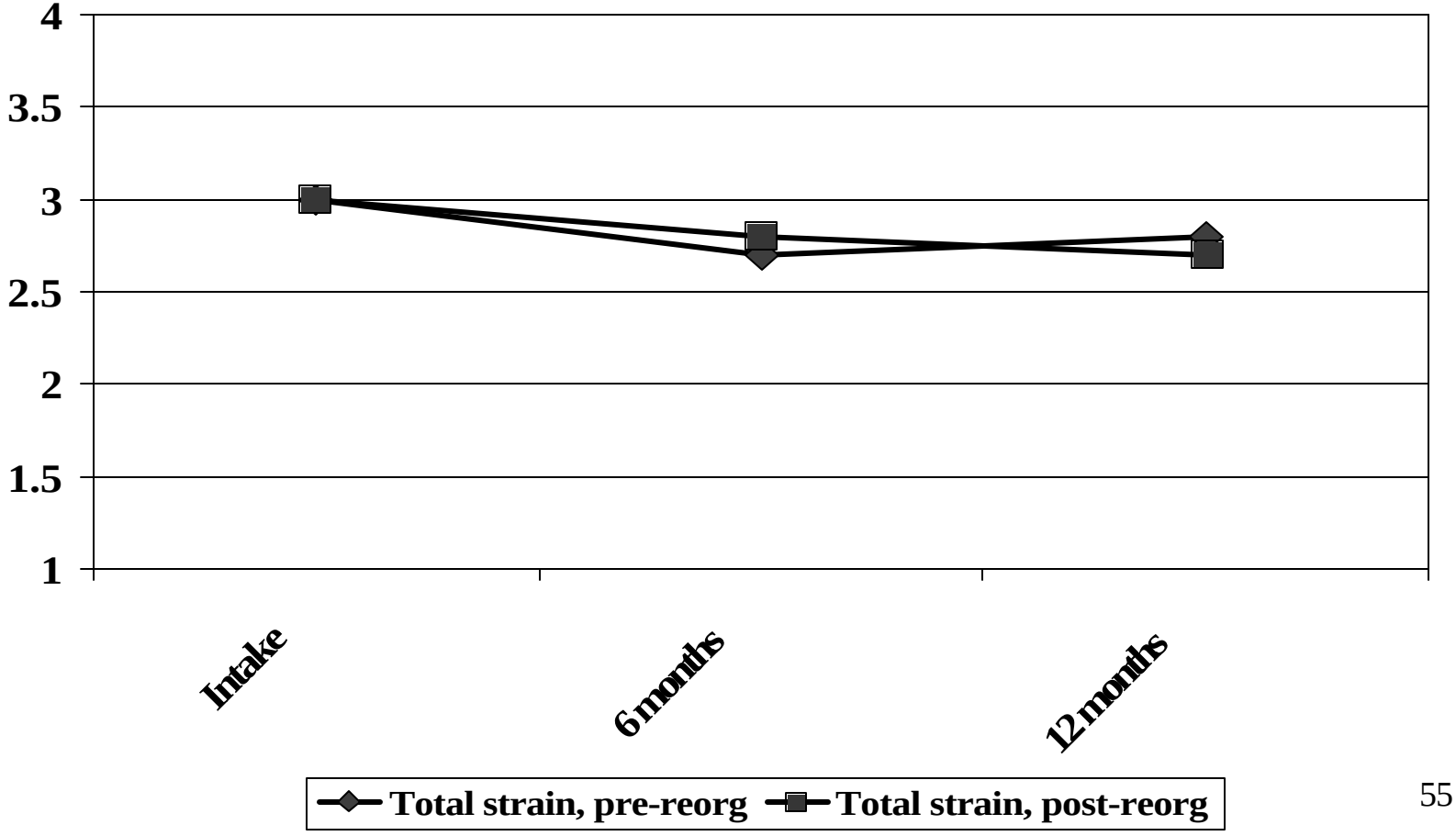
Caregiver Strain

Intake-36 months

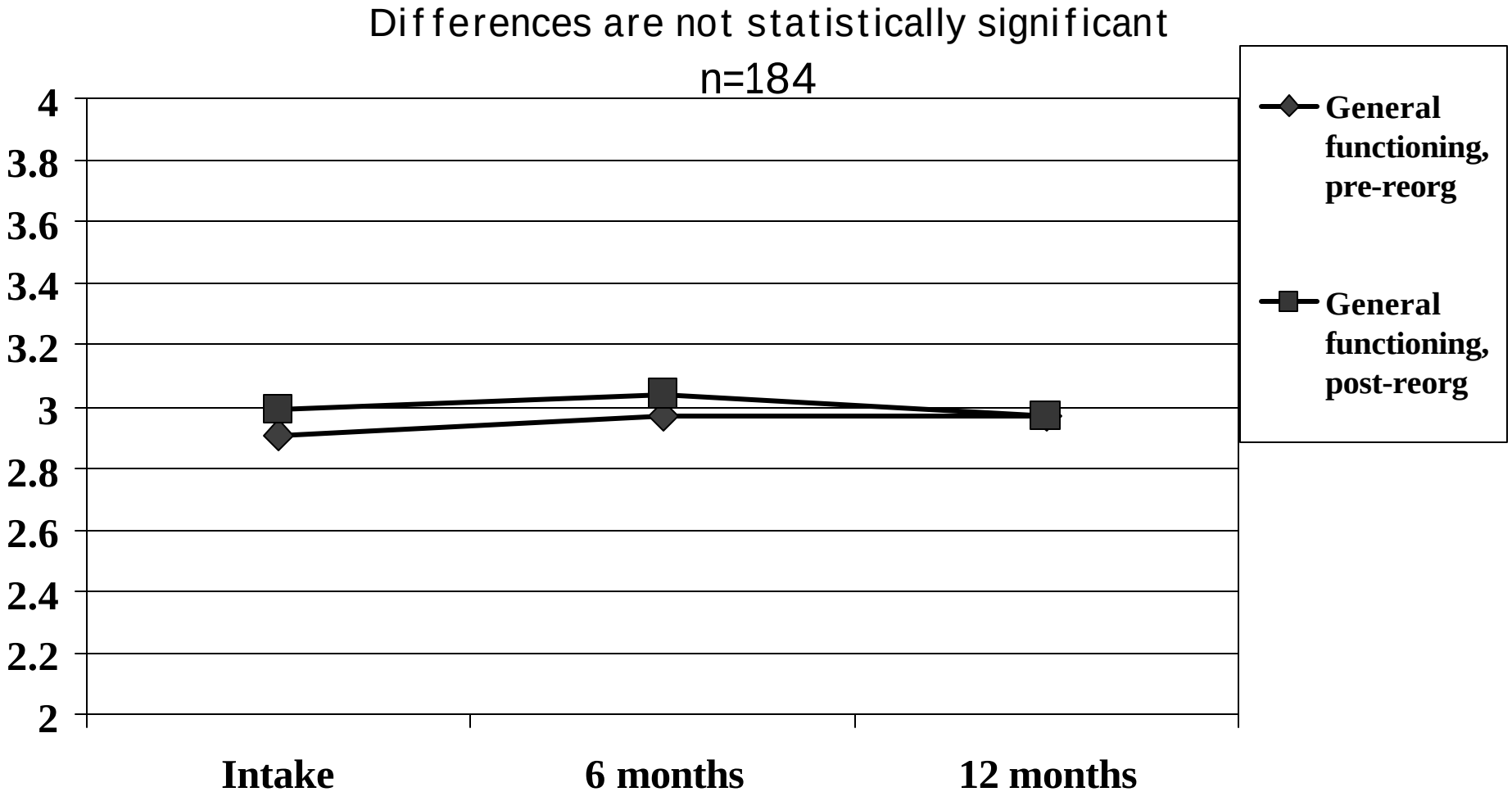
n=181

Higher scores = more strain

Differences are not statistically significant



Family Functioning
Intake – 24 months



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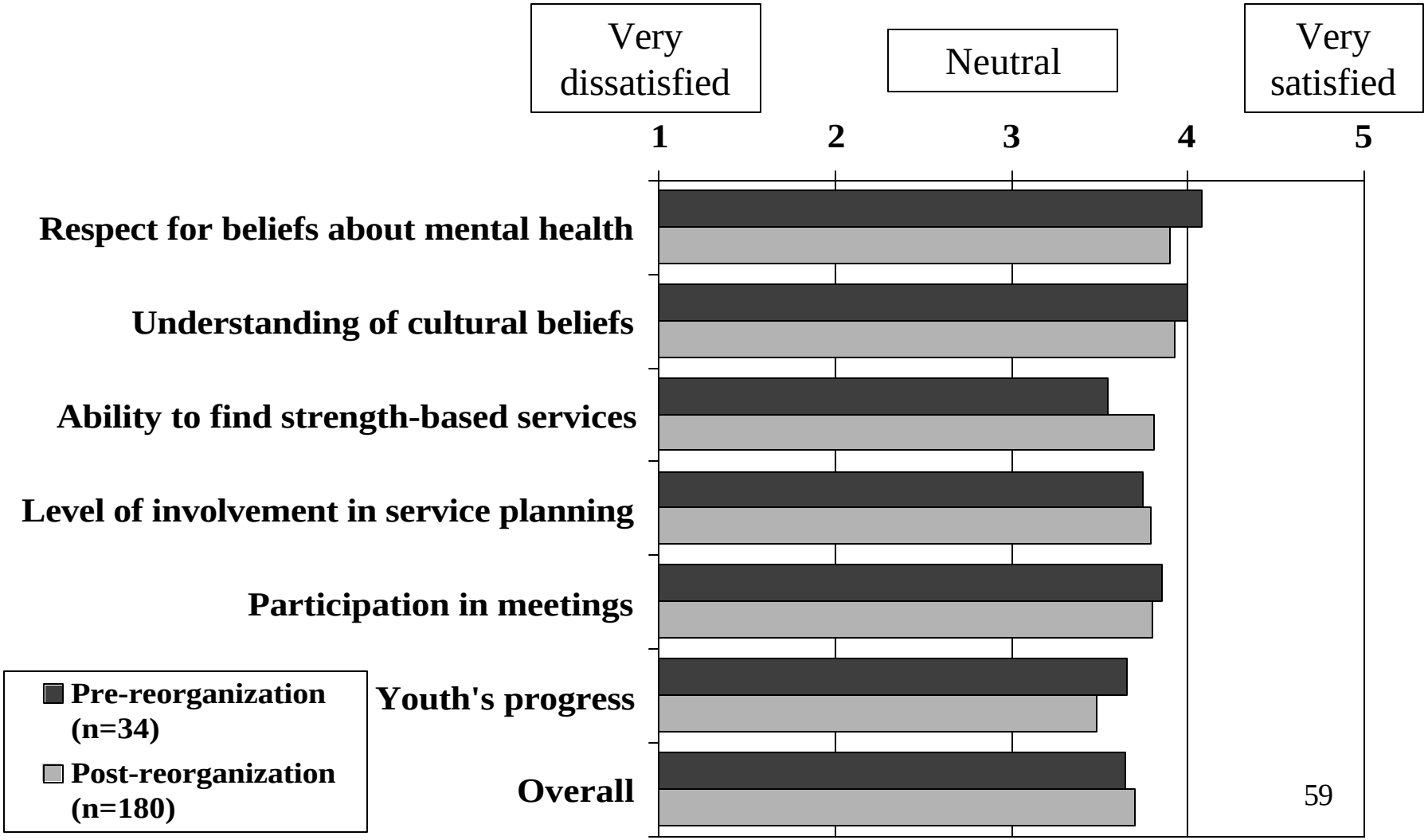
- Family functioning and family resources did not change over time
- In general, families were satisfied with the system
- The System of Care shifted to more innovative and individualized services after reorganization
- The rate of change in youth's functioning did not alter after system reorganization
- Satisfaction with services remained moderately high after reorganization

Changes in satisfaction, pre- vs. post-reorganization

- With one exception, were no significant differences in satisfaction: the pre- group was no more or less satisfied than the post-group with the services they received
- Youth who received services prior to the system reorganization were significantly more satisfied "overall" than youth receiving services after the reorganization
  - This finding did not remain after removing youth that entered through Connections

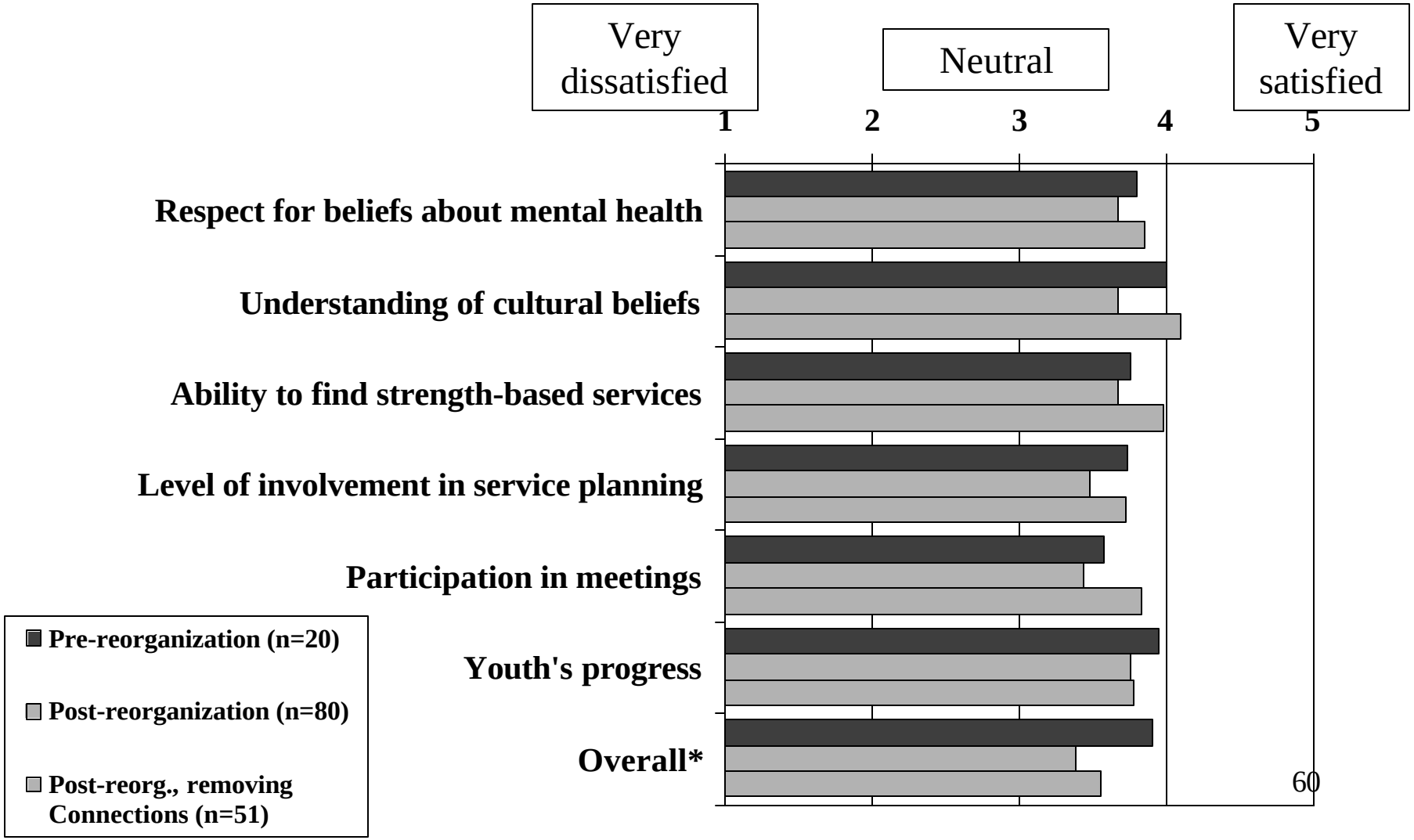
Caregiver satisfaction with services
6 month follow-up

Differences are not statistically significant



Youth satisfaction with services
6 month follow-up

Most differences are not statistically significant



End-of-grant community questionnaire

- During the last few months of the 6-year grant, all members of the general membership of the community of care, including family members, service providers, and administrators, were surveyed.
- They answered questions about the community's progress towards meeting it's goals, the effects of the grant, and future challenges.

Main findings

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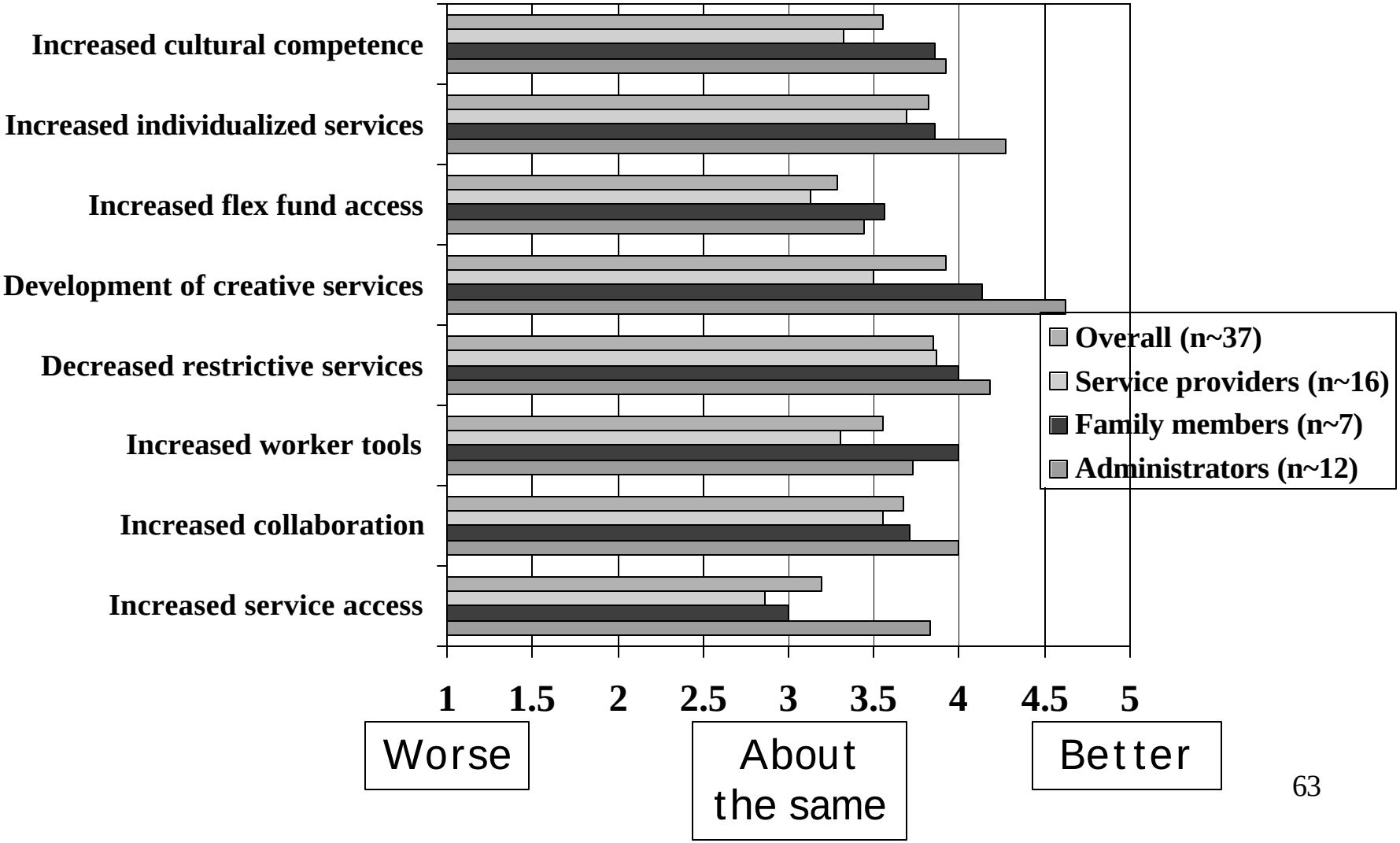
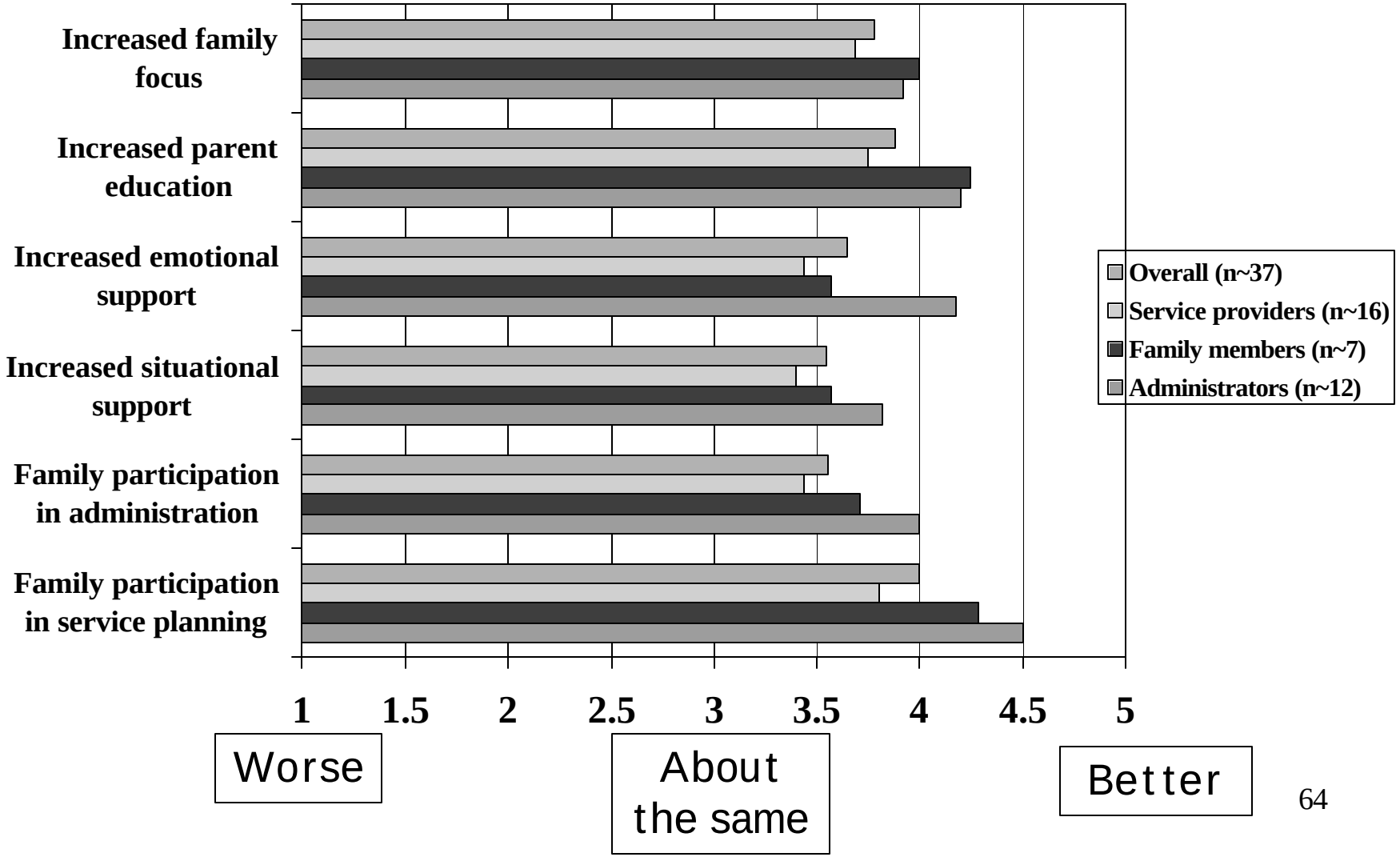
- Family functioning and family resources did not change over time
- In general, families were satisfied with the system
- The System of Care shifted to more innovative and individualized services after reorganization
- The rate of change in youth's functioning did not alter after system reorganization
- Satisfaction with services remained moderately high after reorganization
- There is a wide variety of views from administrators, family members, and service providers about the success of the system of care effort
  - These range from extreme dissatisfaction to extreme satisfaction
  - Service and county administrators and family members tended to rate the most positive
  - Service providers tended to rate the least positive

End-of-grant community questionnaire--formal service systems



End-of-grant community questionnaire--family support and involvement



End-of-grant community questionnaire -- Greatest accomplishments

- Increase in system collaboration
  - "It increased community awareness of mental health and treatment and established strong partnerships."
- Increase in parent involvement
- New services and programs: Connections, Catholic Community Services, Community Empowerment Project
- Some respondents found no accomplishments

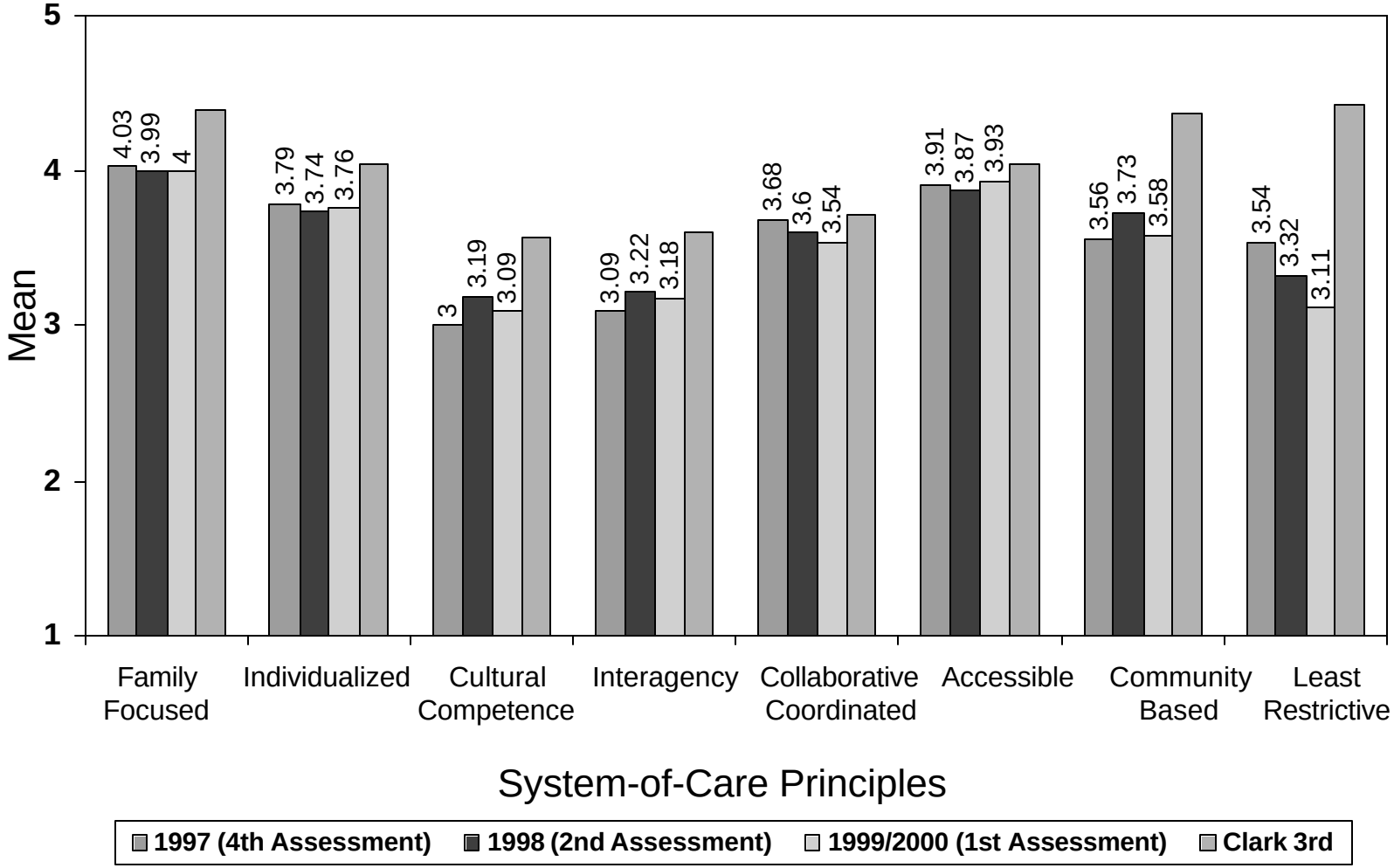
End-of-grant community questionnaire -- Greatest remaining challenges

- Sustainability of programs
  - "The ability to maintain new structures and programs without an organizing entity."
- Sustaining family involvement
  - "We are challenged to nurture and sustain the family participation and voice through means and forums that family members support and value with their participation."
- Ongoing service integration and collaboration
  - "Multiple systems still have different visions and missions."

“Systemness” site visit

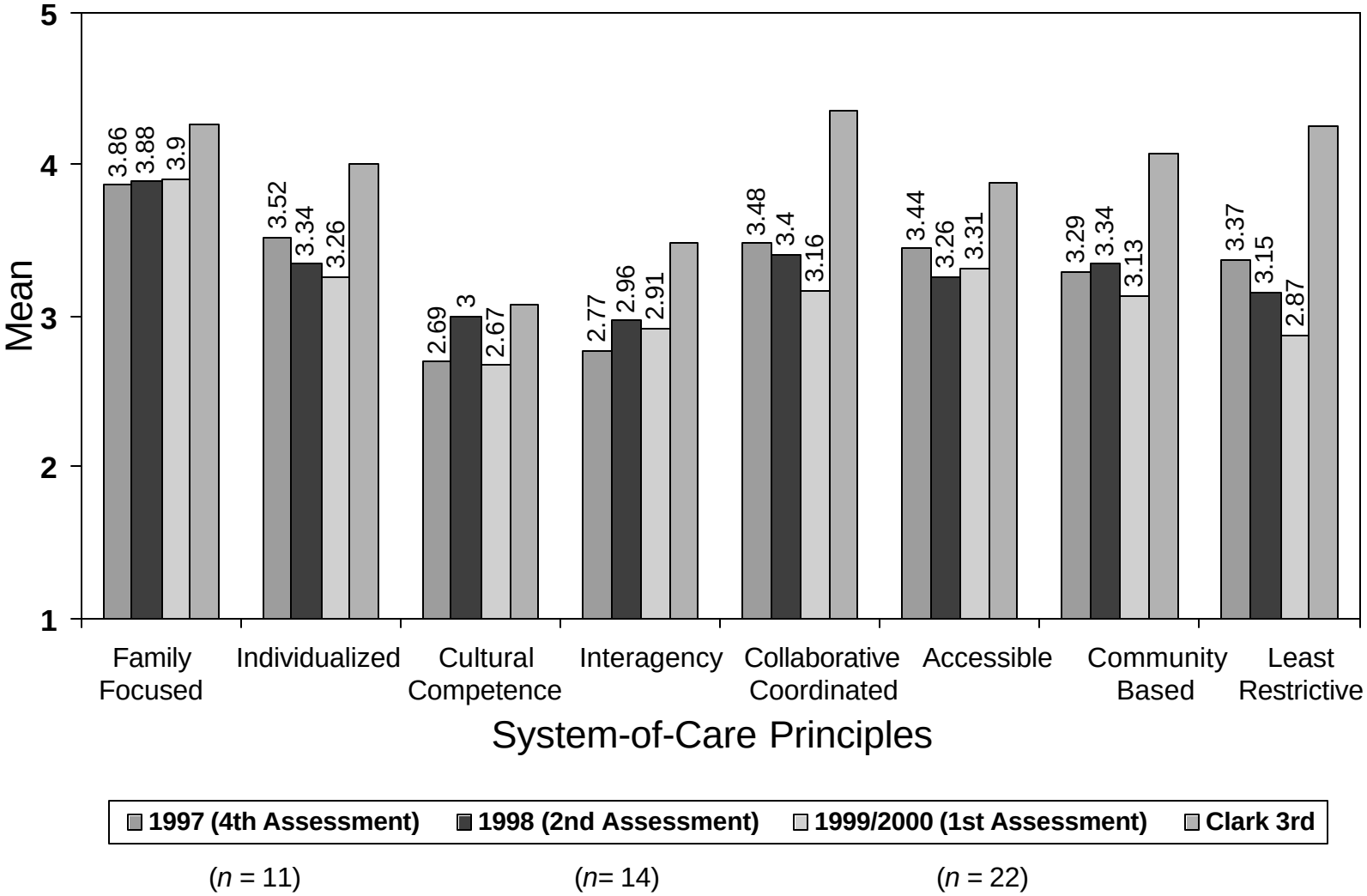
- Part of the national evaluation is a regular “systemness” site visit from the national evaluation team (ORC-Macro)
- ***Ratings of Clark County’s “Systemness” are consistently higher than average ratings of other System of Care grantee sites***

Overall System-of-Care Assessment Ratings Across Funding Cohorts



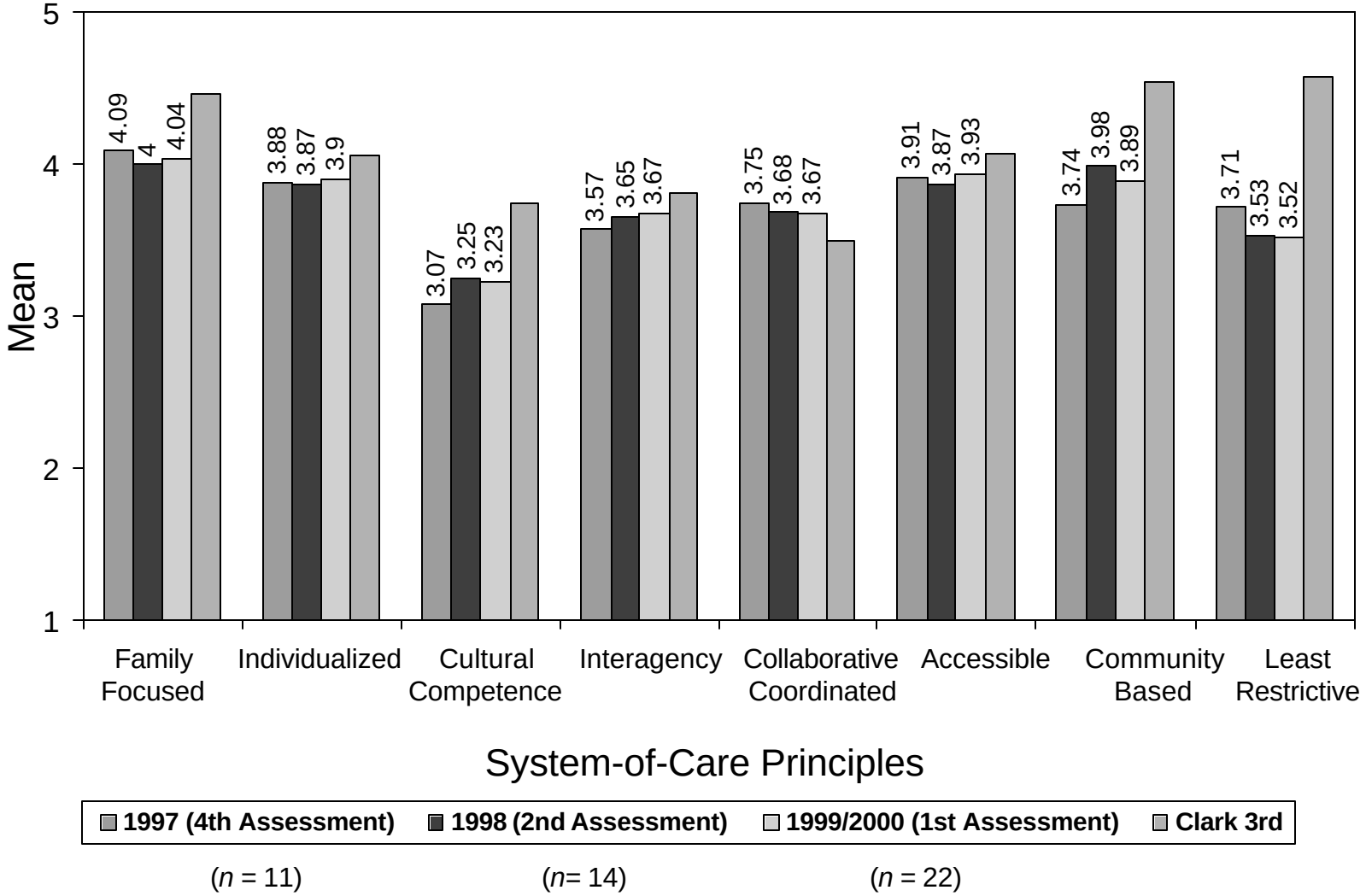
(*n* = 11) (*n*= 14) (*n* = 22)

System-of-Care Assessment Ratings for the Infrastructure Domain Across Funding Cohorts



(*n* = 11) (*n*= 14) (*n* = 22)

System-of-Care Assessment Ratings for the Service Delivery Domain Across Funding Cohorts



(*n* = 11) (*n*= 14) (*n* = 22)

Summary--Main findings

- Youth's functioning at home, at school, and in the community significantly improved over time after intake
- Caregiver strain decreased over time
- Family functioning and family resources did not change over time
- In general, families were satisfied with the system

Summary--Main findings

- The System of Care shifted to more innovative and individualized services after reorganization
- The rate of change in youth's functioning did not alter after system reorganization
- Satisfaction with services remained moderately high after reorganization

Summary--Main findings

- There is a wide variety of views from administrators, family members, and service providers about the success of the system of care effort
  - These range from extreme dissatisfaction to extreme satisfaction
  - Service and county administrators tended to rate the changes more positively than family members and service provider line staff
- Ratings of Clark County's "Systemness" are consistently higher than average ratings of other System of Care grantee sites

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