Coordinated Family Focused Care (CFFC)

What is CFFC? It’s a five site wraparound services program for children with Severe Emotional Disturbance (SED) at risk for out-of-home placement in Massachusetts.

How are children eligible for CFFC?
- Ages 3-18
- Reside in one of the 5 cities where it is offered
- Child and Adolescent Functional Assessment Score of 100 or greater
- Presence of Severe Emotional Disturbance (SED)
- Caregiver willing to participate in team process
- Child and family have tried other, less intensive, services

Demographics

Coordinated Family Focused Care (CFFC)

Wraparound Principles
- Child & Family Team
- Care Manager (Clinician)
- Caregiver
- Family Members
- Natural Supports (e.g., Therapist, Pastor, Counselor)
- Clinical Symptoms
- Out of Home Placement
- Child’s Mental Health
- Child’s Functioning
- Parental Involvement
- Parental Stress
- $555 Costs
- Treatment Fidelity

Program Goals
- Increase
  - Family Involvement
  - Parent Empowerment & Competency
  - Child Functioning
  - Child Strengths
- Reduce
  - Out of Home Placement
  - Cost
  - Clinical Symptoms
  - Parental Stress

Outcomes Measures
- Child’s Mental Health
- Child’s Strengths
- Child’s Functioning
- Parental Involvement
- Parental Stress
- $555 Costs
- Treatment Fidelity

Evaluation Measures

Strengths: Behavioral and Emotional Rating Scale (BERS), Scored utilizing norms for SED population.
- Administered at Intake, and every 6 months while enrolled

Psychological Symptoms: Youth Outcome Questionnaire (YOG)
- Administered at Intake, 3, & 6 months, and every 6 months thereafter while enrolled (Intake, 3, 6, 12, 18, …)

Functional Impairment: Child and Adolescent Functional Assessment Scale (CAFAS)
- Administered at Intake and every 3 months while enrolled (Intake, 3, 6, 9, 12, …)

Fidelity: Wraparound Fidelity Index = 3
- Administered at 3 months, and every 6 months thereafter while enrolled (3, 9, 15, …)

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2/24/06
Age at Intake (N = 288)

- 6 or Under: 10%
- 7 - 11: 37%
- 12 - 15: 37%
- 16 - 18: 16%

Primary Ethnicity (N=288)

- Hispanic: 41%
- White: 35%
- Black: 16%

Gender (N=288)

- Female: 28%
- Male: 71%

Public Agency Involvement

- DSS: Voluntary: 15% At Intake, 27% Ever
- DSS: Custody: 36% At Intake, 61% Ever
- DSS: Foster Care: 10% At Intake, 28% Ever
- DMH: 11% At Intake, 15% Ever
- DMR: 4% At Intake, 4% Ever
- At least one system: 59% At Intake, 77% Ever
- Multiple Systems: 18% At Intake, 38% Ever

Legal System Involvement

- DYS: 7% At Intake, 9% Ever
- On a CHINS: 14% At Intake, 20% Ever
- Ever Arrested: 14%
- On Probation: 19%

Child’s History

- Physical Abuse: 41%
- Emotional Abuse: 56%
- Sexual Abuse: 27%
- Neglect: 40%
- Witness to Violence: 56%
- Inpatient/Residential Past year: 39%
- Suicidal Ideation: 26%
- Suicide Attempt: 11%
Family History
Caregiver Substance Abuse     39%
Caregiver MH History          71%
Both Substance + MH           33%
Child in Custody of Bio Parent 75%
Child in Custody of Other Relative 8% 

CAFAS change definitions
• Change must be sufficient to move into the next category of severity
• Categories:
  - 60 or below
  - 70 - 90
  - 100-120
  - 130-150
  - 160+
• Definitions:
  - Better = Improvement by at least one category
  - Much better = Improvement by at least 2 categories
  - Worse = Worsen by at least one category
  - Much worse = Worsen by at least 2 categories

CAFAS scores at Intake and average change while in CFFC

Progress towards goals at Discharge by Discharge Reason

BERS Intake to 6 Months (N = 188)
The Wraparound Fidelity Index - 3 (WFI-3) is a standardized, reliable and valid measure to assess how much the caregiver perceives services are being delivered along 11 “wraparound” principles:

1. Child and Family Team
2. Community-based Services and Support
3. Parent and Youth Voice and Choice
4. Cultural Competence
5. Individualized Services
6. Strength-based Services
7. Natural Supports
8. Continuation of Care
9. Collaboration
10. Flexible Funding
11. Outcome-based Service

Who collects: The WFI is collected by the U Mass Evaluation team via telephone interviews with parents/caregivers. Parents are paid $10 for each interview.

When is it collected: At 3 months, 9 and 15 months post-enrollment

How is it scored? The U Mass team scores the profiles and gives feedback to sites in aggregate form.

WFI Interviews Completed as of 2-16-06

<table>
<thead>
<tr>
<th>Duration</th>
<th>Count</th>
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<tr>
<td>3 Month</td>
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<tr>
<td>9 Month</td>
<td>174</td>
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<tr>
<td>15 Month</td>
<td>51</td>
</tr>
<tr>
<td>Both 3 &amp; 9 Month</td>
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</table>

Wraparound Fidelity Index Mean Scores by Site

WFI Element Scores (N=93)

Does Fidelity change over time?

Simple repeated measures analyses were done to assess change between 3 and 9 months in Fidelity (N=93)

- There were no significant changes on the overall WFI scores from 3 to 9 months.
- There was a significant increase in the Community Supports element from 3 months (82%) to 9 months (86%) (p < .05)
- There were statistical trends in 2 other elements:
  - Individual Services and Supports (increase; p = .096)
  - Continuation of Services and Supports (decrease; p = .051)
Post-hoc analyses

- To aid in our understanding of specific areas of treatment fidelity, an item analysis was done for the 3 elements with statistical significance or trends.
- Results indicated that each element contained one item which showed strong statistical change over time.
- These results should be taken as “food for thought” since the predictive validity of single items is uncertain, and the analyses were done post-hoc.

Continuation of Services and Supports

Do you think that in the future services will be there when you need them?

Other questions included in this element:
- Does the team change the plan when your family’s goals and needs change?
- Is it possible for your child or family to get “kicked out” of services?

Community-Based Services & Supports

Does the team help your child get involved with activities in your community?

Individual Services and Supports

Did you take part in creating a written plan that identifies supports and services that meet your child’s needs at home, at school and in the community?

Other questions included in this element:
- Do your child and family receive the supports and services stated in the plan?
- Is there a crisis or safety plan that specifies what everyone must do?

Intake Factors that Predict Fidelity

- Child showing Family Involvement at Intake (BERS) and 3 mo Community Supports (Higher Strengths = Higher Fidelity)
- Caregiver history of Substance use and 3 mo Community supports, Flexible Funding (+ Hx = Higher Fidelity)
- Recent suicidal ideation (past 30 days) was negatively related to Collaboration and Outcome-Based.
- Intrapersonal Distress (YQD) is negatively related to the Outcome-Based element (+ 3x = Lower Fidelity)
- Somatic Sx at Intake (YQD) are negatively related to several Fidelity elements (+ 3x = Lower Fidelity):
  - Community
  - Natural Supports
  - Outcome-based
  - Collaboration

Agency Involvement and Fidelity

Many aspects of Fidelity are related to the Team building process, and a smoothly running team where the family feels they have agency and empowerment. For families involved with public agencies, there are additional people to bring to the table in this process.

- DMH (Mental Health): Caregivers of youth who are DMH clients at the time of intake had lower fidelity ratings in the areas of Collaboration and Outcome-Based (N=16)
- DMR (Mental Retardation): Caregivers of youth who are DMR clients at the time of intake had lower fidelity ratings in the area of Strength-Based (N=7)
- DSS (Social Welfare): Families involved with DSS had higher fidelity ratings in several areas.
  - For those in DSS care and/or Custody (N=44), Community Supports and Outcome-Based were higher
  - For those in Voluntary DSS services (N=23), Youth & Family Team, and Individual Supports were higher
CAFAS and Fidelity
Several relationships were found between CAFAS scores and positive change in CAFAS during treatment with Fidelity
• The only area of Fidelity with a relationship to Intake CAFAS was Voice and Choice (Higher CAFAS = Lower Fidelity)
• Higher scores in Community Supports, Strengths Based Services, and Overall Total Fidelity were negatively correlated with CAFAS scores at Discharge. (Higher Fidelity = Lower CAFAS)
• These same aspects of Fidelity were positively related with CAFAS change while in treatment. (Higher Fidelity = Positive CAFAS Change)

Relationships between Fidelity and other outcome Factors
• Withdrawal rate (prior to Graduation) was negatively related to Fidelity on the Youth and Family Team element. (Lower Fidelity = More Likely Withdrawal)
• A Longer Length of stay was positively related to:
  – Fidelity of Community Supports
  – Fidelity of Strengths-Based Services
• High Mean Goals at Discharge were positively related to:
  – Fidelity of Voice & Choice
  – Fidelity of Cultural Competence
  – Overall Fidelity
• Family Empowerment was significantly related to:
  – Voice & Choice Fidelity
  – Cultural Competence Fidelity
  – A lesser likelihood of an Out of Home placement

Fidelity as a Predictor of Discharge CAFAS Score
A regression with Discharge CAFAS as the dependent variable, and Intake CAFAS (entered first) and Community Supports, Strengths-Based and Total WFI scores was run.
Results indicate that both Community Supports (9%) and Strengths-Based Services (3%) contribute uniquely to the variance of Discharge CAFAS.

<table>
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<tr>
<th>Model</th>
<th>Total CAFAS</th>
<th>Intercept</th>
<th>Community Supports</th>
<th>Strengths-Based Services</th>
<th>WFI</th>
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SUMMARY
• Some intake factors are associated with aspects of Fidelity
• Caregivers with a substance use history are reporting greater Community Supports and Flexible Funds use, suggesting the program is utilizing resources to meet their specific needs
• Caregivers of children with recent suicidal ideation report lower levels of fidelity in Collaboration and Outcome-Based services. This may indicate that the clinical issues associated with suicidal ideation contribute to some difficulties in team members collaborating and agreeing upon treatment goals.

SUMMARY
• Perhaps most interesting, clear relationships were found between 2 areas of Fidelity (Strengths-Based and Community Supports) and changes in CAFAS scores. This lends support to the idea that Fidelity to the model impacts the effectiveness of the model.