

Overview

- ✧ The report includes a description and data from the Parent Support Partner (PSP) Quality Improvement Project from October 1, 2020, to September 30, 2022.
- ✧ The PSP Quality Improvement Project includes analysis of demographic information and outcomes for parents/primary caregivers and their children, using the 12-item PSP Outcome Tool and the CAFAS & PECFAS.
- ✧ The original 24-item PSP Outcome Tool utilized the PSP Logic Model developed by MDHHS in partnership with Network 180 and the Association for Children’s Mental Health. The Logic Model outlines five outcome areas: Alliance Building, Bridging, Collaboration, Developing Direction and Determination, and Empowering.
- ✧ The data reported in this document were collected using the revised PSP Outcome Tool, which was implemented with caregivers beginning October 1, 2022. The tool was shortened to 12 items due to the state’s sensitivity to the number of survey questions being asked of parents/caregivers. The revised tool includes three outcome areas: Bridging Collaborative Relationships, Empowerment, and Navigating.

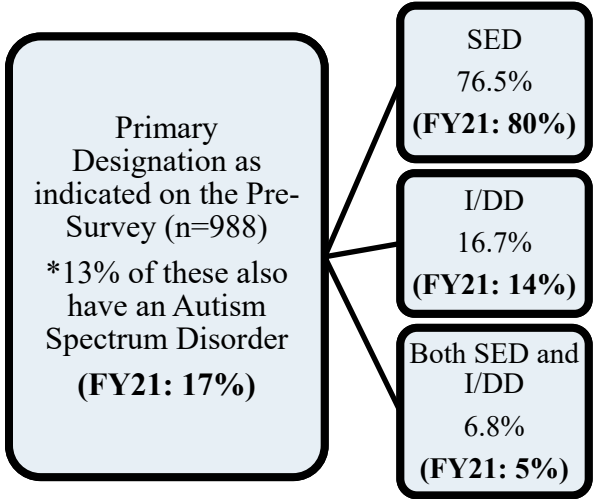
Parent Support Partner (PSP) Quality Improvement Project October 1, 2020– September 30, 2022

Components of the Parent Support Partner Quality Improvement 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 How helpful have you found PSP services? 9.6/10 9.4/10* *scores from FY21 report How likely are you to recommend PSP services? 9.7/10 9.5/10* *scores from FY21 report
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Background

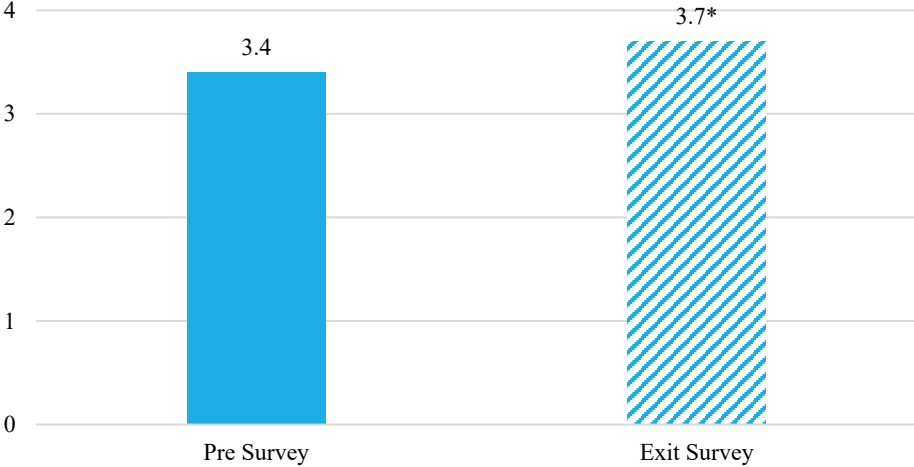
Primary Caregivers (n = 490)	FY2022	FY2021
Biological Mother	66%	65%
Adoptive Mother	10%	9%
Grandmother	9%	9%
Biological Father	7%	9%
Foster Mother	5%	4%
Other	2%	2%
Parent/ Caregiver Race (n = 658)		<i>n = 310</i>
White	77%	78%
Black/African American	15%	13%
Mixed/Other	6%	9%
Avg Number of Contacts	20	15
Length of Services	2-31 mo	2-10 mo
Avg Length of Services	5.5 mo	4.2 mo
Reasons for Exit (n = 227)		
Met PSP goals & satisfied	25%	23%
Other (unspecified)	20%	24%
Ended early but was satisfied	12%	15%
Family/child moved, or child aged out	12%	10%
Parent declined/no longer in services	11%	13%
Related to PSP/agency changes	11%	-
Lost contact	9%	13%



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

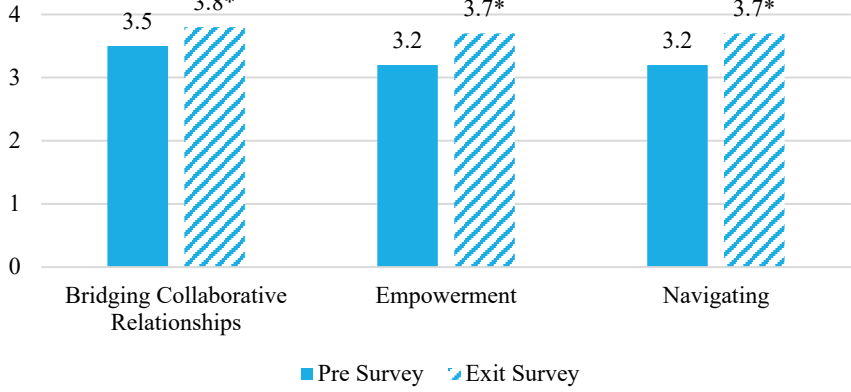
All areas displayed a statistically significant increase from the pre-to-exit survey. The survey scale: 0 = Never True, 4 = Always True.

Average Change in Hope



The "Hope" items were not examined in the FY21 report.

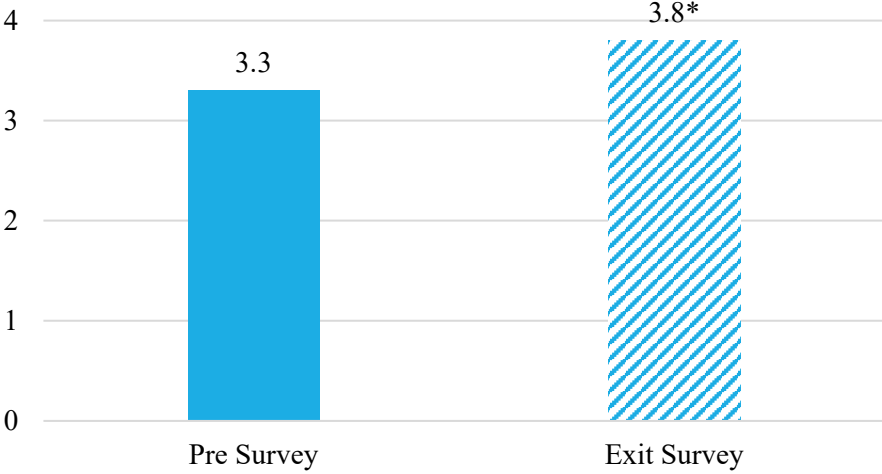
Average Subscale Changes



Subscale score changes in the FY21 report are comparable to this year's changes. FY21 BCR: 3.4 to 3.8; FY21 EMP: 3.2 to 3.7; FY21 NAV: 3 to 3.6.

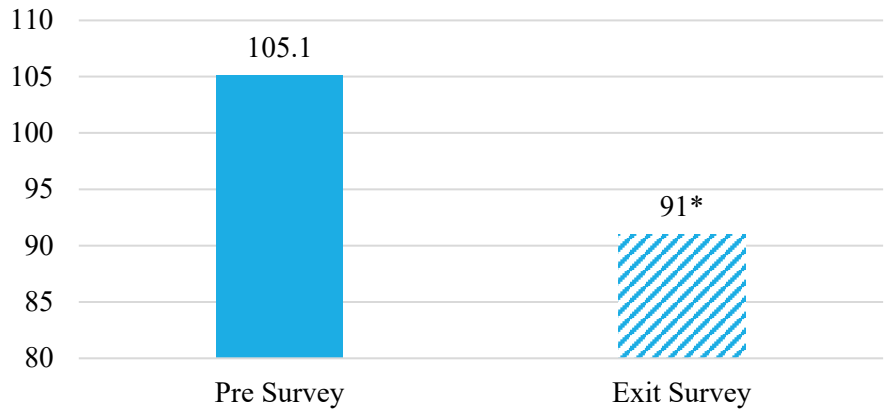
To what extent do youth's and children's levels of functioning improve after their parents/caregivers receive PSP services?

Average Item Total Score



N = 92. Though "Progress" data are collected, this analysis only includes data from caregivers that have exited services. The average item-total score in Pre-Survey from The FY21 report was 3.2, and the Exit Survey score was 3.7. Change across time was comparable this year to last.

Average CAFAS Scores at Pre and Exit



N = 131. The highest possible score is 240. Youths aged 5 to 18 showed improvement in their level of functioning. The CAFAS score in FY21 improved from 93.6 to 86.4, a change of 7.6. This year's change demonstrates a greater change of 14.1 from pre to exit.

Michigan Department of Health and Human Services: Parent Support Partner (PSP) Quality Improvement Project Executive Summary FY 2022

Michigan State University PSP Quality Improvement Project

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

**Parent Support Partner (PSP) Quality Improvement
Executive Summary, FY22
December 15, 2022**

*Supported by funds from the Substance Abuse and Mental Health Services Administration,
Center for Mental Health Services, through the Michigan Department of Health and Human
Services.*

Introduction

The following summary provides background and a brief report of the results of the Parent Support Partner (PSP) Quality Improvement Pilot (July 2016 through August 2017) and the PSP Statewide Quality Improvement Project, which began in 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 Quality Improvement 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 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 (e.g., 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 project, 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 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 project. 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 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 project 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. Reminder emails are stopped once the survey has been completed.

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 were filling out the correct Likert scale corresponding 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 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 aims of the project 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 completing 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 PSPs, 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 project procedures. A second webinar was held on September 27, 2017, in advance of another wave of new sites that would be starting efforts on October 1, 2017. Between October 1, 2017, and September 30, 2018, five sites and 26 new PSPs joined the efforts.

Parent Support Partner Outcome Tool – Revised

On October 1, 2020, the PSP project began using a shortened survey form for caregivers being served. 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; a possible range of scores = 0-16), Empowerment (4 items; a possible range of scores = 0-16), and Navigating (4 items; a possible range of scores = 0-16). In addition to total scores for each outcome area, the 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).

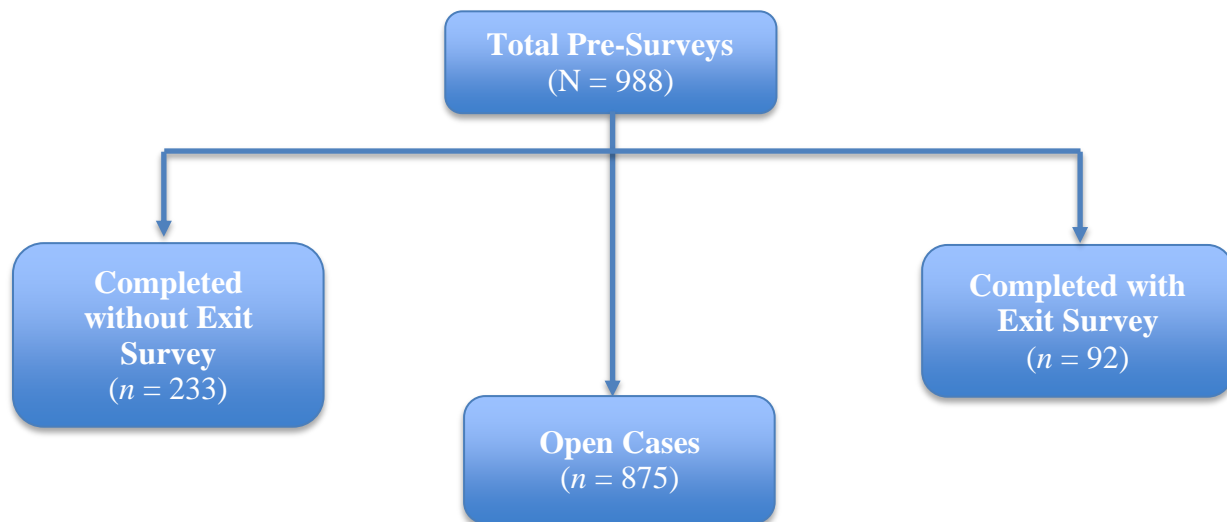
The Progress/Post Survey of the PSP Outcome Tool is titled as such because it was uniquely designed to capture both families leaving services (“Post”), as well as families who choose to remain, but are filling out a “Progress” report (i.e., every six months). The Progress/Post Survey contains 19 items 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. The two social validity items were added 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.

Summary/Results

This report includes all data collected between October 1, 2020, and September 30, 2022. 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 and their children. This report contains data from the Pre-Surveys and Exit Surveys, collected using the shortened PSP Outcome Tool. Each section of analyses will report different samples (i.e., N) due to the number of collected surveys at each data collection point (see Figure 1). This report contains outcome data representing the Revised Outcome Tool and a summary.

Figure 1

Number of Pre-Surveys, Exit Surveys, and Open Cases



Parent Support Partner Outcome Data

The Parent Support Partner Outcome Tool is divided into two sections – Agency/PSP Section and the Parent/Caregiver Section. Questions related to child demographic information, CAFAS/PECAS scores, and the Exit Report are provided by a clinician at the agency providing the service. Questions relating to parent/caregiver race and ethnicity are provided by the caregiver receiving the service. This is reflected in the variability of responses received for each question/section.

Child Demographic Information

This report pulls data from a dataset of 988 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 (n = 988)	10.7 years
Age Range	2 months – 19 years
Primary Designation (n = 749)	
Serious Emotional Disturbance (SED)	573 (76.5%)
Intellectual or Developmental Disability (I/DD)	125 (16.7%)
Both SED and I/DD	51 (6.8%)
Infant Mental Health (IMH)	0
Diagnosed with ASD	131 (13.2%)
Youth and Children’s Functioning	
Average CAFAS Score at Pre-Survey (n = 523)	104.68
Average PECFAS Score at Pre-Survey (n = 42)	89.05

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 scores 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. CAFAS and PECFAS scores are only collected from parents whose children with an SED designation.

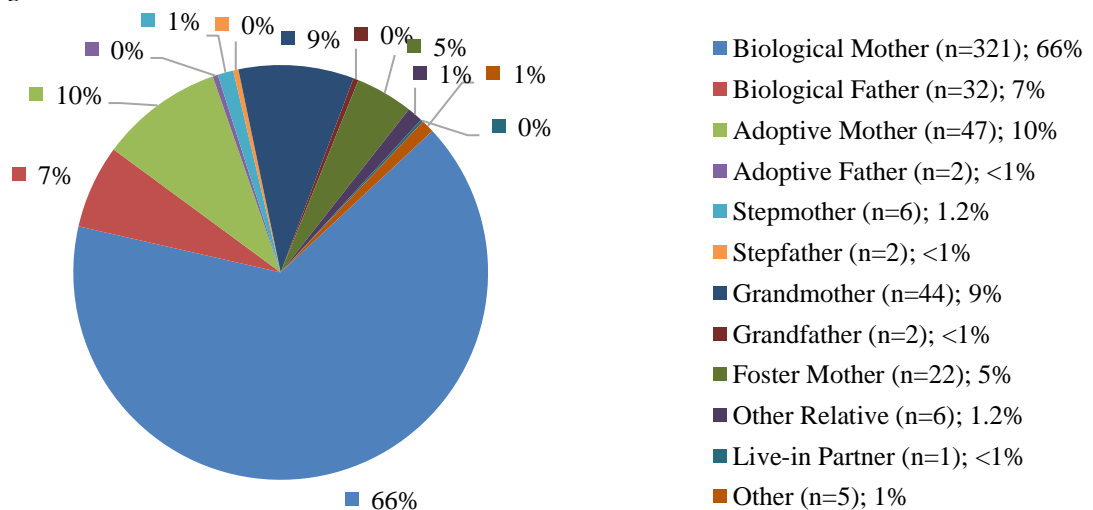
The surveys have a section to report scores on the Devereux Early Childhood Assessment (DECA; LeBuffe & Naglieri, 1999; ages 2-5). The DECA is a standardized, norm-referenced, behavior rating scale that assesses within-child protective factors and behavior concerns. Different versions of the DECA were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

Caregiver Demographic Information

A question on the Pre-Survey asks for a description of the primary caregiver (see Figure 2) 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, 66% are biological mothers ($n=321$), 10% are adoptive mothers ($n=47$), 9% are grandmothers ($n=44$), 7% are biological fathers ($n=32$), 5% are foster mothers ($n=22$), less than 1% are live-in partners ($n=2$), less than 1% are stepfathers ($n=2$), less than 1% are grandfathers ($n=2$), approximately 1% are stepmothers ($n=6$), and 2% are other ($n=11$). The total number of primary caregivers that responded to this question is 490.

Figure 2

Primary Caregivers Involved in PSP Services



Note: “Other” is the combined number of caregiver selections, including other relatives.

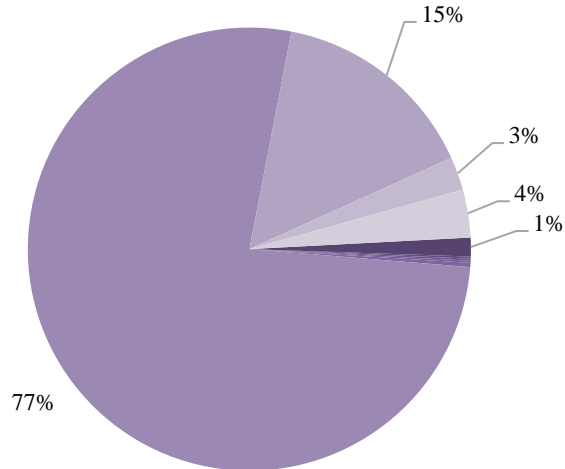
A question on the Pre-Survey asks for the parent/primary caregiver to identify the races that best describe them (see Figure 3). According to the responses, 77% of caregivers are White ($n=505$), 15% of caregivers are Black/African American ($n=100$), approximately 4% indicated two or more races ($n=23$), 1% are American Indian ($n=9$), less than 1% are Middle Eastern ($n=2$), less than 1% are Asian ($n=1$), less than 1% are Arab American ($n=1$), and 2% indicated “Other”

($n=16$). The total number of primary caregivers that responded to this question is 658. Questions related to parent/caregiver race and ethnicity were provided by parents. The difference in the total number of respondents is dependent on the caregivers' willingness to respond.

Figure 3

Parent/Primary Caregiver Race

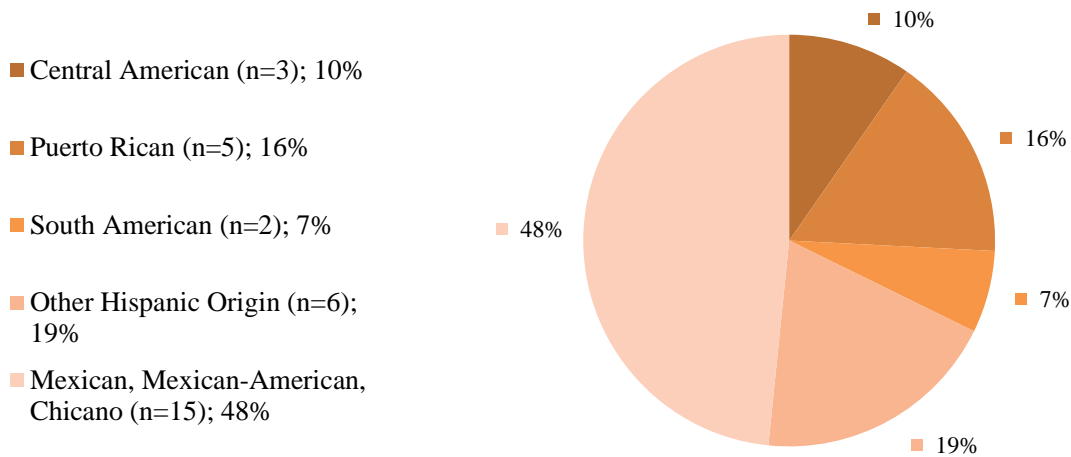
- American Indian ($n=9$); 1.4%
- Alaska Native ($n=1$); <1%
- Asian ($n=1$); <1%
- Arab American ($n=1$); <1%
- Middle Eastern ($n=2$); <1%
- White ($n=505$); 76.7%
- Black/African American ($n=100$); 15%
- Other ($n=16$); 2.4%
- Multiracial ($n=23$); 3.5%



Six hundred sixty-three parents and primary caregivers self-identified their ethnicity (see Figure 4). When asked to choose whether they identified with a Hispanic or Latin Cultural or Ethnic Background, 613 (93%) parents/primary caregivers did not identify as being of Hispanic or Latin cultural/ethnic heritage. In comparison, 50 parents/caregivers did identify as belonging to those groups. When asked to specify their Hispanic/Latin Cultural ethnicity, 31 parents specified. Forty-eight percent of those parents/primary caregivers identified as Mexican American or Chicano ($n=15$), 16% identified as Puerto Rican ($n=5$), 10% identified as Central American ($n=3$), and 7% identified as South American ($n=2$). Nineteen percent of parents/primary caregivers indicated they were of a Hispanic or Latin cultural/ethnic heritage ($n=6$) but did not specify one from the available choices, nor did they fill in one in the blank provided.

Figure 4

Parent's/Primary Caregivers 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 by the PSP Joint Advisory Board. 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 294 responses to this item, only 22% indicated that a primary caregiver left PSP services after less than eight weeks ($n=65$).

Also, the length of service in months was calculated for 216 caregivers. Table 2 displays the number of contacts and length of services for parents/caregivers who ended services after **October 1, 2021**. 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 22 months.

Table 2

Number of Contacts and Length of PSP Services

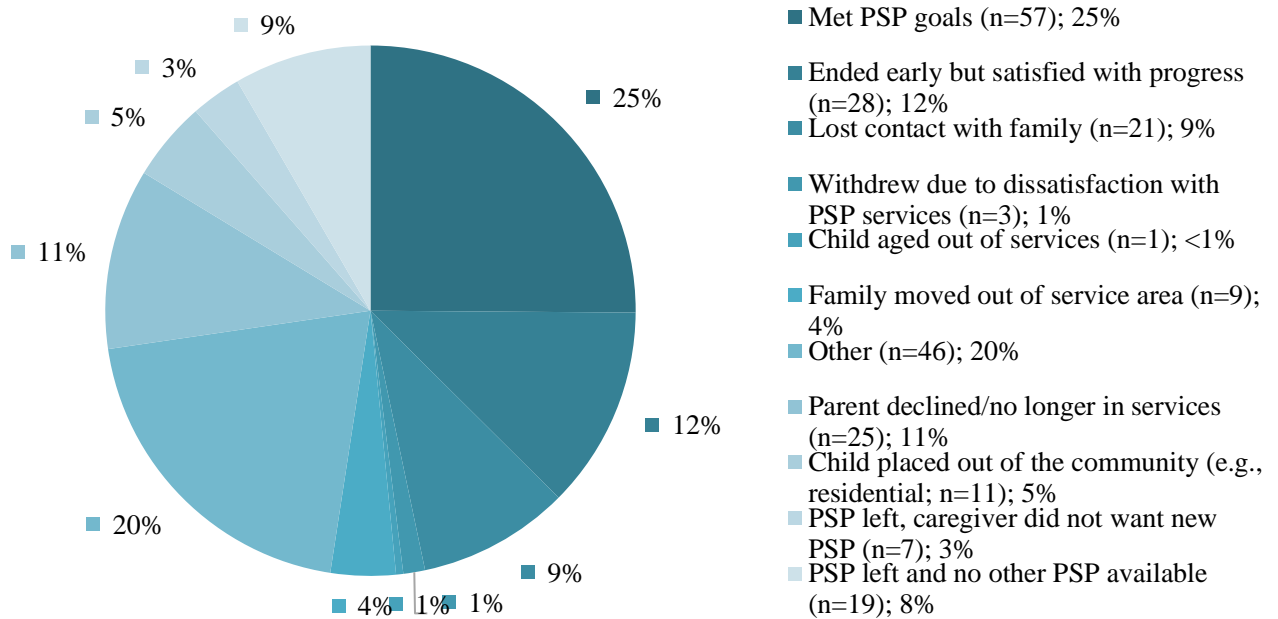
	Range	Average
Number of contacts ($n=197$)	1 – 286	20 contacts
Length of services ($n=216$)	2 – 31 months	5.5 months

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

On the Exit Survey, PSPs are asked to indicate why a parent/primary caregiver may have left services (see Figure 5). Two hundred twenty-seven responded to this item. These exit reasons are provided by the agency. Twenty-five percent indicated they met their PSP goals/outcomes ($n=57$), 12% of parents/primary caregivers ended services because they were satisfied with their progress before meeting their goals ($n=28$), 11% of parents/primary caregivers indicated that they did not want to continue services ($n=25$), 9% of parents/primary caregivers could not be contacted ($n=21$), therefore services were terminated, 5% of parents/primary caregivers indicated that the child was placed out of the community (e.g., residential placement; $n=11$), and 4% of parents/primary caregivers moved out of the service area ($n=9$). Another 1% of parents/primary

caregivers withdrew from services due to dissatisfaction with services (n=3), while less than 1% of parent/primary caregivers exited because their child aged out of services (n=1). Eleven percent of families ended services due to a change in PSP provider, where the family did not want to be assigned a new PSP (n=7), or there was no other PSP available (n=19). Twenty percent of parents/primary caregivers left for “Other” reasons (n=46). The most common “Other” reasons reported were due to agency-related issues (i.e., termination of other services, changes in insurance coverage, etc.).

Figure 5
Reasons Primary Caregivers Exited PSP Services



Outcome Data for Parents/Primary Caregivers

This section of the report includes comparisons of Pre-Survey and 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. The total of primary caregivers who exited PSP services during this time is 325. Please note these analyses only include parents and primary caregivers who completed both Pre- and Exit Survey data (n = 92).

Two questions at the end of the Post 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 scores were not factored into the total score. Of the 92 primary caregivers who completed an Exit Survey, 87 responded to these questions (Figure 6). 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 9.6 and 9.7, respectively.

Figure 6
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>	9.6 out of 10 9.4/10*
How likely are you to recommend PSP Services? <i>(1 = not likely; 10 = very likely)</i>	9.7 out of 10 9.5/10*

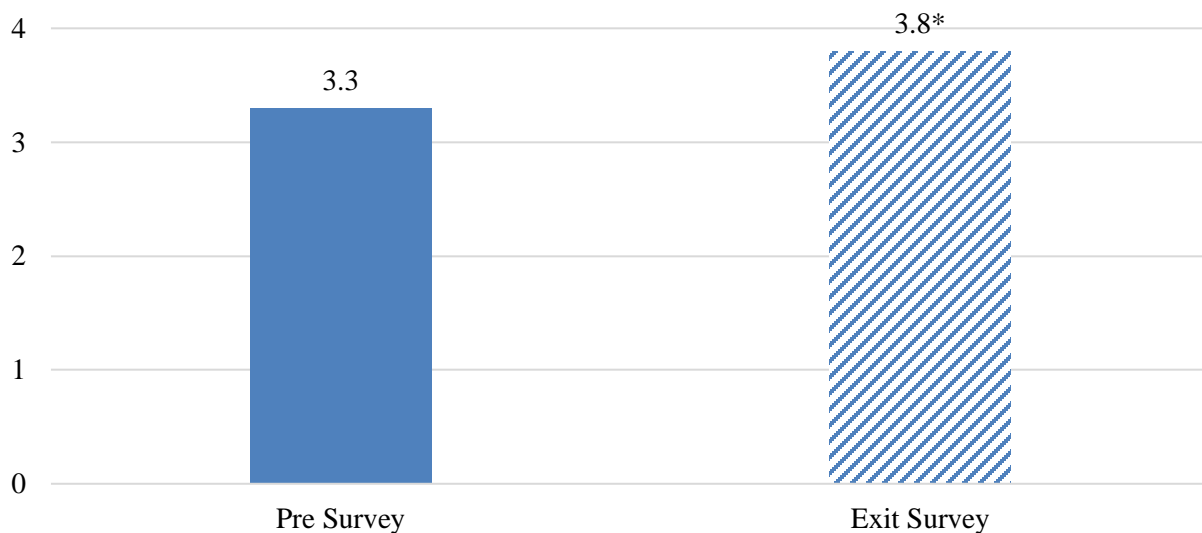
*Indicates scores from the FY21 report.

The average item score of the Pre-Survey and Exit Surveys represents the hope, confidence, and empowerment of the parent/primary caregiver as a result of PSP services, across three areas at the beginning (i.e., Bridging Collaborative Relationships, Empowerment, and Navigating) and four areas at progress and exit (all previously mentioned areas with the addition of Alliance Building). The Post Survey data for those parents/primary caregivers are called “Exit” data. While 32 primary caregivers exited services, only 92 completed an Exit Survey.

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 ($M = 3.3$, $SD = 0.5$) and exit-survey ($M = 3.8$, $SD = 0.3$); $t(91) = 8.061$, $p < .001$. These results (see Figure 7) suggest that participation in PSP services positively impacts 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 7

Average Item Score at Pre-Survey and Exit Survey

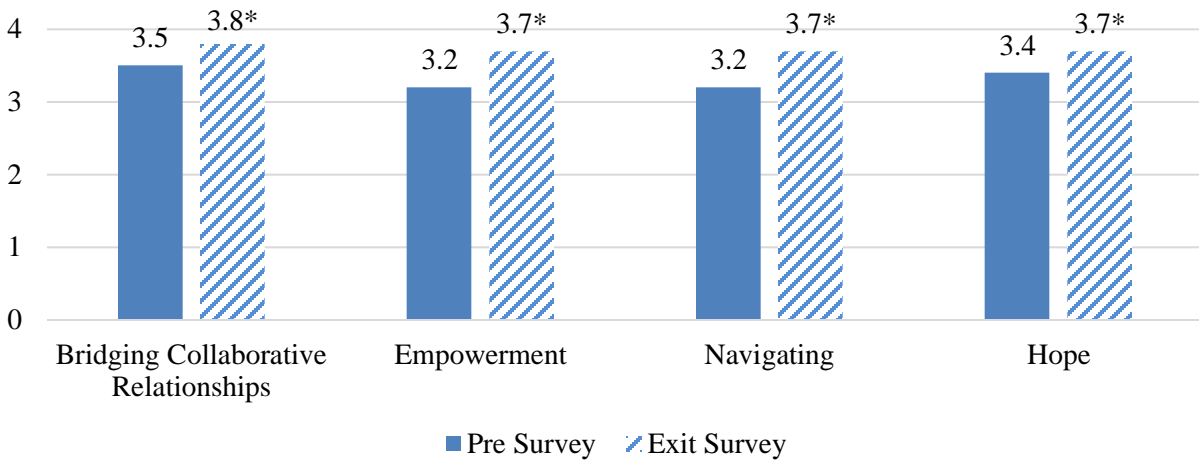


* $p < .001$

Paired-samples t-tests were conducted to compare Pre-Survey and exit-survey responses across each subscale area (i.e., Bridging Collaborative Relationships, Empowerment, and Navigating; see Figure 8). An additional subscale was pulled to examine survey items related to caregivers’ feelings of Hope (e.g., “I have hope in my ability to advocate for my child’s needs”). Every area measured by the Outcome Tool displayed a statistically significant increase in scores from Pre-Survey assessment to exit from services.

Figure 8

Comparison of Average Item Score Across Time by Subscale



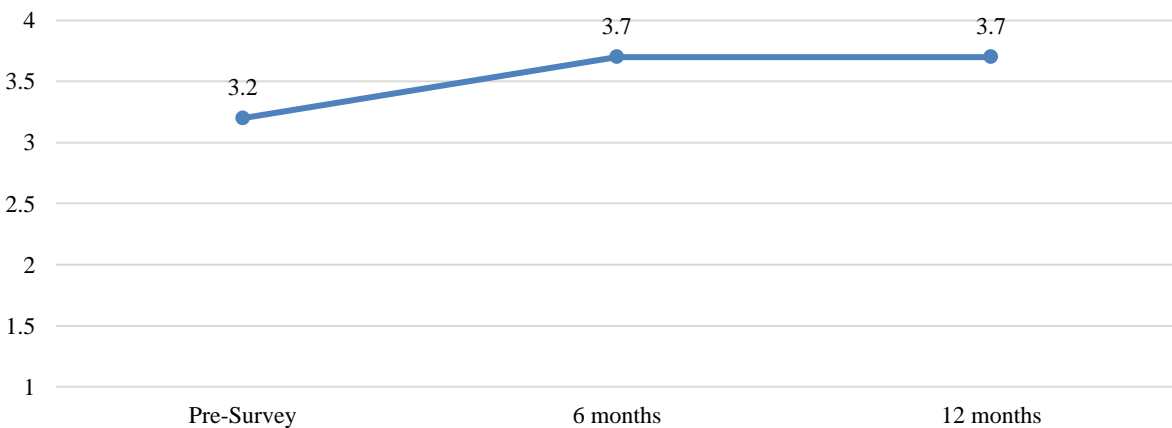
* $p < .001$

Note. The area of Alliance Building is not a part of the Pre-Survey because it 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 the exit from services on the Alliance Building subscale ($M = 3.9$, $SD = 0.3$) strongly indicates that PSP services are meeting their goals in that area.

In addition to total scores from the Pre-Survey to Exit Survey, data presented in Figure 9 displays progress data from Pre-Survey through Progress Survey #2 (i.e., 12 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 #2. There was a statistically significant difference in parent-reported change over time, $F(2, 120) = 43.913$, $p < .001$. Sixty-one 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 9

Progress over time from Pre-Survey through 12 months of PSP Services

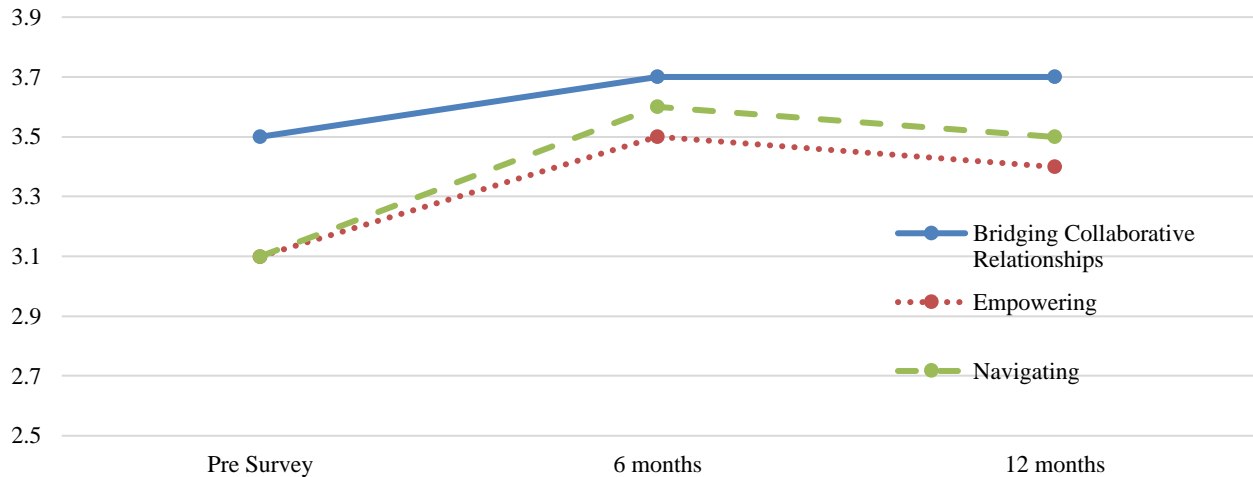


Repeated measures ANOVAs were also conducted to compare average item scores by subscale from Pre-Survey through progress #3 (i.e., 12 months of PSP service). There was a statistically significant difference in parent-reported change over time for Bridging Collaborative Relationships, $F(1.768, 106.101) = 4.874$, $p = .012$; Empowerment, $F(2, 120) = 3.816$, $p < .001$; and Navigating, $F(2, 120) = 3.402$, $p < .001$. Sixty-one caregivers provided responses across all subscales. The data show (Figure 10) 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 10

Comparison of average item subscale score across time from pre to 12 months of PSP



Outcome Data for Children

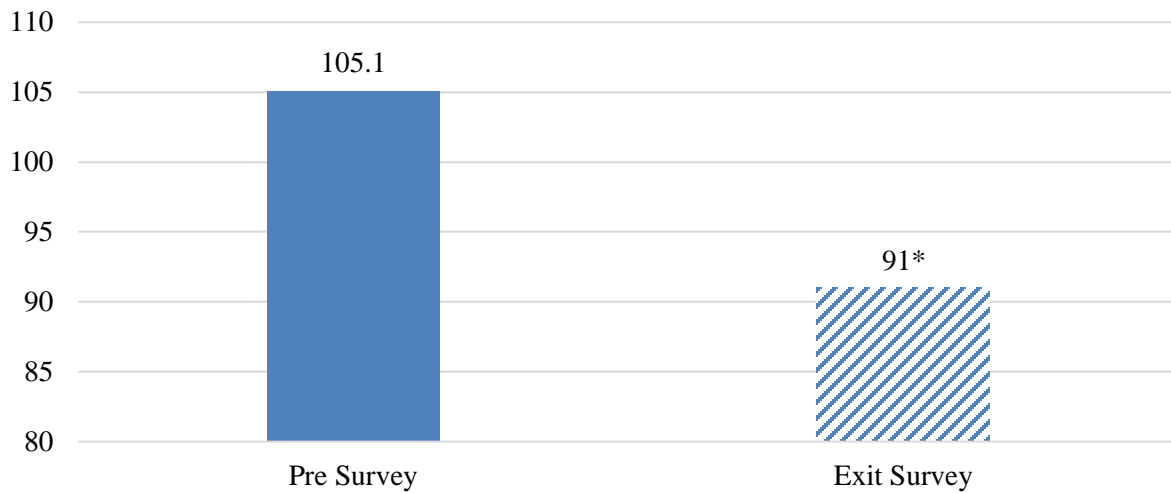
This section of the report includes comparisons of Pre-Survey and Exit Survey data to demonstrate the secondary outcomes of PSP services: changes in children’s functioning. It is hoped that changes in parents/primary caregivers’ sense of empowerment, self-sufficiency, self-confidence, and feelings of 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. Total PECFAS scores at Pre and Exit were available for 6 children. However, statistical information for the PECFAS is not included in this report due to the small number of responses. 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 131 youth (see Figure 11). This total differs from the number of Exit Surveys as CAFAS scores are provided by the agency.

There was a statistically significant decrease in scores for the total youth score of the CAFAS on the Pre-Survey ($M = 105.1, SD = 32.7$) and exit survey ($M = 91.0, SD = 41.5$); $t(130) = -3.905, p < .001$. Please see Table 3 for subscale-specific scores for the CAFAS.

Figure 11

CAFAS Scores at Pre-Survey and Exit Survey



Note. $N = 131$. The highest possible score is 240. $*p < .001$.

Table 3
CAFAS Subscale Scores

Subscale Name	CAFAS ($n = 131$)	
	Avg. Subscale Score	
	Pre	Exit
Child/Youth Impairment in Day-to-Day Functioning	<i>M (SD)</i>	<i>M (SD)</i>
School/Work Performance	21.5 (8.7)	17.7 (11)**
Home Role Performance	22.7 (8.6)	18.2 (10.4)**
Community Role Performance	5.7 (9.2)	6.1 (9.8)
Behavior Towards Others	20.3 (7.9)	18.2 (8.3)*
Moods/Emotions	21.0 (6.7)	18.8 (8.1)*
Self-Harmful Behavior	8.7 (10.8)	5.3 (9.0)**
Substance Abuse	1.7 (5.8)	3.2 (8.0)
Thinking	3.7 (6.9)	3.2 (6.2)**
Caregiver Provision for the Child's Needs	$(n = 102)$	
Material Needs	2.8 (6.8)	2.5 (6.7)
Family/Social Support	6.0 (8.1)	6.4 (8.5)

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

Summary

A total of 988 parents and primary caregivers began PSP services between October 1, 2020 and September 30, 2022. Parents/primary caregivers participating in PSP services have a child with Serious Emotional Disturbance (SED: 76.5%), a child with an Intellectual or Developmental Disability (I/DD: 16.7%), or both SED and I/DD (6.8%). The average age of the children whose parents/primary caregivers are participating in PSP services is 10.7 years old. Most parents/primary caregivers participating in PSP services are biological mothers (66%) and White (77%).

On average, most PSPs and parents/primary caregivers met face-to-face 20 times (range of 1 to 286) and were in services for less than 6 months ($M = 5.5$ months). The time spent receiving PSP services ranged from 2 months to 31 months. The most common reason for parents and primary caregivers to exit PSP services was because they had met their PSP goals or outcomes (25%), 12% ended services before meeting goals but were satisfied with services, 9% lost contact, or 11% declined to continue services. Parents and primary caregivers reported that they found PSP services very helpful (9.6/10) and were very likely to recommend PSP services (9.7/10). From pre- to exit, the average score for 92 parents and primary caregivers (who completed both forms) increased from 3.3 to 3.8, indicating statistical significance, $p < .001$.

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 Pre and Post Survey. Additionally, there was a significant increase in parents/primary caregivers' sense of hope between the pre and post-surveys. The high average item score on the Alliance Building subscale (3.9 out of 4.0 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: $M = 105.1$ to exit: $M = 91$) 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, with a slight improvement from the FY21 report.
2. Participation in PSP Services leads to statistically significant increases in parents' hope, confidence, and empowerment to create positive outcomes for their child and family, consistent with data from the previous FY21 report.
3. Child functioning outcomes (as measured with the CAFAS) are indirectly improved when a parent/caregiver participates in PSP services.
4. The new area of 'hope' in the revised tool demonstrates parents'/caregivers' improved sense of hope after receiving PSP services.

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