

## Overview

- ✧ The report includes description and evaluation of the Parent Support Partner (PSP) Evaluation Pilot and the following three fiscal years.
- ✧ The PSP evaluation includes analysis of demographic information for 1,806 parents/primary caregivers and outcomes for 426 parents/primary caregivers and their children receiving PSP services between July 2016 and September 2020, using the following measures:
  - ✧ PSP Outcome Tool
  - ✧ CAFAS & PECFAS
- ✧ Part of the PSP Evaluation Pilot was to develop an outcome tool to evaluate PSP services in Michigan. 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.
- ✧ The PSP Outcome Tool developed during the pilot is based on a PSP Logic Model developed by MDHHS in partnership with Network 180 (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.

# Parent Support Partner (PSP) Evaluation Project

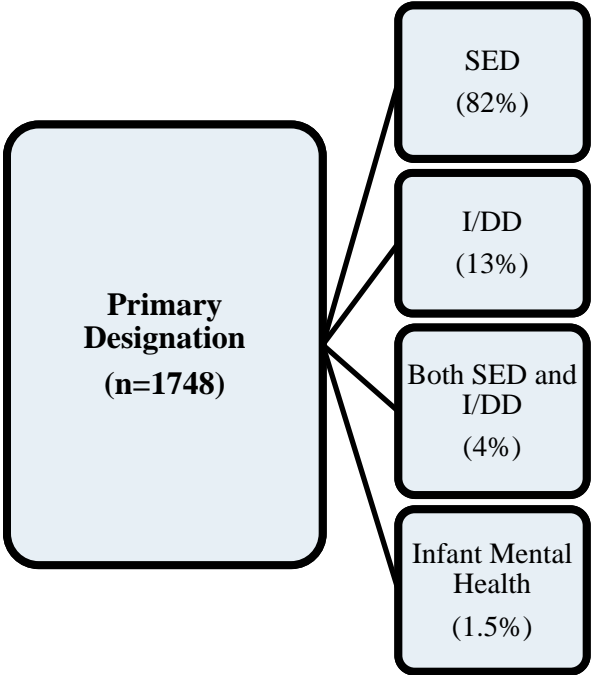
*July 1, 2016 – September 30, 2020*

## Components of the Parent Support Partner Evaluation Project

<p><b>PSP</b></p> <p>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.</p>	<p><b>Vision</b></p> <p>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 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.</p>	<p><b>Social Validity</b></p> <table border="0"> <tr> <td>How helpful have you found PSP services?</td> <td>How likely are you to recommend PSP services?</td> </tr> <tr> <td style="text-align: center;"><b>9.4/10</b></td> <td style="text-align: center;"><b>9.5/10</b></td> </tr> </table>	How helpful have you found PSP services?	How likely are you to recommend PSP services?	<b>9.4/10</b>	<b>9.5/10</b>
How helpful have you found PSP services?	How likely are you to recommend PSP services?					
<b>9.4/10</b>	<b>9.5/10</b>					

## Background

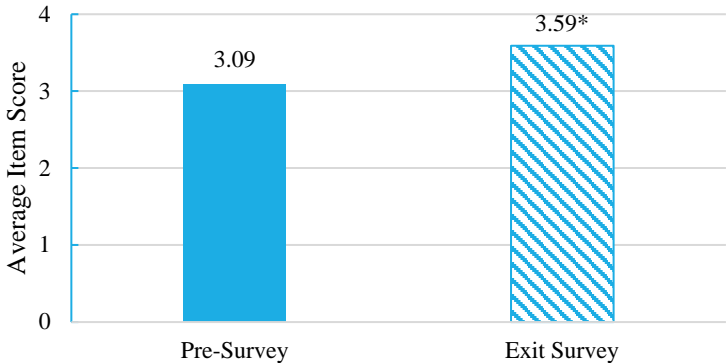
<b>Primary Caregivers Involved</b>	
Biological Mother	71%
Adoptive Mother	9%
Grandmother	8%
Biological Father	5%
Other	4%
Foster Mother	3%
<b>Parent/Primary Caregiver Race</b>	
White	71%
Black or African American	20%
Mixed/Other	9%
<b>Avg Number of PSP Contacts</b>	21 contacts
<b>Length of Services</b>	2 – 31 mo.
<b>Avg Length of Services</b>	9.4 months
<b>Reasons Primary Caregivers Exited</b>	
Met PSP goals & satisfied	43%
Lost contact	20%
“Other”	16%



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

The average item score increased by 0.50 on this measure of hope, confidence, and empowerment of the parent/primary caregiver as a result of PSP services.

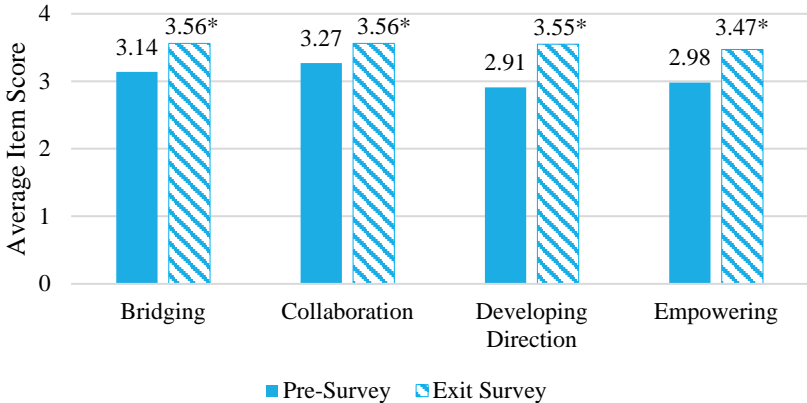
**Average Item Score at Pre and Exit**



N = 426. \*p < .001. 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.

All areas displayed a statistically significant increase from pre to exit survey.

**Average Subscale Scores at Pre and Exit**

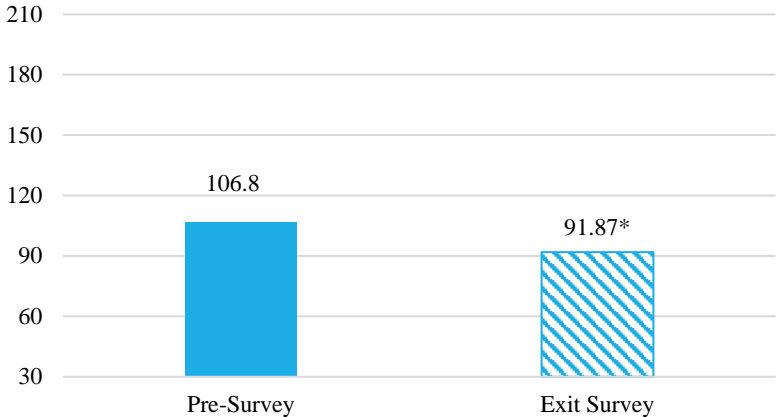


N = 426. \*p < .001. Though “Progress” data are collected, this analysis only includes data from caregivers that have exited services. Scale of the survey: 0 = Never True, 4 = Always True.

**To what extent do youths’ and children’s 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.

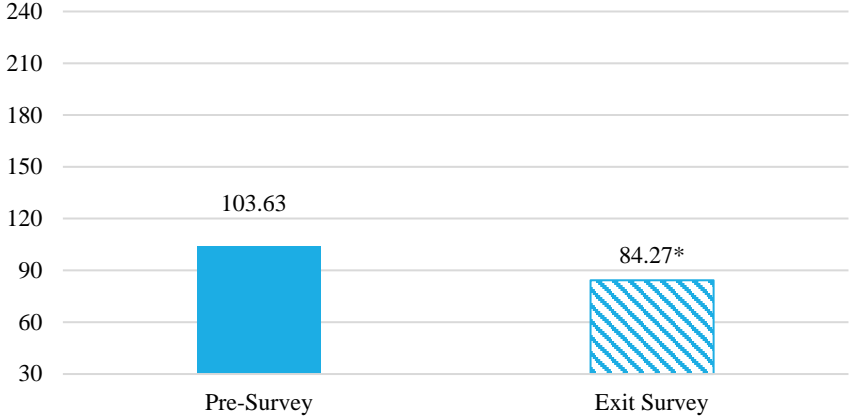
**Average CAFAS Scores at Pre and Exit**



N = 157. The highest possible score is 240. \*p < .001

Young children ages 3 to 7 also showed improvement in their level of functioning when their parents/caregivers exited PSP services.

**Average PECFAS Scores at Pre and Exit**



N = 75. The highest possible score is 210. \*p = .001

**Michigan Department of  
Health and Human Services:  
Parent Support Partner (PSP)  
Evaluation  
Executive Summary  
FY20**

**Michigan State University PSP Evaluation Project**

**Principal Investigator: John S. Carlson, Ph.D., Professor  
Current Project Director: Briana J. Williams, M.A.**

**Parent Support Partner (PSP) Evaluation  
Executive Summary, FY20  
December 15, 2020**

## Introduction

The following summary provides background and a 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 to inform services and supports for their child. Initially, 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 et al., 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 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.

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. The five outcome areas in the logic model 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 parents/primary caregivers 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 corresponding 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 ratings on the Pre-Survey and Progress/Post Survey indicate higher agreement with items. Scores on the Pre-Survey and Progress/Post Survey are compared 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 eight weeks. These reminders are sent out on three 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 (October 31, 2020)

This report includes all data collected between the pilot phase (July 14, 2016) and October 1, 2020. 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 Exit 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 before the start of services and the five subscales at exit from services at sites across Michigan.

### Child Demographic Information

This report contains data from 1,806 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 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 has an Autism Spectrum Disorder (ASD) diagnosis. 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> =1748)	11 years
Age Range	2 months – 20 years
Primary Designation ( <i>n</i> =1669)	
Serious Emotional Disturbance (SED)	1,360 (82%)
Intellectual or Developmental Disability (I/DD)	208 (13%)
Both SED and I/DD	74 (4%)
Infant Mental Health (IMH)	27 (1.5%)
Diagnosed with ASD	277 (17%)
Youth and Children's Functioning	
Average CAFAS Score at Pre-Survey ( <i>n</i> =932)	105.3
Average PECFAS Score at Pre-Survey ( <i>n</i> =424)	105.2

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

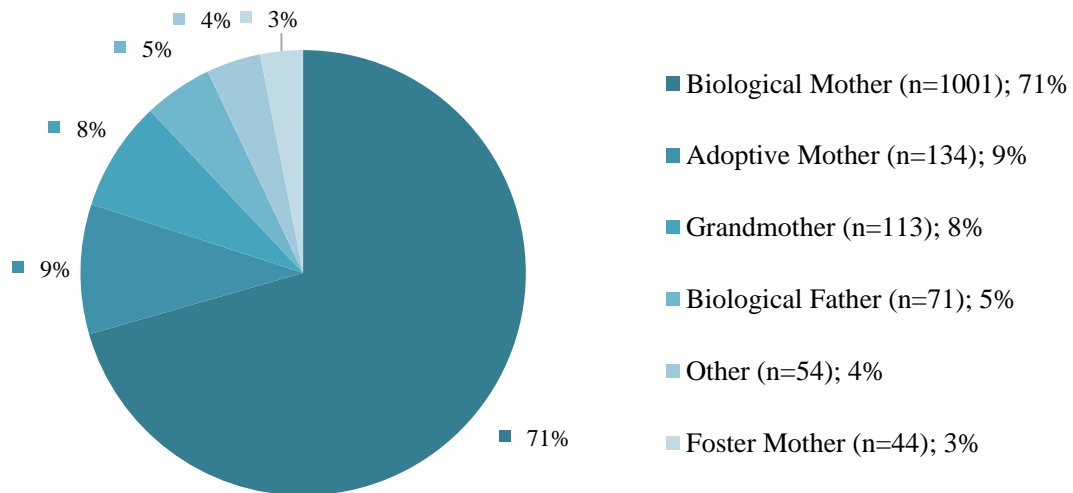
months; DECA Clinical Form, 2 years - 5 years). Due to only seven families reporting DECA scores, those data were not included in the current report.

### Caregiver Demographic Information

A question on the Pre-Survey that asks for a description of the primary caregiver (see Figure 1). According to the results, 71% are biological mothers ( $n=1001$ ), 9% are adoptive mothers ( $n=134$ ), 8% are grandmothers ( $n=113$ ), 5% are biological fathers ( $n=71$ ), 3% are foster mothers ( $n=44$ ), 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 ( $n=5$ ), less than 1% are stepmothers ( $n=2$ ), and 3% are other ( $n=40$ ). The total number of primary caregivers that responded to this question is 1,419.

**Figure 1**

*Primary Caregivers Involved in PSP Services*



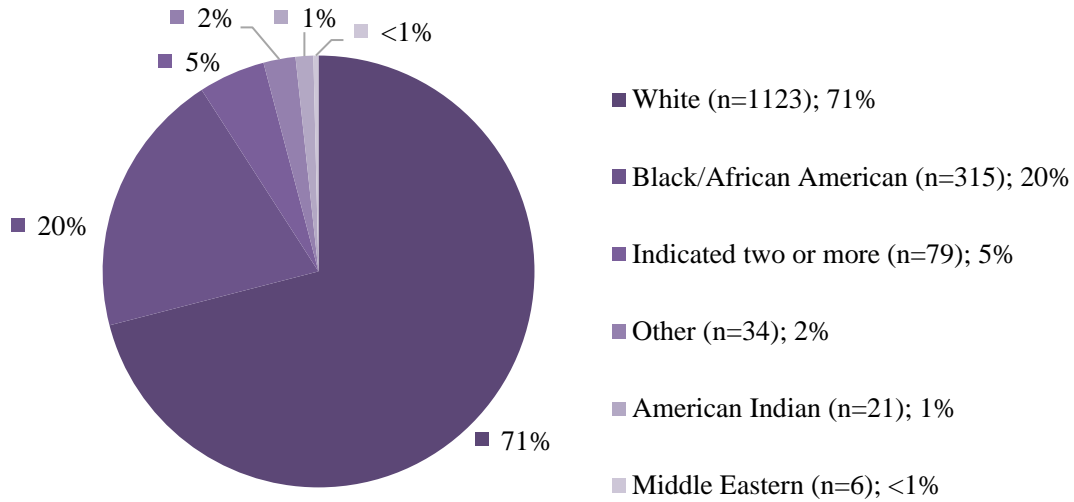
*Note:* “Other” is the combined number of caregiver selections for Adoptive Father, Stepfather, Stepmother, Grandfather, Foster Father, Live-in Partner, and other relatives.

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 ( $n=1123$ ), 20% of caregivers are Black or African American ( $n=315$ ), 5% indicated two or more races ( $n=79$ ), 1% are American Indian ( $n=21$ ), less than 1% are Middle Eastern ( $n=6$ ), less than 1% are Arab American ( $n=2$ ), and 2% indicated “Other” ( $n=34$ ). The total number of primary caregivers that responded to this question is 1,582.



**Figure 2**

*Parent/Primary Caregiver Race*

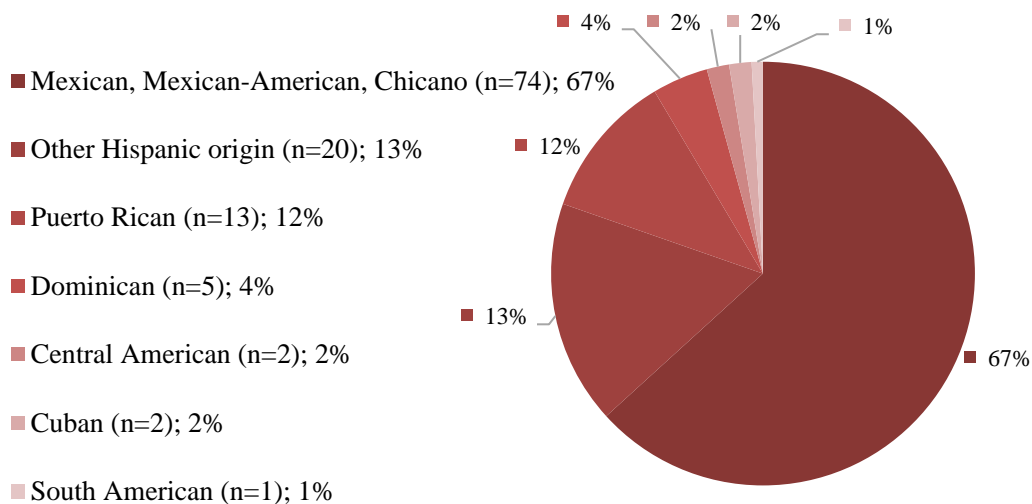


*Note:* “Other” includes selections of Native Hawaiian/Pacific Islander, Arab American, Middle Eastern, and unspecified races.

One thousand eight-hundred six parents and primary caregivers self-identified their ethnicity (see Figure 3). When asked to choose whether they identified with a Hispanic or Latin Cultural or Ethnic Background, 1,697 (94%) parents/primary caregivers did not identify as being of Hispanic or Latin cultural/ethnic heritage, while 6% did identify as belonging to those groups ( $n=117$ ). Sixty-seven percent of those parents/primary caregivers identified as Mexican American or Chicano ( $n=74$ ), 12% identified as Puerto Rican ( $n=13$ ), 4% identified as Dominican ( $n=5$ ), 2% identified as Cuban ( $n=2$ ), 2% identified as Central American ( $n=2$ ), and 1% identified as South American ( $n=1$ ). Thirteen percent of parents/primary caregivers indicated they were of a Hispanic or Latin cultural/ethnic heritage ( $n=20$ ) but did not specify one from the available choices, nor did they fill in one in the blank provided.

**Figure 3**

*Parent's/Primary Caregiver's of Hispanic or Latin Cultural/Ethnic Background*



## Caregiver 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 sufficient to change their outcomes. Eight weeks was determined to be the minimum effective dosage for services. Less than eight weeks is not enough 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 Exit Survey asked if it had been at least eight weeks since the Pre-Survey was completed. Of 981 responses to this item, only 13% indicated that a primary caregiver left PSP services after less than eight weeks ( $n=123$ ).

Also, the length of service in months was calculated for 211 caregivers. Table 2 displays the number of contacts and length of services for parents/caregivers who ended services after **October 1, 2019**. The length of service was determined by the Pre-Survey completion date and the Exit date. The length of services ranged from 2 months to 31 months.

**Table 2**

*Number of Contacts and Length of PSP Services*

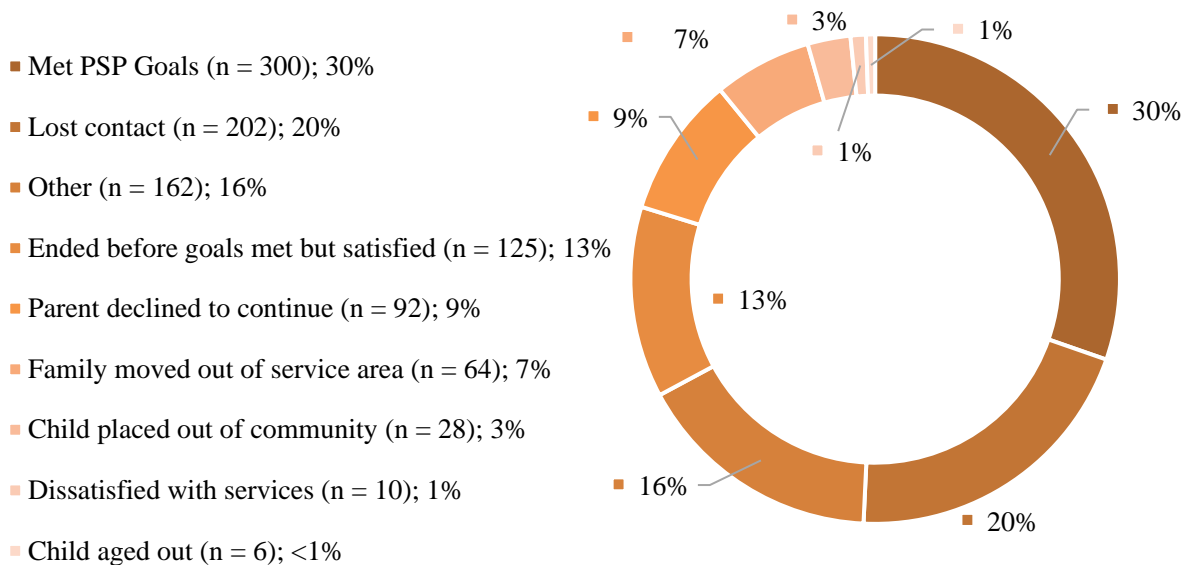
	Range	Average
Number of contacts	1 – 90	21 contacts
Length of services	2 – 31 months	9.4 months

*Note.* This analysis excludes parents/primary caregivers who received services for less than eight weeks.

On the Exit Survey, PSPs are asked to indicate the reason a parent/primary caregiver may have left services (see Figure 4). Nine-hundred and eighty-nine individuals responded to this item. Thirty percent indicated they met their PSP goals/outcomes ( $n=300$ ), 20% of parents/primary caregivers could not be contacted ( $n=202$ ), therefore services were terminated, 13% of parents/primary caregivers ended services because they were satisfied with their progress prior to meeting their goals ( $n=125$ ), 9% of parents/primary caregivers indicated that they did not want to continue services due to busy schedules ( $n=92$ ) 7% of parents/primary caregivers moved out of the service area ( $n=64$ ), 3% of parents/primary caregivers indicated that the child was placed out of the community (e.g., residential placement;  $n=28$ ). Another 1% of parents/primary caregivers withdrew from services due to dissatisfaction with services ( $n=10$ ), while less than 1% of parent/primary caregivers exited because their child aged out of services ( $n=6$ ). Sixteen percent of parents/primary caregivers left for “Other” reasons ( $n=162$ ). The most common “Other” reasons reported were due to agency-related issues (i.e., PSP-related, termination of other services, etc.).

**Figure 4**

*Reasons Primary Caregivers Exited PSP Services*



**Outcome Data for Parents/Primary Caregivers**

This section of the report includes comparisons of Pre-Survey and 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 these analyses only include parents and primary caregivers who completed both Pre- and Exit Survey data.

Two questions at the end of the Post Survey serve the purpose of measuring social validity. These items were added to the Post Survey on June 28, 2017. They were developed to gauge how helpful a primary caregiver found services to be and how likely they were to recommend services; both questions were answered with a 10-point Likert scale of (1) not helpful to very helpful (10), and (1) not likely to very likely (10), respectively. These scores were not factored into the total score. The average scores were based on the 406 responses (Figure 5). Based on their responses, parents/primary caregivers felt that PSP services were very helpful and would recommend the service to others; the average item scores were 9.4 and 9.5, respectively.

**Figure 5**

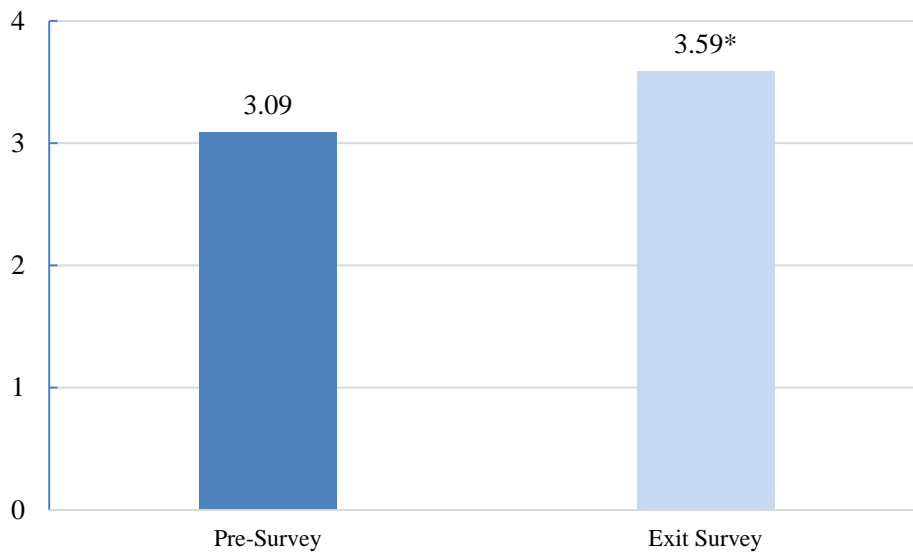
*Average rating of social validity questions on Post Survey at the time of exit*

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>9.5</b> out of 10

The average item score of the Pre-Survey and Exit Surveys represent the hope, confidence, and empowerment of the parent/primary caregiver as a result of PSP services, across four areas at the beginning (i.e., Bridging, Collaboration, Developing Direction and Determination, and Empowering), and five areas at progress and exit (all previously mentioned areas with the addition of Alliance Building). Though “Progress” data were collected, this analysis only includes data from caregivers that have exited services (n=426). The Post Survey data for those parents/primary caregivers are called “Exit” data. All items are rated on a scale of 0 (never true) to 4 (always true). A paired-samples t-test was conducted to compare the average item ratings in the pre-surveys and exit surveys. There was a significant increase in scores for the pre-survey ( $M = 3.08, SD = 0.66$ ) and exit survey ( $M = 3.59, SD = 0.45$ );  $t(425) = 16.75, p < .001$ . These results (see Figure 6) suggest that participation in PSP services positively impact a parent/primary caregiver’s hope, confidence, and empowerment. This analysis did not include surveys where the parent/primary caregiver did not complete a questionnaire.

**Figure 6**

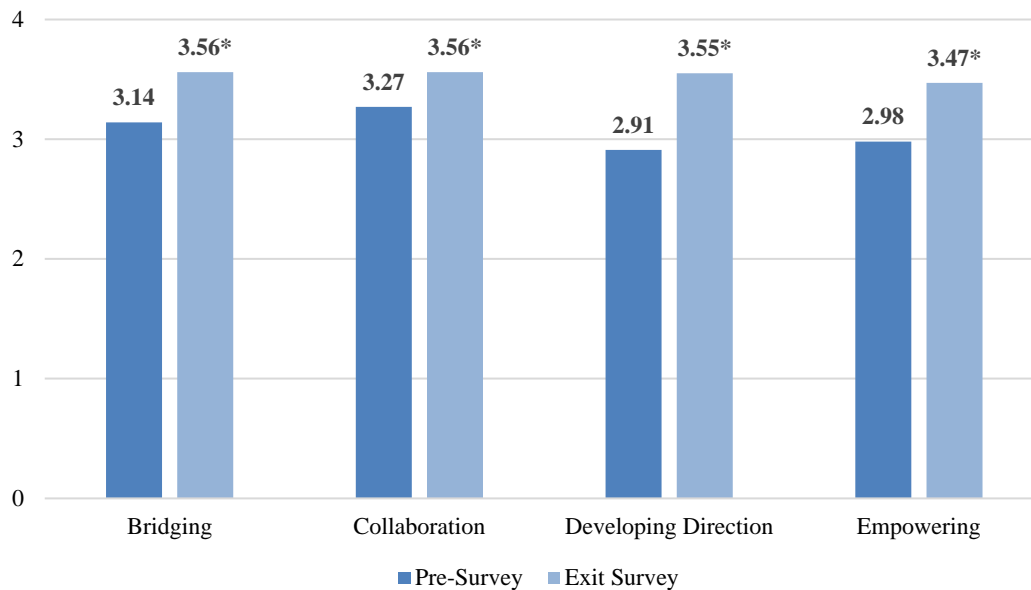
*Average Item Score at Pre-Survey and Exit Survey*



\*  $p < .001$

Paired-samples t-tests were conducted to compare pre-survey and exit survey responses across each subscale area (i.e., Bridging, Collaboration, Developing Direction, and Empowering; see Figure 7). Every area measured by the Outcome Tool displayed a statistically significant increase in scores from pre-survey assessment to exit from services.

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



\*  $p < .001$

*Note.* The area of Alliance Building is not a part of Pre-Survey because that area relates directly to the relationships that develop during PSP services between the parent/primary caregiver and their PSP, their service providers, and family or other supporters. The high average item score obtained at exit from services on the Alliance Building subscale ( $M = 3.87$ ,  $SD = 0.34$ ) 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 Exit 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 children's level of functioning. Please note that these analyses only include children for whom both Pre and Exit Survey data were available.

Providers at CMHSPs 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 Pre and Exit were available for 157 youth (see Figure 8). Please see Table 3 for subscale-specific scores for the CAFAS.

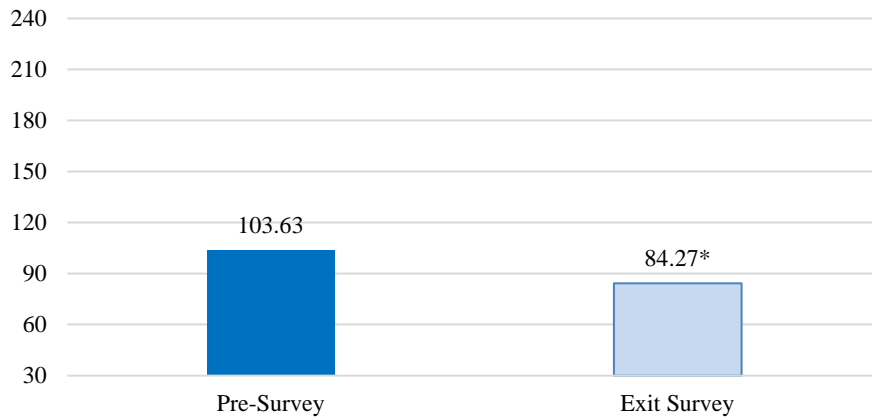
**Table 3***CAFAS and PECFAS Subscale Scores*

Subscale Name	CAFAS (n = 157)		PECFAS (n = 75)	
	Avg. Subscale Score			
	Pre	Exit	Pre	Exit
<b>Child/Youth Impairment in Day to Day Functioning</b>	<i>M (SD)</i>	<i>M (SD)</i>	<i>M (SD)</i>	<i>M (SD)</i>
School/Work Performance	21.66 (9.3)	17.71 (10.5)***	22.13 (10.6)	20.00 (10.8)
Home Role Performance	22.76 (8.0)	18.46 (8.4)***	23.47 (8.0)	20.53 (7.7)*
Community Role Performance	6.69 (9.8)	5.16 (9.7)*	5.20 (8.8)	4.93 (8.8)
Behavior Towards Others	20.64 (7.5)	17.32 (7.3)***	21.33 (6.4)	18.27 (8.3)**
Moods/Emotions	19.94 (6.3)	17.32 (7.3)***	20.80 (5.9)	17.60 (7.3)***
Self-Harmful Behavior	7.45 (10.1)	4.52 (8.8)***	8.00 (10.3)	4.80 (9.8)**
Substance Abuse	1.69 (6.1)	1.62 (5.9)	n/a	n/a
Thinking	2.88 (6.0)	2.88 (6.5)	4.25 (8.3)	4.66 (7.7)
<b>Caregiver Provision for the Child's Needs</b>				
Material Needs	2.16 (5.9)	2.08 (5.4)	4.39 (8.5)	3.16 (7.4)
Family/Social Support	7.20 (8.9)	5.04 (8.2)*	7.86 (8.2)	6.79 (9.2)

\*  $p < .05$ . \*\*  $p < .01$ . \*\*\*  $p < .001$ .

**Figure 8**

*CAFAS Scores at Pre-Survey and Exit Survey*

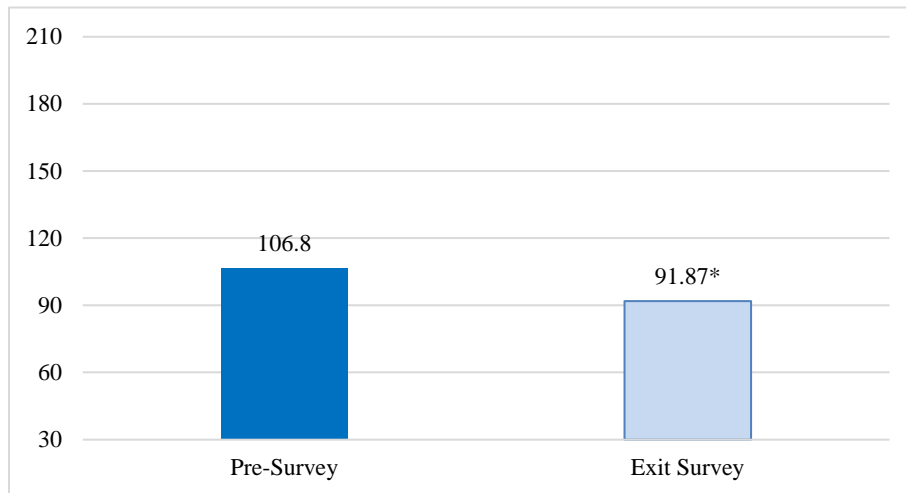


*Note.*  $N = 157$ . The highest possible score is 240.  $*p < .001$ .

The PECFAS measures seven subscales assessing youth and two subscales assessing caregivers. The subscales assessing youth are identical to the CAFAS, apart from the Substance Use subscale. The subscales assessing caregivers are similar to the CAFAS. Total PECFAS scores at Pre and Exit were available for 75 children (see Figure 9). Paired-samples t-tests were conducted to compare pre-survey and exit survey scores on the PECFAS for youth and caregiver scores. There was a statistically significant decrease in scores for the total youth score of the PECFAS on the pre-survey ( $M = 106.80$ ,  $SD = 32.85$ ) and exit survey ( $M = 91.87$ ,  $SD = 36.71$ );  $t(74) = -3.64$ ,  $p = .001$ . Subscale-specific scores for the PECFAS can be found in Table 3.

**Figure 9**

*PECFAS Scores at Pre-Survey and Exit Survey*



*Note.*  $N = 75$ . The highest possible score is 210.  $*p = .001$ .

## Summary

A total of 1,806 parents and primary caregivers have participated in PSP services since the inception of this evaluation. 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: 13%), both SED and I/DD (4%) or are infant mental health cases (1.5%). The average age of the children whose parents/primary caregivers are participating in PSP services is 11 years old. Majority of the parents/primary caregivers participating in PSP services are biological mothers (71%) and White (71%).

On average, most PSPs and parents/primary caregivers met face-to-face 21 times (range of 0 to 90) and were in services for just under one year ( $M = 9.4$  months). The time spent receiving PSP services ranged from 2 months to 27 months. The most common reason for parents and primary caregivers to exit PSP services was because they had met their PSP goals or outcomes (30%), 20% lost contact, 13% ended services prior to meeting goals but were satisfied with services, or 7% who moved out of the service area. Parents and primary caregivers reported that they found PSP services to be very helpful (9.4/10), and they were very likely (9.5/10) to recommend PSP services. From pre to exit, the average score for 426 parents and primary caregivers (who completed both sets of forms) increased from 3.09 to 3.5, indicating statistical significance,  $p < .01$ .

When broken down by outcome area (Bridging, Collaboration, Developing Direction, and Empowering), statistically significant 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 (3.87 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/primary caregivers, CAFAS (pre:  $M = 103.63$  to exit:  $M = 84.27$ ) and PECFAS (pre:  $M = 106.80$  to exit:  $M = 91.87$ ) scores revealed a statistically significant decrease (i.e., improved) from pre to exit.

## Take-home messages

1. Parents/caregivers find PSP services to be very helpful and are very likely to recommend the service to a friend
2. Participation in PSP Services lead to statistically significant increases in parents' hope, confidence, and empowerment to create positive outcomes for their child and family
3. Child outcomes are indirectly improved when a parent/caregiver participates in PSP services



## 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).