Parents and Care Coordinators: Connecticut's Flexible Funds Program

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Purpose of the Flexible Funding Program
• Creatively design non-traditional wrap-around services for at risk children & families with an allowance of $12,000.00 to $15,000.00 per family
• Stabilize the family & improve child functioning
• Avoid entering Connecticut's Department Children & Families Voluntary Services

Program Design and Evaluation Methods

Program Design:
• Establish Child Specific Team
• Provide $12,000 to $15,000 per family
• Monitor progress of child/family via service plans and selected measures

Evaluation Methods:
• Review records & service plans
• Focus groups with Care Coordinators, Directors, CST's and Families
• Analysis of measures and spending costs
• Comparison to traditional care coordination

Target Population: Children & Families
• 74% were male
• 67% were white
• 69% were 4 to 13 years old
• 70% were receiving special education services
• 80% were biological parents
• 70% were single adult households
• 89% were English speaking

Reasons for Referrals
• 67% of the children were identified with mental health issues
• 75% of the children were identified as at high risk of injuring self or others
• 79% were identified as having poor relationships at school and home

Result: An average of $9,175.00 per child was spent on services, resources, and support.

*Behavior Management *Living Expenses
*Education & Enrichment *Medical
Result: Of the 105 children, 92% used behavior management services as part of their intervention.

- Behavior Management: $4,337.00/child
- Living Expenses: $3,891.00/child
- Education & Enrichment: $1,532.00/child
- Medical Expenses: $899.00/child

Result: Child functioning improved while problem severity decreased.
- Children made statistically significant gains on the BERS in all 5 dimensions ($p<.01$)
- Parents and workers reported significant and positive improvement in child functioning on the Ohio (OYPFSS)
- Parents and workers reported a significant decrease in problem severity
- Parents' pre and post ratings of stress in household showed a significant reduction.

Result: Flex Fund Children made greater gains than children in traditional care coordination on BERS Strength Quotient.

- Decreased by 1 or more points: 23% Flex Fund, 22% Traditional
- Maintained 0 to 9 points: 28% Flex Fund, 42% Traditional
- Increased 10 or More Points: 49% Flex Fund, 30% Traditional

Result: In comparison to traditional care, proportionately fewer Flex Fund children entered DCF Voluntary Services

- DCF Involved: 4% Flex Fund, 16% Traditional
- Not DCF Involved: 96% Flex Fund, 84% Traditional

Result: Community Supports Cost Less than Institutional Care

<table>
<thead>
<tr>
<th>Costs/Child/Year for Community Supports</th>
<th>Costs/Child/Year for Institutional Care</th>
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<tbody>
<tr>
<td>Community Supports</td>
<td>Costs</td>
</tr>
<tr>
<td>Family Health Insurance</td>
<td>$9,500.00</td>
</tr>
<tr>
<td>Community Grants</td>
<td>$11,000.00</td>
</tr>
<tr>
<td>Flexible Funds</td>
<td>$15,000.00</td>
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<tr>
<td>Total</td>
<td>$35,500.00</td>
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Result: Overall, 86% of all Flex Fund children remained out of the hospital. However, prior history was a factor in entering the hospital during participation in the program.

- Never Hospitalized: 94% Flex Fund, 29% Previously Hospitalized
- Previously Hospitalized: 6% Flex Fund, 71% Not Hospitalized
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