

Overview

- ❖ The report includes a description and evaluation of the Parent Support Partner (PSP) Evaluation Pilot and the following four fiscal years. This includes data collected using the Revised (i.e., shortened) PSP Outcome Tool during this past year (Oct. 1, 2020 – September 31, 2021).
- ❖ The PSP evaluation includes analysis of demographic information and outcomes for parents/primary caregivers and their children receiving PSP services between July 2016 and September 2021, using the following measures:
 - ❖ PSP Outcome Tool
 - ❖ CAFAS & PECFAS
- ❖ 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.
- ❖ Data presented on page 2 of this report include side-by-side comparisons of the PSP Outcome Tool and the Revised PSP Outcome Tool.

Parent Support Partner (PSP) Evaluation Project

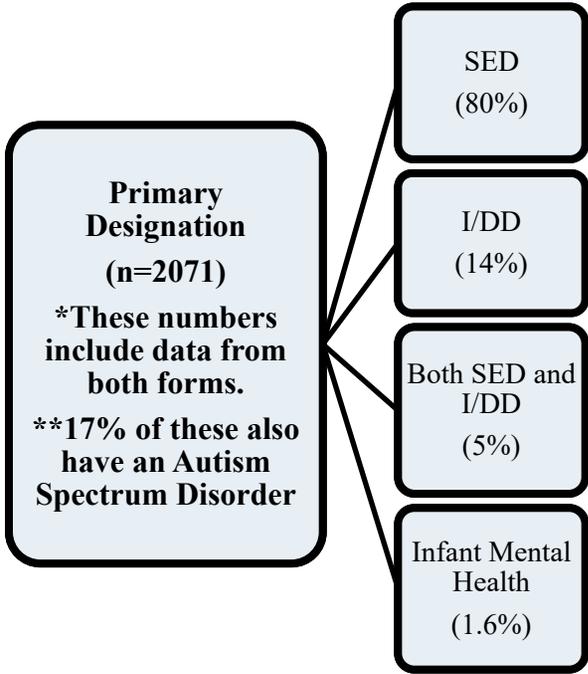
July 1, 2016 – September 30, 2021

Components of the Parent Support Partner Evaluation Project

PSP 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.	Vision 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.	Social Validity <table border="0"> <tr> <td>How helpful have you found PSP services? 9.4/10</td> <td>How likely are you to recommend PSP services? 9.5/10</td> </tr> </table>	How helpful have you found PSP services? 9.4/10	How likely are you to recommend PSP services? 9.5/10
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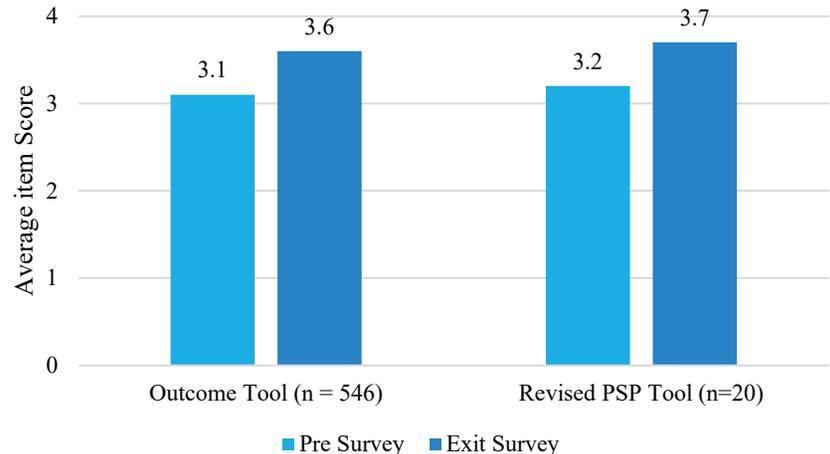
Background

	Old Form	Revised
Primary Caregivers	(n=1,431)	(n = 254)
Biological Mother	70%	65%
Adoptive Mother	10%	9%
Grandmother	8%	9%
Biological Father	5%	9%
Other	4%	2%
Foster Mother	3%	4%
Parent/ Caregiver Race	(n=1600)	(n=310)
White	70%	78%
Black/African American	20%	13%
Mixed/Other	10%	9%
Avg Number of Contacts	27	15
Length of Services	2 – 30 mo	2-10 mo
Avg Length of Services	9.1 mo	4.2 mo
Reasons for Exit		
Met PSP goals & satisfied	48%	38%
Lost contact	17%	13%
“Other”	13%	24%



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

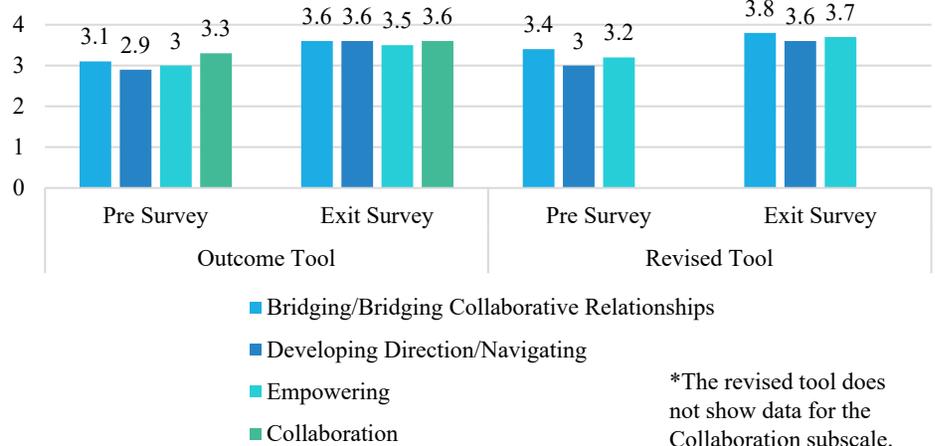
Average Item Total Score



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 Score at Pre and Exit

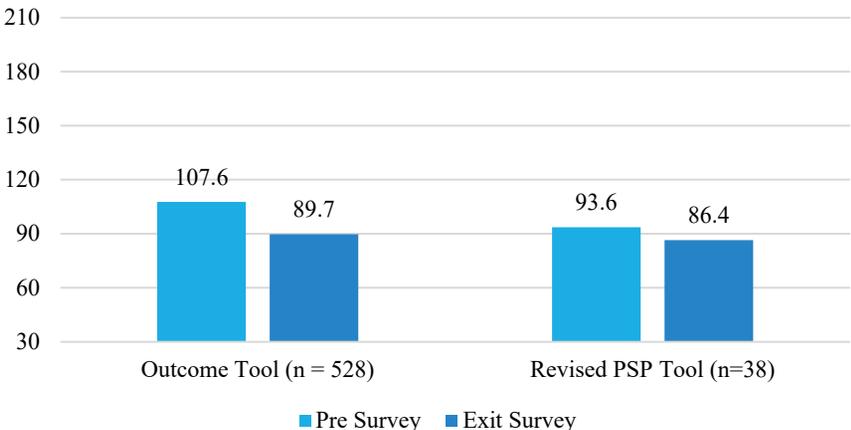


*The revised tool does not show data for the Collaboration subscale.

To what extent do youth’s 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.

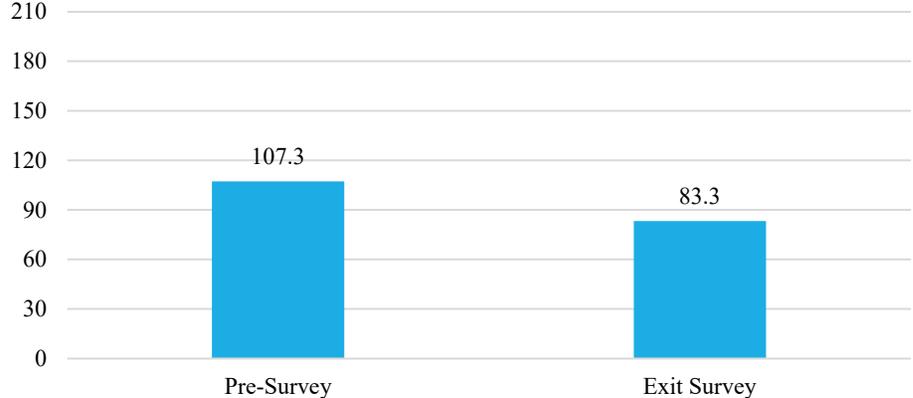
Average CAFAS Scores at Pre and Exit



The highest possible score is 240.

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 = 30. The highest possible score is 210. Data for the Revised Outcome Tool are not included due to the small number of cases (n = 3).

Michigan Department of Health and Human Services: Parent Support Partner (PSP) Evaluation

FY21 Annual Report

Michigan State University PSP Evaluation Project

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

**PSP Evaluation
FY21 Annual Report
March 14, 2022**

Executive Summary

Parent Support Partners (PSP) is a Medicaid service that uses a peer-parent relationship to increase parents/primary caregivers' sense of empowerment, self-sufficiency, self-confidence, and feelings of competence to inform services and support for their child. The PSP Statewide Evaluation Project began in July 2016 in collaboration with Michigan State University partners to evaluate the PSP service in Michigan and assess the effectiveness of PSP services on parents' hope, confidence, and empowerment to create positive outcomes for their child and family. The PSP Outcome Tool was developed by stakeholders across the Michigan Department of Health and Human Services. The original outcome tool was used to collect evaluation data from July 2016 through September 2020. A revised version of the form was developed and implemented on October 1, 2020. One thousand, eight-hundred twenty-five parents/caregivers have participated in PSP services using the original form to date, and four hundred seventy-one caregivers have participated in PSP services beginning on October 1, 2020, using the revised form. Reports and outcomes for both forms are included in this report. Across both forms, data from those who complete PSP services clearly show improvements in parents' hope, confidence, and empowerment to create positive outcomes for their child and family. Exposure to PSP services also aligns with positive improvements in youth functioning outcomes. Parents/primary caregivers reported PSP services to be very helpful and would recommend the service to others; the average item scores were 9.5 and 9.5 (out of 10), respectively. A greater focus should be placed on reducing the high rate (>50%) of attrition (e.g., leaving services prior to treatment completion) from PSP services in the coming fiscal year.

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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.

PSP Outcome Tool (July 2016 – September 30, 2021)

This report includes all data collected between the pilot phase (July 14, 2016) and October 1, 2021. This report includes data that were collected from CMHSPs or their contract agencies that are providing PSP services. The results section of this report summarizes the demographic information of the parents/primary caregivers and their children. This report contains data from the PSP Outcome Tool (Pre-Survey & Progress/Exit-Survey).

Child Demographic Information

This report contains data from 1,825 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> = 1757)	10.5 years (4.1)
Age Range	1 month – 20 years
Primary Designation (<i>n</i> = 1687)	
Serious Emotional Disturbance (SED)	1,371 (81%)
Intellectual or Developmental Disability (I/DD)	213 (13%)
Both SED and I/DD	75 (4%)
Infant Mental Health (IMH)	28 (2%)
Diagnosed with ASD	282 (17%)
Youth and Children’s Functioning	
Average CAFAS Score at Pre-Survey (<i>n</i> = 1252)	105.1 (35.9)
Average PECFAS Score at Pre-Survey (<i>n</i> = 112)	106.9 (32.7)

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

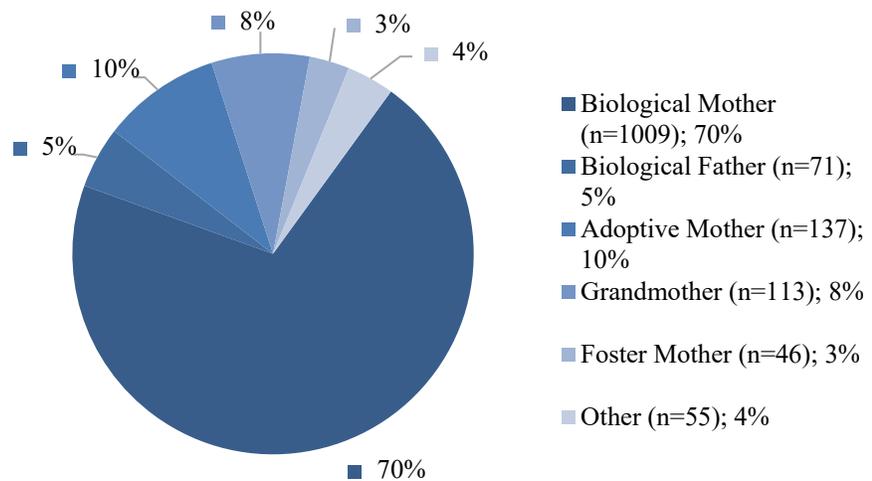
months; DECA Clinical Form, 2 years - 5 years). Due to only seven families reporting DECA scores, those data were not included in the current report.

Caregiver Demographic Information

A question on the PSP Outcome Tool (Pre-Survey) that asks for a description of the primary caregiver (see Figure 1) who completed the “Caregiver Provision for Child’s Needs” sections of the CAFAS and PECFAS assessments. CAFAS and PECFAS scores are only collected for children identified under the SED category. Children identified under I/DD would not have corresponding CAFAS/PECFAS scores. Therefore, the total number of caregiver demographic information will be lower than the number of pre-surveys collected. According to the results, 70% are biological mothers ($n = 1009$), 10% are adoptive mothers ($n = 137$), 8% are grandmothers ($n = 113$), 5% are biological fathers ($n = 71$), 3% are foster mothers ($n = 46$), 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 1,431.

Figure 1

Primary caregivers involved in PSP services

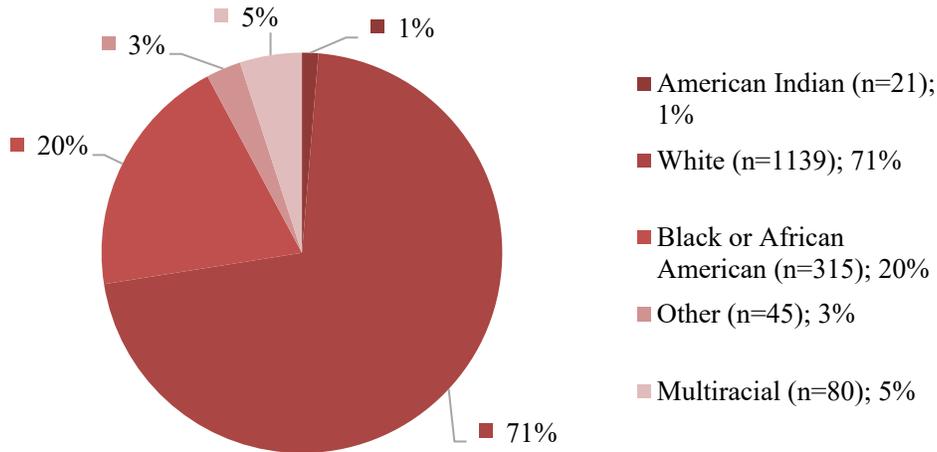


Note: “Other” is the combined number of caregiver selections for Adoptive Father, Stepfather, Stepmother, Grandfather, Foster Father, Live-in Partner, and other relatives.

There is a question on the PSP Outcome Tool (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 ($n = 1139$), 20% of caregivers are Black or African American ($n = 315$), 5% indicated two or more races ($n = 80$), 1% are American Indian ($n = 21$), less than 1% are Middle Eastern ($n = 6$), less than 1% are Arab American ($n = 2$), less than 1% are Asian ($n = 2$), and 2% indicated “Other” ($n = 35$). The total number of primary caregivers that responded to this question is 1,600.

Figure 2

Parent/primary caregiver race

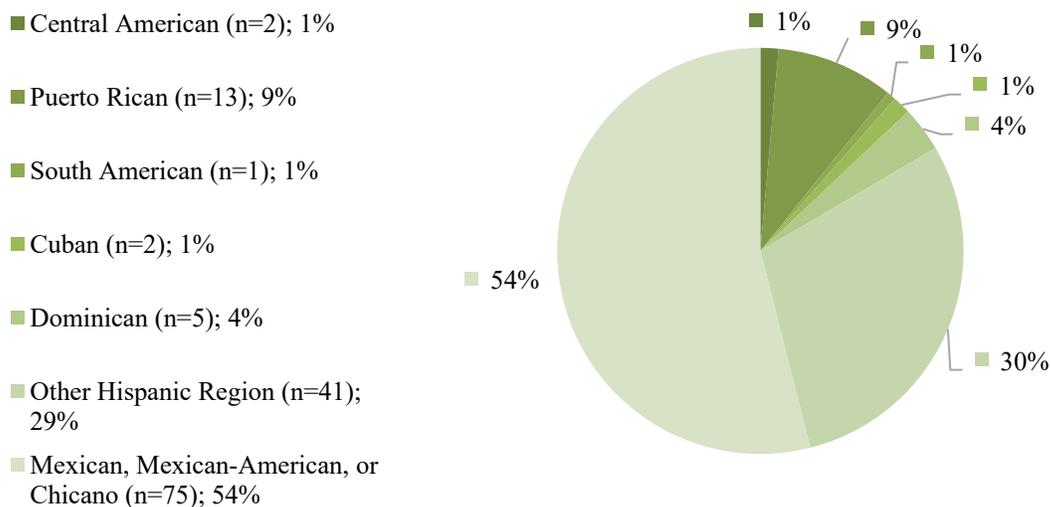


Note: “Other” includes selections of Arab American, Middle Eastern, Asian, and unspecified races.

One thousand eight-hundred twenty-five 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, 92% ($n=1,517$) of parents/primary caregivers did not identify as being of Hispanic or Latin cultural/ethnic heritage. Of the 8% ($n = 139$) who did, 54% identified as Mexican American or Chicano ($n = 75$), 9% identified as Puerto Rican ($n = 13$), 4% identified as Dominican ($n = 5$), 1% identified as Cuban ($n = 2$), 1% identified as Central American ($n = 2$), and 1% identified as South American ($n = 1$). Twenty-nine percent of parents/primary caregivers indicated they were of a Hispanic or Latin cultural/ethnic heritage ($n = 41$) but did not specify one from the available choices, nor did they fill in one in the blank provided.

Figure 3

Parents/primary caregivers of Hispanic or Latin cultural/ethnic background



Caregiver Exit Information

When filling out the PSP Outcome Tool (Progress/Exit Survey), agencies are requested to provide exit report 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 PSP Outcome Tool (Progress/Exit Survey) asked if it had been at least eight weeks since the PSP Outcome Tool (Pre-Survey) was completed. Of 1,283 responses to this item, only 12% indicated that a primary caregiver left PSP services after less than eight weeks ($n = 147$).

Also, the length of service in months was calculated for 968 caregivers. Table 2 displays the number of contacts and length of services for parents/caregivers who ended services after **October 1, 2019** ($n = 368$). The average number of contacts was 27 with a range from 1 to 108 contacts. The length of service was determined by the PSP Outcome Tool (Pre-Survey) completion date and the exit date. The average length of PSP services received was just over 9 months and service length ranged from 2 months to 30 months.

Table 2
Number of contacts and length of PSP services

	Range	Average (<i>SD</i>)
Number of contacts ($n = 368$)	1 – 108	27 contacts (19.8)
Length of services ($n = 968$)	2 – 30 months	9.1 months (6.2)

Note. This analysis excludes parents/primary caregivers who received services for less than eight weeks and those who remained in services beyond 30 months.

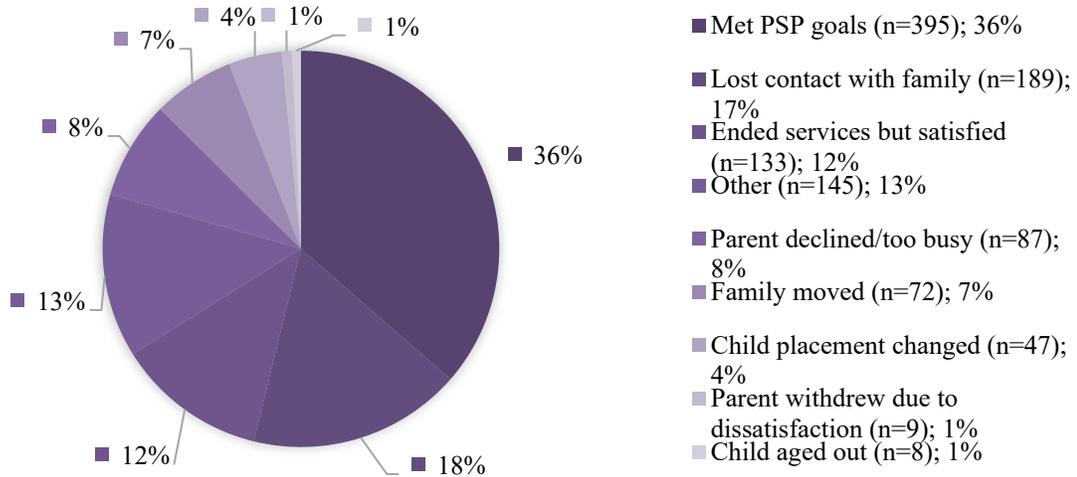
On the PSP Outcome Tool (Progress/Exit Survey), PSPs are asked to indicate the reason a parent/primary caregiver may have left services (see Figure 4). One thousand, eighty-five individuals responded to this item. Thirty-six percent indicated they met their PSP goals/outcomes ($n = 395$) while an additional 12% ended services because they were satisfied with their progress prior to meeting their goals ($n = 133$). Fifty-two percent did not complete PSP services ($n = 690$) due to the following reasons:

- 17% of parents/primary caregivers could not be contacted ($n = 189$)
- 13% parents/primary caregivers left for “Other” reasons ($n = 145$). The most common “Other” reasons reported were due to agency-related issues (e.g., PSP-related, termination of other services)
- 8% of parents/primary caregivers indicated that they did not want to continue services due to busy schedules ($n = 87$)
- 7% of parents/primary caregivers moved out of the service area ($n = 72$), and
- 4% of parents/primary caregivers indicated that the child was placed out of the community (e.g., residential placement; $n = 47$)
- <1% of parents/primary caregivers withdrew from services due to dissatisfaction with services ($n = 9$)

- <1% of parent/primary caregivers exited because their child aged out of services (n = 8)

Figure 4

Reasons primary caregivers exited PSP services



This section of the report includes comparisons for those parents and primary caregivers who completed the PSP Outcome Tool Pre-Survey and Progress/Exit Survey. PSP-related changes in parents/primary caregivers’ sense of empowerment, self-sufficiency, self-confidence, and feelings of competence are explored.

Two questions at the end of the PSP Outcome Tool Progress/Exit Survey serve the purpose of measuring social validity. These items were added to the Progress/Exit 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 two scores are not factored into the PSP Outcome Tool total score but were gathered instead to examine the social importance and acceptability of PSP treatment goals, procedures, and outcomes . The average scores presented below were based on responses from 520 parents/caregivers (Figure 5). Parents/primary caregivers reported PSP services to be very helpful and would recommend the service to others; the average item scores were 9.5 and 9.5, respectively.

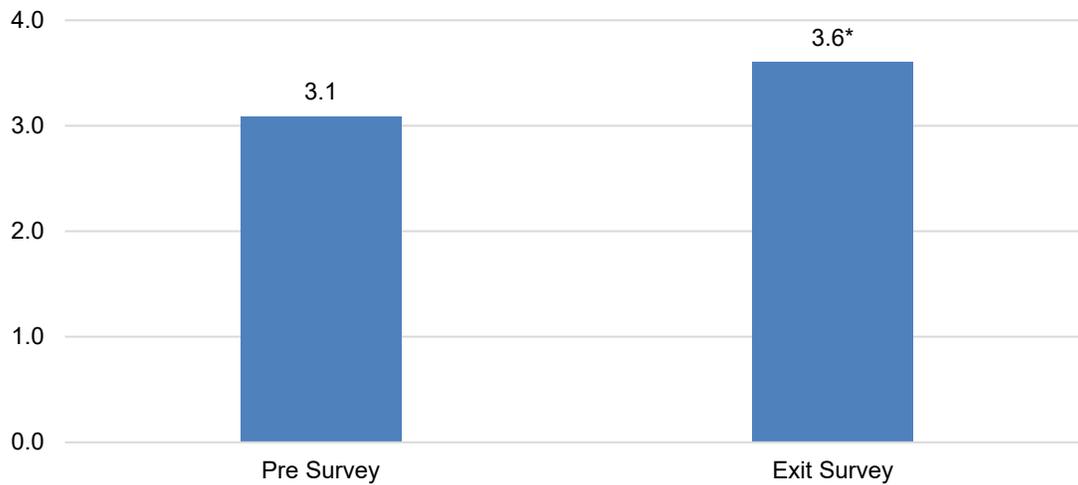
Figure 5

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

How helpful have you found PSP Services? <i>(1 = not helpful; 10 = very helpful)</i>	9.5 out of 10
How likely are you to recommend PSP Services? <i>(1 = not likely; 10 = very likely)</i>	9.5 out of 10

The average item score from the PSP Outcome Tool represents the hope, confidence, and empowerment of the parent/primary caregiver as a result of PSP services, across four areas prior to services – Bridging (e.g., “I feel I can explain my needs to service providers”), Collaboration (e.g., “I feel service providers respect me”), Developing Direction and Determination (e.g., “I am confident I can handle tough times”), and Empowering (e.g., “I know where to find help when I need it”) – and one additional area (Alliance Building) at progress (i.e., 6 months after PSP services began) and exit. Though “Progress” data were collected, the analysis presented below only includes data from caregivers that have exited services ($n = 546$) and participated in services for at least eight weeks. The PSP Outcome Tool Progress/Exit 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 from the pre-survey ($M = 3.1, SD = 0.6$) to the exit survey ($M = 3.6, SD = 0.4$); $t(545) = -19.64, p < .001$. These results (see Figure 6) suggest that participation in PSP services positively impacts a parent/primary caregiver’s feelings of hope, confidence, and empowerment.

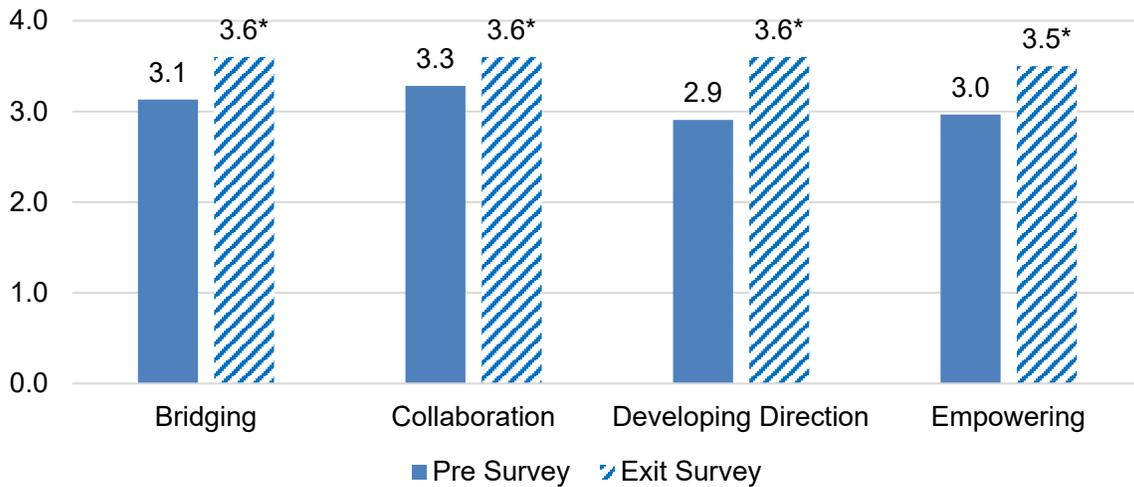
Figure 6
Average item score at Pre-Survey and Exit Survey



* $p < .001$

Paired-samples t-tests were also conducted to compare pre-survey and exit survey responses across each subscale area measured at both time points (i.e., Bridging, Collaboration, Developing Direction, and Empowering; see Figure 7). Every area measured by the PSP Outcome Tool displayed a statistically significant increase in scores from pre-survey assessment to exit from services. Items related to Developing Direction (e.g., “I am confident I can handle tough times” or “I feel PSP services have helped me make progress from when we started”) demonstrated the most substantial improvement from an average item score of 2.9 to 3.6 (score change = +.7)

Figure 7
Comparison of average item score across time by subscale



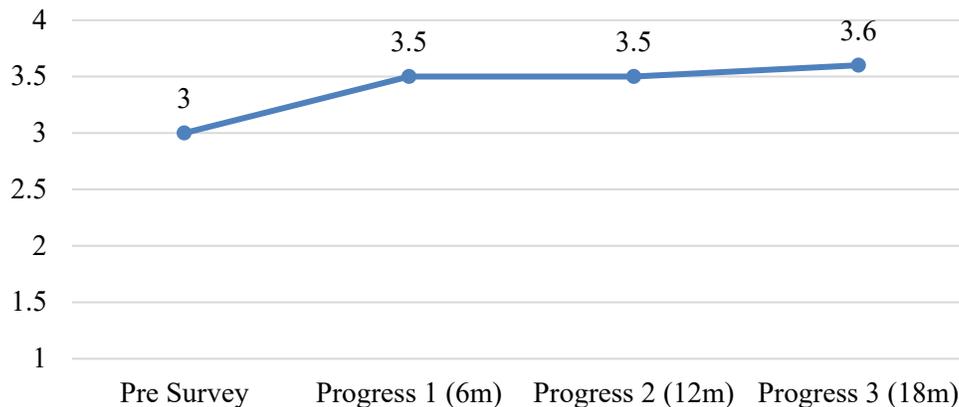
* $p < .001$

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 average item score obtained at exit from services on the Alliance Building subscale ($M = 3.9$ out of 4, $SD = 0.3$) is strongly indicative that PSP services are meeting their goals in that area (e.g., “*The PSP explained their role in a way that I could understand*” or “*I feel the PSP respects my opinion even when we don’t agree*”).

In addition to total scores from the Pre-Survey to Exit Survey, data presented in Figure 8 displays progress data from Pre-Survey through Progress Survey #3 (i.e., 18 months of service). The data show a significant increase in scores from Pre-Survey to Progress Survey 1 (i.e., 6 months of service). A repeated measures ANOVA was conducted to determine the rate of change of average item scores from pre-survey through progress #3. One-hundred seventy-two caregivers completed surveys for each pre and progress survey. This suggests that the greatest impact of PSP services on caregivers’ hope, confidence, and empowerment happened within the first six months of services.

Figure 8

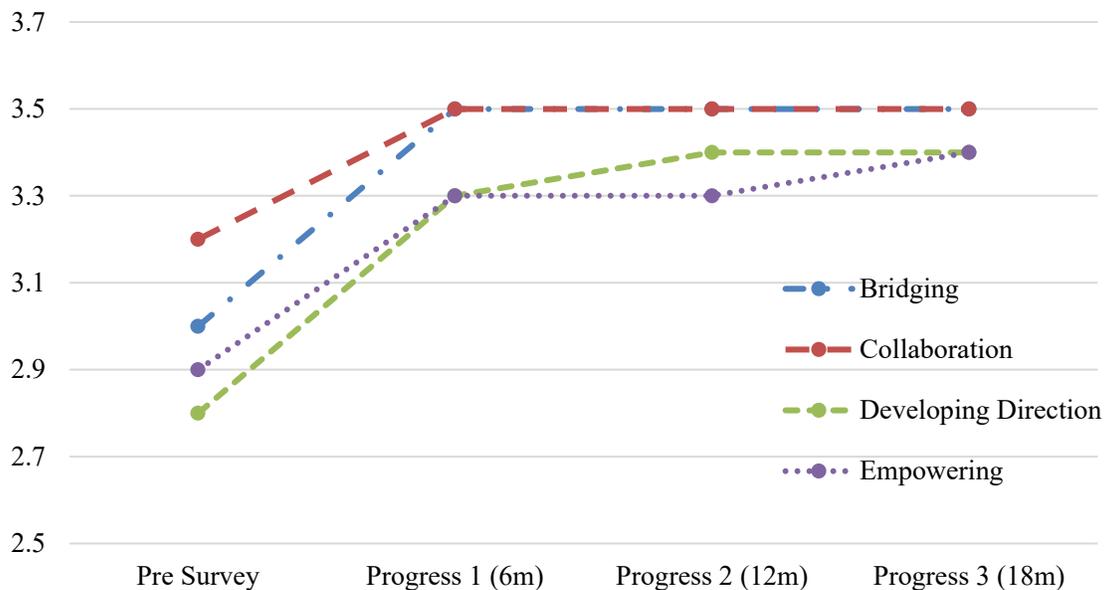
Progress over time from Pre-Survey through Progress Survey #3 (18 months of PSP)



Repeated measures ANOVAs were also conducted to compare average item scores by subscale from pre-survey through progress #3 (i.e., 18 months of PSP service). There was a statistically significant difference in parent-reported change over time, $F(1.972, 337.164) = 91.411, p < .001$. One-hundred seventy-two caregivers provided responses across all subscales. The data show (Figure 9) that the greatest impact in change for all subscales occurred within the first six months of service. This is consistent with the total average item score over time.

Figure 9

Comparison of average item score across time from pre to 18 months of PSP

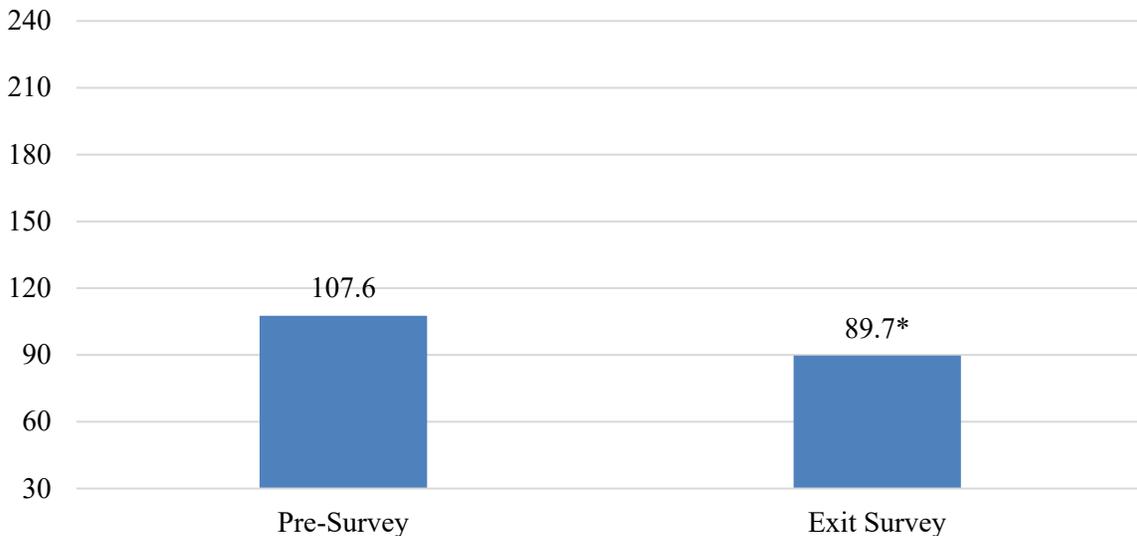


Outcome Data for Children

This section of the report explored changes in children’s functioning as a result of PSP services. Please note that these analyses only include children for whom data was available at both time points. Providers at Community Mental Health Service Programs (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 PSP 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 528 youth (see Figure 10). Paired-samples t-tests were conducted to compare total pre-survey and exit survey scores on the CAFAS for youth ($n = 292$) and caregiver ($n = 393$) scores. There was a statistically significant decrease (-18) in scores for the total youth score of the CAFAS on the pre-survey ($M = 107.6$, $SD = 33.3$) and exit survey ($M = 89.7$, $SD = 36.9$); $t(527) = 11.339$, $p < .001$. Please see Table 3 for changes on the CAFAS subscale scores. Caregiver information is not required on this instrument, so the numbers shown in Table 3 reflect the responses from those who opted-in to complete these subscales.

Figure 10
CAFAS scores at Pre-Survey and Exit Survey



Note. $N = 528$. The highest possible score is 240. $*p < .001$.

As seen in Table 3, there were statistically significant improvements across six child/youth subscales and two caregiver subscales. Child/youth functioning improved for school/work performance (-2.9), home role performance (-3.8), community performance (-1.4), behavior towards others (-3.0), moods/emotions (-2.8), and self-harmful behavior (-3.8). The caregiver subscales also improved for material needs (-.7) and family/social support (-1.6).

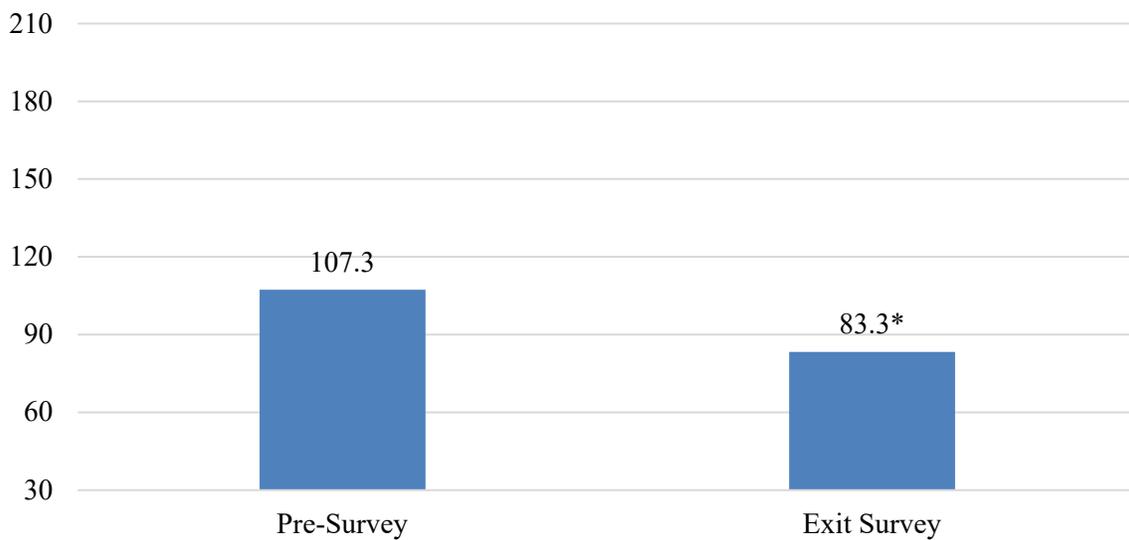
Table 3*CAFAS and PECFAS subscale scores*

Subscale Name	CAFAS (<i>n</i> = 528)		PECFAS (<i>n</i> = 30)	
	Avg. Subscale Score			
	Pre	Exit	Pre	Exit
Child/Youth Impairment in Day to Day Functioning	<i>M (SD)</i>	<i>M (SD)</i>	<i>M (SD)</i>	<i>M (SD)</i>
School/Work Performance	21.9 (9.6)	19.0 (10.6)***	22.3 (10.1)	18.7 (8.2)
Home Role Performance	23.1 (8.3)	19.3 (9.2)***	24.3 (7.3)	20.7 (8.3)
Community Role Performance	7.1 (10.1)	5.7 (9.6)**	6.7 (10.6)	2.3 (5.7)
Behavior Towards Others	20.9 (7.4)	17.9 (7.7)***	23.0 (7.0)	19.7 (8.1)
Moods/Emotions	20.5 (6.3)	17.6 (6.9)***	21.7 (4.6)	19.0 (5.5)*
Self-Harmful Behavior	8.5 (10.5)	4.8 (8.7)***	5.3 (7.8)	2.0 (4.1)*
Substance Abuse	2.3 (6.9)	2.2 (6.9)	n/a	n/a
Thinking	3.3 (6.4)	3.3 (6.5)	4.0 (8.9)	1.3 (4.3)
Caregiver Provision for the Child's Needs	<i>(n</i> = 393)		<i>(n</i> = 30)	
Material Needs	3.1 (6.7)	2.4 (5.8)*	4.8 (10.0)	2.9 (7.4)
Family/Social Support	7.4 (8.8)	5.8 (8.3)**	5.3 (9.7)	5.0 (7.3)

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

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 30 children (see Figure 11). Paired-samples t-tests were conducted to compare pre-survey and exit survey scores on the PECFAS for youth ($n = 30$) and caregiver ($n = 30$) scores. There was a statistically significant decrease in scores for the total youth score of the PECFAS on the pre-survey ($M = 107.3$, $SD = 32.5$) and exit survey ($M = 83.3$, $SD = 27.7$); $t(29) = 3.525$, $p = .001$. As seen in Table 3, there were statistically significant improvements across two child/youth subscales. Child/youth functioning improved for moods/emotions (-2.7) and self-harmful behavior (-3.3).

Figure 11
PECFAS scores at Pre-Survey and Exit Survey



Note. $N = 30$. The highest possible score is 210. * $p = .001$.

Summary

A total of 1,825 parents and primary caregivers have participated in PSP services since the inception of this evaluation in July 2016. The majority of parents/primary caregivers participating in PSP services have a child with Serious Emotional Disturbance (SED: 81%). In lesser frequency, parents/caregivers of a child with an Intellectual or Developmental Disability (I/DD: 13%), both SED and I/DD (4%) or are infant mental health cases (1.7%) were involved in PSP services. The average age of the children whose parents/primary caregivers are participating in PSP services is 11 years old. Parents/primary caregivers participating in PSP services are primarily biological mothers (70%) and identify as white (71%).

On average, most PSPs and parents/primary caregivers met face-to-face 27 times (range of 0 to 108) and were in services for just under one year ($M = 9.1$ months). The time spent receiving PSP services ranged from 2 months to 30 months. The most common reason for parents and primary caregivers to exit PSP services was because they had met their PSP goals or outcomes (36%). In the 64% of others who had exited from services the three top reasons were lost contact (17%), ended services prior to meeting goals but were satisfied with services (12%), ended services because they were too busy (8%). Parents and primary caregivers reported that they found PSP services to be very helpful (9.5/10), and they were very likely (9.5/10) to recommend PSP services. From pre to exit, the average score for 546 parents and primary caregivers (who completed both sets of forms) increased significantly from 3.1 to 3.6. Thus, for those parents and caregivers able to get through PSP services to completion, substantial improvements on hope, confidence, and empowerment based on changes observed on the PSP Outcome Tool

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 PSP Outcome Tool Pre and Exit Survey. The high average item score on the Alliance Building subscale (3.9 out of 4 possible) further supports the positive impact of PSP services on the goal “to build strong connections and relationships based on mutual respect and strategic self-disclosure.” For the children of these parents/primary caregivers, CAFAS (pre: $M = 107.6$ to exit: $M = 89.7$) and PECFAS (pre: $M = 107.3$ to exit: $M = 83.3$) scores revealed a statistically significant decrease (i.e., improved) from pre to exit.

Take-home messages

1. Parents/caregivers who complete PSP services report them to be very helpful and are very likely to recommend the service to a friend
2. Participation and completion of PSP Services results in statistically significant increases in parents' hope, confidence, and empowerment to create positive outcomes for their child and family
3. Child outcomes (i.e., CAFAS/PECFAS scores) are also demonstrating improvement when a parent/caregiver participates and completes PSP services.
4. The high rate (52%) of noncompletion (e.g., lost contact, moved out of service area) warrants attention given the strength of outcomes in those who are able to successfully complete PSP services.

Revised Form

On October 1, 2020, the PSP project began using a shortened survey form (i.e., Pre=12 items; Exit=19 items) for caregivers who began services in the new fiscal year (FY21). The shortened PSP Outcome Tool was developed similarly to the original survey in collaboration with state-level stakeholders. The Pre-Survey contains 12 items completed by parents/primary caregivers using a 5-point Likert scale (Never True = 0 to Always True = 4). Items on the Pre-Survey were designed to assess three outcome areas: Bridging Collaborative Relationships (4 items; possible range of scores = 0-16), Empowerment (4 items; possible range of scores = 0-16), and Navigating (4 items; possible range of scores = 0-16). Pre-Survey also yields a Total Score, which includes the scores for all 12 items on the Pre-Survey (possible range of scores = 0-48). 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 19 items completed by parents/primary caregivers. Seventeen 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. Two questions at the end serve the purpose of measuring social validity. Two social validity items gauge caregivers’ perceptions of the helpfulness of PSP services and how likely they would be to recommend PSP services to others; 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.

This section of the report includes all FY21 data collected between the introduction of the revised form (October 1, 2020) and October 1, 2021. This report includes data that were collected from CMHSPs or their contract agencies that are providing PSP services. The results section of this report summarizes the demographic information of the parents/primary caregivers and their children. This report contains data from the Pre-Surveys and Progress/Exit Surveys, collected using the PSP Outcome Tool.

PSP Outcome Tool-Revised (FY21: 10/1/20 – 9/30/21)

Child Demographic Information

This section of the report reports *PSP Outcome Tool (Pre-Survey)* data from 471 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 4 for more information. Note that the Ns vary based on willingness to respond.

Table 4*Child demographic information*

Average Age at Pre-Survey (<i>n</i> = 381)	10.7 years (4.1)
Age Range	2 months – 18 years
Primary Designation (<i>n</i> = 384)	
Serious Emotional Disturbance (SED)	278 (72%)
Intellectual or Developmental Disability (I/DD)	70 (18%)
Both SED and I/DD	30 (8%)
Infant Mental Health (IMH)	6 (2%)
Diagnosed with ASD	65 (18%)
Youth and Children’s Functioning	
Average CAFAS Score at Pre-Survey (<i>n</i> = 260)	105.3 (32.5)
Average PECFAS Score at Pre-Survey (<i>n</i> = 15)	87.3 (24.6)

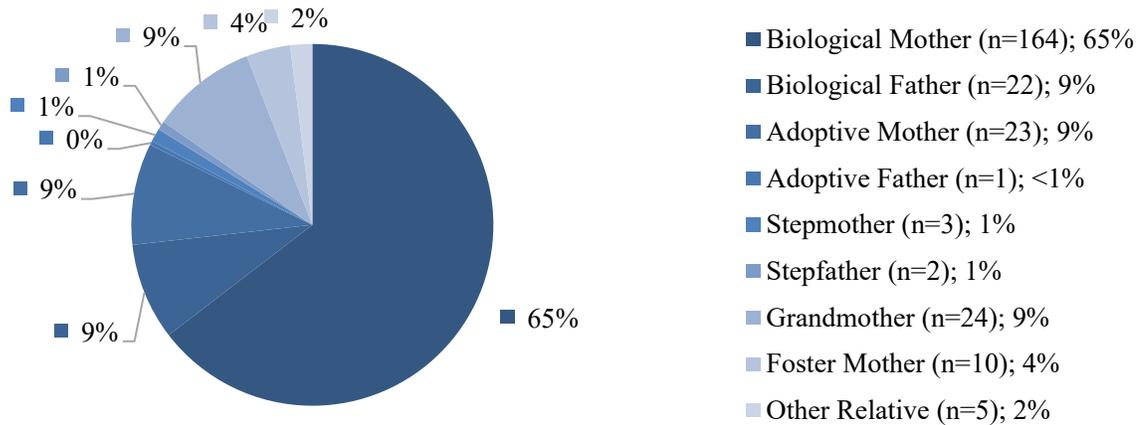
This report also contains information from the Child and Adolescent Functional Assessment Scales (CAFAS; Hodges, 1990; ages 5-19) and the Preschool and Early Childhood Functional Assessment Scales (PECFAS; Hodges, 1990; ages 3-7). The CAFAS and PECFAS are standardized and validated functional assessment 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 but will be included in future fiscal year reports.

Caregiver Demographic Information

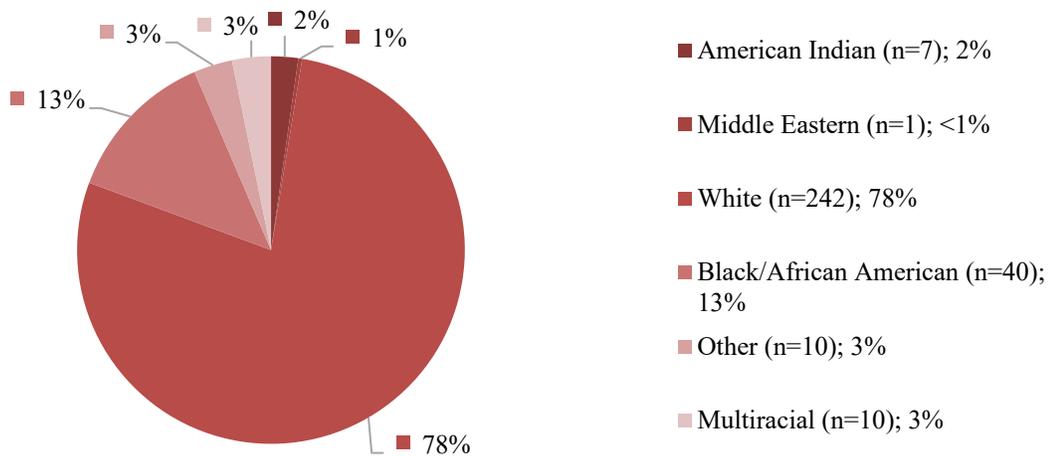
A question on the PSP Outcome Tool (Pre-Survey) that asks for a description of the primary caregiver (see Figure 12) who completed the “Caregiver Provision for Child’s Needs” sections of the CAFAS and PECFAS assessments. CAFAS and PECFAS scores are only collected for children identified under the SED category. Children identified under I/DD would not have corresponding CAFAS/PECFAS scores. Therefore, the total number of caregiver demographic information (*n* = 254) was lower than the number of pre-surveys (*n* = 381) collected. According to the respondents, 65% are biological mothers (*n* = 164), 9% are biological fathers (*n* = 22), 9% are grandmothers (*n* = 24), 9% are adoptive mothers (*n* = 23), 4% are foster mothers (*n* = 10), 2% are other relatives not listed (*n* = 5), 1% are stepmothers (*n* = 3), 1% are stepfathers (*n* = 2), and less than 1% are adoptive fathers (*n* = 1).

Figure 12
Primary caregivers involved in PSP services



A question on the PSP Outcome Tool (Pre-Survey) asks for the parent/primary caregiver to identify the race(s) that best describe them (see Figure 3). According to the responses ($n=310$), 78% of caregivers are white ($n = 242$), 13% of caregivers are Black or African American ($n = 40$), 3% indicated two or more races ($n = 10$), 3% indicated “Other” ($n = 10$), 2% are American Indian ($n = 7$), and less than 1% are Middle Eastern ($n = 1$).

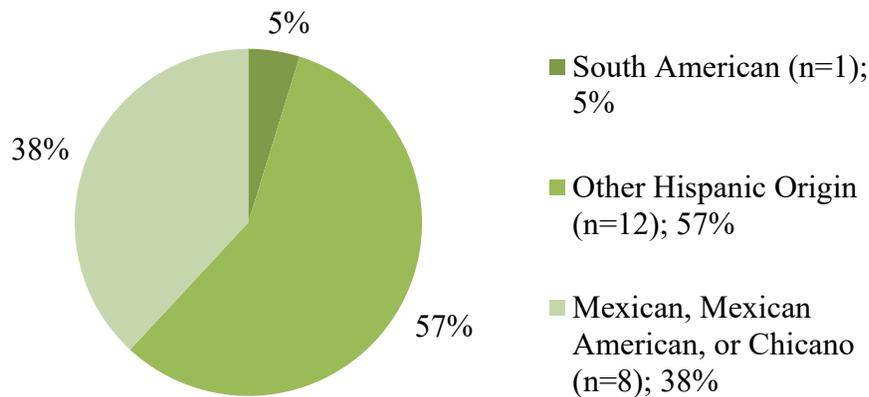
Figure 13
Parent/primary caregiver race



Three-hundred fifteen parents and primary caregivers self-identified their ethnicity (see Figure 14). When asked to choose whether they identified with a Hispanic or Latin Cultural or Ethnic Background, 295 (94%) parents/primary caregivers did not identify as being of Hispanic or Latin cultural/ethnic heritage. Of the 20 (6%) that did identify as belonging to those groups, 37% identified as Mexican, Mexican American or Chicano ($n = 7$) and 5% identified as South American ($n = 1$) while 57% did not specify their specific ethnicity.

Figure 14

Parents/primary caregivers of Hispanic or Latin cultural/ethnic background



Caregiver Exit Information

When filling out the PSP Outcome Tool (Exit Survey), agencies are requested to provide exit report 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 PSP Outcome Tool (Exit Survey) asked if it had been at least eight weeks since the PSP Outcome Tool (Pre-Survey) was completed. Of 94 responses to this item, 25% indicated that a primary caregiver left PSP services after less than eight weeks ($n = 23$).

Also, the length of service in months was calculated for 50 caregivers. Table 5 displays the number of contacts and length of services for parents/caregivers who ended services. The average number of contacts was 15 with a range from 2 to 41 contacts. The length of service was determined by the PSP Outcome Tool (Pre-Survey) completion date and the exit date. The average length of PSP services received was just over 4 months and service length ranged from 2 months to 10 months.

Table 5

Number of contacts and length of PSP services

	Range	Average (<i>SD</i>)
Number of contacts ($n = 42$)	2 – 41	15 contacts (9.9)
Length of services ($n = 50$)	2 – 10 months	4.2 months (2.2)

Note. This analysis excludes parents/primary caregivers who received services for less than eight weeks and those who remained in services beyond 30 months.

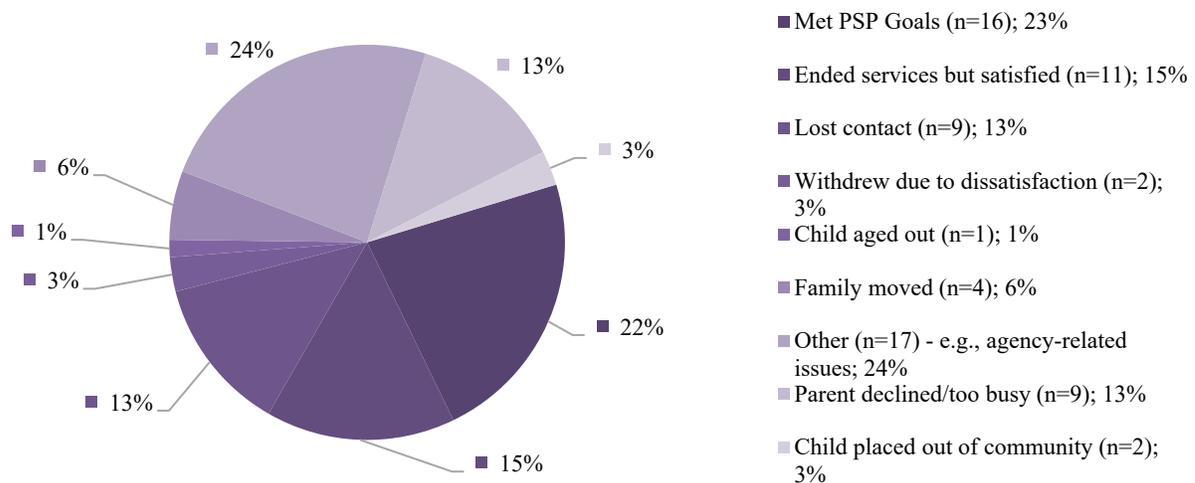
On the PSP Outcome Tool (Exit Survey), PSPs are asked to indicate the reason a parent/primary caregiver may have left services (see Figure 15). Seventy-one individuals responded to this item. Twenty-three percent indicated they met their PSP goals/outcomes ($n = 16$) while an additional

15% ended services because they were satisfied with their progress ($n = 11$). Of the 44 caregivers who did not meet their PSP goals, the following reasons were provided:

- 24% parents/primary caregivers left for “Other” reasons ($n = 17$). The most common “Other” reasons reported were due to agency-related issues (i.e., PSP-related, termination of other services, etc.)
- 13% of parents/primary caregivers indicated that they did not want to continue services due to busy schedules ($n = 9$)
- 13% of parents/primary caregivers could not be contacted ($n = 9$)
- 6% of parents/primary caregivers moved out of the service area ($n = 4$)
- 3% of parents/primary caregivers indicated that the child was placed out of the community (e.g., residential placement; $n = 2$)
- 3% of parents/primary caregivers withdrew from services due to dissatisfaction with services ($n = 2$), and
- 1% of parent/primary caregivers exited because their child aged out of services ($n = 1$).

Figure 15

Reasons primary caregivers exited PSP services



Outcome Data for Parents/Primary Caregivers

This section of the report includes comparisons for those parents and primary caregivers who completed the PSP Outcome Tool Pre-Survey and Exit Survey. PSP-related changes in parents/primary caregivers’ sense of empowerment, self-sufficiency, self-confidence, and feelings of competence are explored.

Two questions at the end of the PSP Outcome Tool Exit Survey serve the purpose of measuring social validity. 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 two scores are not factored into the PSP Outcome Tool total score but were gathered instead to examine the social importance and acceptability of PSP treatment goals, procedures, and outcomes . The average scores presented below were based on responses from

18 parents/caregivers (Figure 16). Parents/primary caregivers reported PSP services to be very helpful and would recommend the service to others; the average item scores were 9.3 and 9.7, respectively.

Figure 16

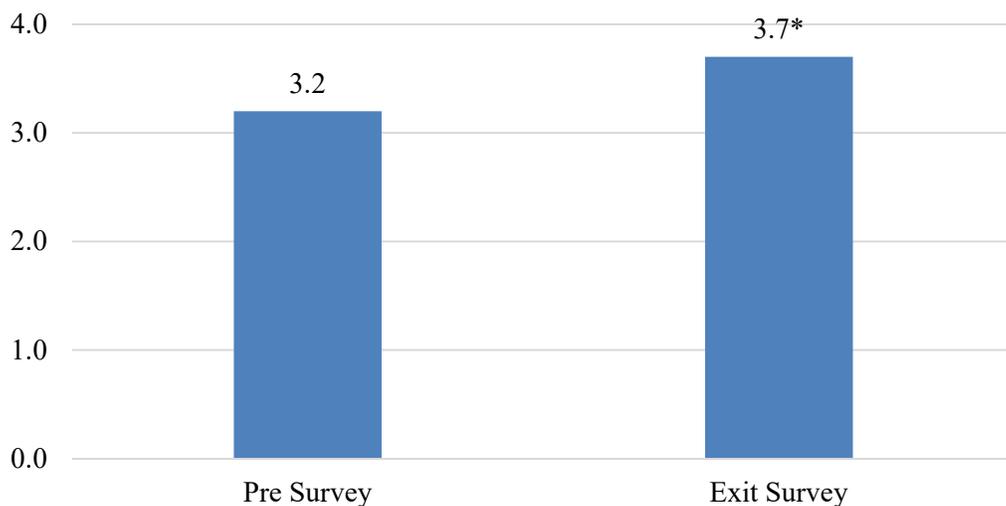
Average rating of social validity questions on Exit Survey at the time of exit

How helpful have you found PSP Services? <i>(1 = not helpful; 10 = very helpful)</i>	9.3 out of 10
How likely are you to recommend PSP Services? <i>(1 = not likely; 10 = very likely)</i>	9.7 out of 10

The average item score from the PSP Outcome Tool represents the hope, confidence, and empowerment of the parent/primary caregiver as a result of PSP services, across three areas prior to services Bridging Collaborative Relationships (e.g., “I have hope in my ability to advocate for my child’s needs), Empowerment (e.g., “I have the skills to help my family rebuild after tough times”), and Navigating (e.g., “I know where to find help when I need it”) – and one additional area (Alliance Building) at progress (i.e., 6 months after PSP services began) and exit. Though “Progress” data were collected, the analysis presented below only includes data from caregivers that have exited services ($n = 20$), completed both the Pre- and Exit Surveys, and participated in services for at least eight weeks. The PSP Outcome Tool Exit 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 from the pre-survey ($M = 3.2, SD = 0.6$) to the exit survey ($M = 3.7, SD = 0.3$); $t(19) = -3.636, p = .002$. These results (see Figure 17) suggest that participation in PSP services positively impacts a parent/primary caregiver’s feelings of hope, confidence, and empowerment.

Figure 17

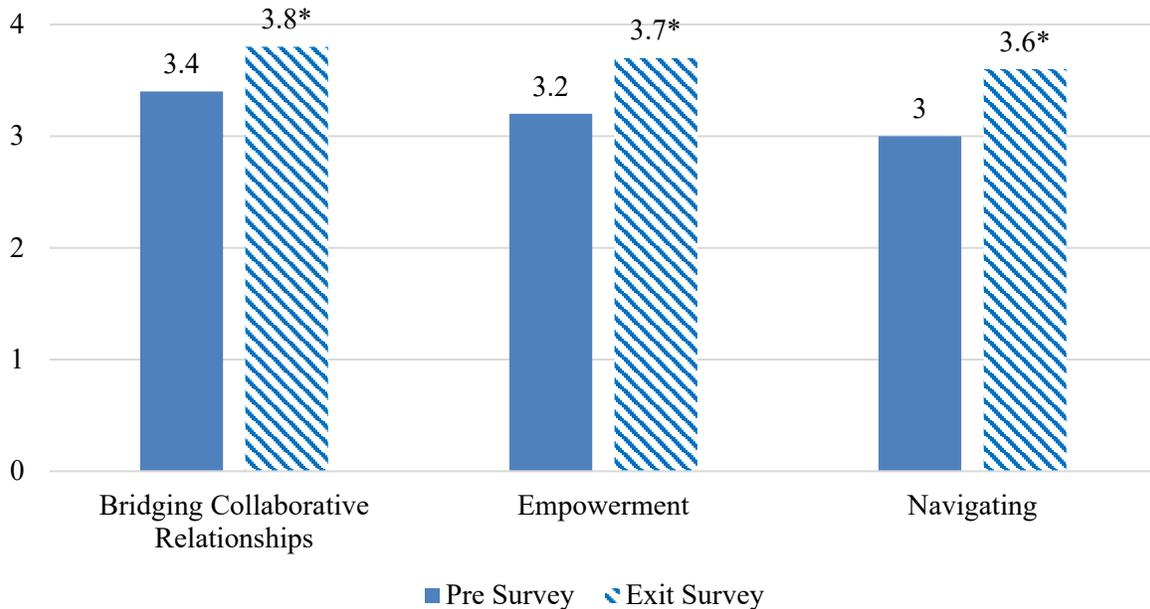
Average Item Score at Pre-Survey and Exit Survey



* $p < .01$

Paired-samples t-tests were also conducted to compare pre-survey and exit survey responses across each subscale area measured at both time points (i.e., Bridging Collaborative Relationships, Empowerment, and Navigating; see Figure 18). Every area measured by the PSP Outcome Tool displayed a statistically significant increase in scores from pre-survey assessment to exit from services. Items related to “Navigating” (e.g., “*I know what to do or who to call if challenges arise*” or “*I know of community resources that can help meet my family’s needs*”) demonstrated the most substantial improvement from an average item score of 3.0 to 3.6 (score change = +.6)

Figure 18
Comparison of Average Item Score Across Time by Subscale



* $p < .05$

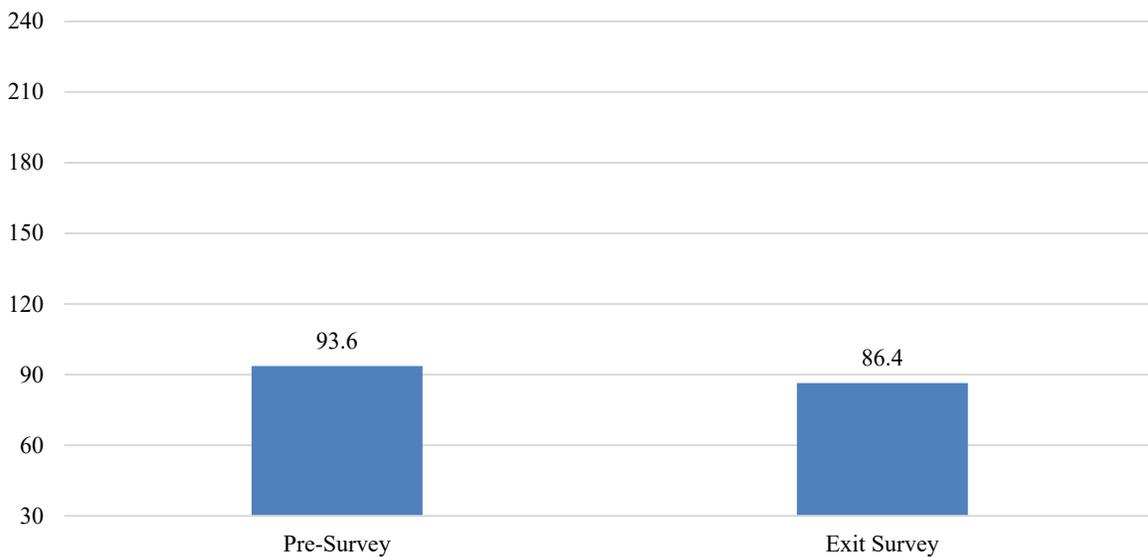
Note. The area of Alliance Building is not a part of Pre-Survey because that area relates directly to the relationships that develop during PSP services between the parent/primary caregiver and their PSP, their service providers, and family or other supporters. The average item score obtained at exit from services on the Alliance Building subscale ($M = 3.9$ out of 4, $SD = 0.20$) is strongly indicative that PSP services are meeting their goals in that area (e.g., “*The PSP explained their role in a way that I could understand*” or “*I feel the PSP respects my opinion even when we don’t agree*”).

Outcome Data for Children

This section of the report explored changes in children’s functioning as a result of PSP services. Please note that these analyses only include children for whom data was available at both time points. 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 PSP 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 36 youth (see Figure 19). Paired-samples t-tests were conducted to compare total pre-survey and exit survey scores on the CAFAS for youth ($n = 35$) and caregiver ($n = 33$) scores. There was a decrease (-6.2) in scores for the total youth score of the CAFAS on the pre-survey ($M = 93.8, SD = 37.1$) and exit survey ($M = 87.7, SD = 45.2$). Please see Table 3 for changes on the CAFAS subscale scores. Caregiver information is not required on this instrument, so the numbers shown in Table 6 reflect the responses from those who opted-in to complete these subscales.

Figure 19
CAFAS Scores at Pre-Survey and Exit Survey



Note. $N = 36$. The highest possible score is 240. As seen in Table 6, there were statistically significant improvements across one caregiver (i.e., material needs) subscale and decreased by 2.3.

Table 6*CAFAS Subscale Scores*

Subscale Name	Pre	Exit
Child/Youth Impairment in Day to Day Functioning (<i>n</i> = 36)	<i>M (SD)</i>	<i>M (SD)</i>
School/Work Performance	19.4 (10.4)	16.4 (11.0)
Home Role Performance	19.4 (10.1)	17.2 (10.0)
Community Role Performance	6.4 (9.9)	6.1 (10.2)
Behavior Towards Others	17.5 (8.4)	18.1 (8.2)
Moods/Emotions	19.4 (7.1)	18.3 (8.8)
Self-Harmful Behavior	8.6 (11.0)	6.4 (10.5)
Substance Abuse	0 (0)	1.4 (5.9)
Thinking	2.8 (6.1)	2.2 (5.9)
Caregiver Provision for the Child's Needs (<i>n</i> = 35)		
Material Needs	4.0 (7.7)	1.7 (5.1)*
Family/Social Support	7.1 (8.6)	5.7 (8.1)

Note. PECFAS subscale scores are not included due to the small number of cases (*n* = 3). **p* < .05

Summary

A total of 471 parents and primary caregivers have participated in PSP services using the revised form between October 1, 2020, and September 30, 2021. The majority of parents/primary caregivers participating in PSP services have a child with Serious Emotional Disturbance (SED: 72%). In lesser frequency, parents/caregivers of a child with an Intellectual or Developmental Disability (I/DD: 18%), both SED and I/DD (8%) or are infant mental health cases (1.6%) were involved in PSP services. The average age of the children whose parents/primary caregivers are participating in PSP services is 10.7 years old. Parents/primary caregivers participating in PSP services are primarily biological mothers (65%) and identify as white (78%).

On average, most PSPs and parents/primary caregivers met face-to-face 15 times (range of 2 to 41) and were in services for just under six months (*M* = 4.2 months). The time spent receiving PSP services ranged from 2 months to 10 months. The most common reason for parents and primary caregivers to exit PSP services was because they had met their PSP goals or outcomes (23%). In the 77% of others who had exited from services the three top reasons were “other” or agency-related issues (24%), ended services prior to meeting goals but were satisfied with services (15%), and families were not able to continue due to busy schedules (13%). Parents and primary caregivers reported that they found PSP services to be very helpful (9.3/10), and they were very likely (9.7/10) to recommend PSP services. From pre to exit, the average score for 20

parents and primary caregivers (who completed both sets of forms) increased significantly from 3.2 to 3.7. Thus, for those parents and caregivers able to get through PSP services to completion, substantial improvements on hope, confidence, and empowerment based on changes observed on the PSP Outcome Tool

When broken down by outcome area (Bridging Collaborative Relationships, Empowerment, and Navigating), statistically significant increases were found across all three outcome areas measured by both the PSP Outcome Tool Pre and Exit Survey. The high average item score on the Alliance Building subscale (3.9 out of 4 possible) further supports the positive impact of PSP services on the goal “to build strong connections and relationships based on mutual respect and strategic self-disclosure.” For the children of these parents/primary caregivers, CAFAS (pre: $M = 93.6$ to exit: $M = 86.4$) scores revealed a decrease (i.e., improved) from pre to exit.

Take-home messages

1. Parents/caregivers who complete PSP services report them to be very helpful and are very likely to recommend the service to a friend
2. Participation and completion of PSP Services results in statistically significant increases in parents’ hope, confidence, and empowerment to create positive outcomes for their child and family
3. Child outcomes (i.e., CAFAS scores) are also demonstrating improvement when a parent/caregiver participates and completes PSP services.
4. The high rate of noncompletion (e.g., lost contact, moved out of service area) warrants attention given the strength of outcomes in those who are able to successfully complete PSP services.

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