



**OSU Center for Family Research
OSU FAST\$ Evaluation Team**

**Evaluation of FAST\$07*
Focus Group Report**

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EXECUTIVE SUMMARY FAST\$07 FOCUS GROUPS

- Focus groups were conducted throughout the state of Ohio to gather qualitative information in order to determine the benefits of FAST\$07 (Family and System Teams 2007) as well as strategies for improvement. Three categories of focus groups were identified: service providers/program administrators, parent advocates, and family caregivers.
- Focus group data were analyzed for the primary FAST\$07 variables of family empowerment, family culture, service enhancement, systems collaboration, and success outcomes. In addition, participants were asked to provide their perspectives for improving FAST\$07 program management.
- The **service provider/program administrator** focus groups indicated:
 - FAST\$07 **empowered families** largely through advocacy efforts (parent advocates, family representatives, family mentors) and by giving family members opportunities to express themselves and helping them to know that their input mattered;
 - **Consideration of family culture** in FAST\$07 was viewed as an important component of effective services for youth and families, and was expressed in terms of location, race and ethnicity, religion, and the unique values and beliefs of individuals;
 - FAST\$07 **enhanced services** by providing help to families through various services such as respite (most frequently mentioned), mentoring, parent education, camps, Y memberships, and instructional activities;
 - FAST\$07 influenced **systems collaboration** whereby individuals, teams, and agencies partnered with each other in order to more effectively serve families in their communities. Collaborations mentioned included parent advocacy organizations (NAMI), state agencies, courts, schools, and Family and Children First Councils;
 - FAST\$07 brought about **successful outcomes** for children and families through the reduction of out-of-home placements, child behavioral improvements, and positive gains in family functioning;
 - FAST\$07 could be **improved** by clarifying appropriate use of funds, by increasing both the amount and flexibility of funding, expanding the role of parent advocacy and developing guidebook materials for FAST\$ users.
- The **parent advocate** focus groups indicated:
 - FAST\$07 **empowered families** by giving them a “voice” that resulted in greater family input and options for service;

- **Consideration of family culture** by parent advocates was viewed as necessary for effective family interaction. Dimensions of culture shared by advocates included location, ethnicity, and social class;
- FAST\$07 **enhanced services** through a variety of programs and services, including respite (most frequently reported), as well as recreation, transportation, camps, and related supportive services;
- FAST\$07 brought about **systems collaboration** through the structure of FAST\$ funds which compelled agencies to work toward common goals;
- FAST\$07 resulted in **successful outcomes** related to improved family functioning and family preservation;
- FAST\$07 could be **improved** by increasing FAST\$ funds, offering parent advocate training and education, and clarifying how FAST\$ funds can be utilized.
- The **family caregiver** focus groups indicated:
 - FAST\$07 **empowered families** largely through advocacy efforts resulting in family caregivers stating that their voices mattered and their opinions counted. Also, family caregivers especially appreciated efforts designed to help their whole family, and not only their children;
 - **Consideration of family culture** varied among family caregiver participants. A majority indicated their family culture was important for them and, because it was considered relevant by advocates and others, their children and families benefited. Others believed that culture was not an important consideration for their families;
 - FAST\$07 **enhanced services** through the availability of parent advocates, Y programs, mentoring, respite, and other services. Often as not, these services were noted in the context of the wraparound approach;
 - FAST\$07 fostered **systems collaboration** through improved communication between family members and those individuals, agencies, providers, schools, and advocates working on their behalf;
 - FAST\$07 resulted in **successful outcomes** for family caregivers by keeping their family together, generating positive changes in their children's behavior, and facilitating improvements in life skills;
 - FAST\$07 could be **improved** by expanding the availability of services through FAST\$ funding, as well as reducing paperwork, increasing parent advocacy, and helping families with school-based problems.
- Comparative data analysis with previous years revealed more similarities than differences. These similar findings include the positive role of parent advocacy for family empowerment, the effective use of FAST\$ funds to enhance family services and the beneficial structure of FAST\$ to help organizations collaborate with one another.
- Overall, the FAST\$07 initiative was viewed by focus group participants, and most importantly family caregivers, as helping FAST\$ families through multiple avenues of support (family advocacy), a "voice" for family input, improved services, and family preservation.

Purpose and Procedures

The purpose of the focus groups was to gather information about the FAST\$07 (Family and System Teams 2007) program through specific attention to the following variables: family empowerment, service enhancement, systems integration (collaboration), and FAST\$07 program success. In addition, the role of culture was examined in terms of its embeddedness in FAST\$ funded services, family service plans, and decision making.

Focus groups were utilized in order to gather high quality data in a group/social context whereby participants were able to express their own views and consider the views of others (Patton, 1990). Focus groups are thought to be particularly useful where there is limited information available on a topic or program (Ary et al., 2002; Morgan & Krueger, 1993). Hence, the qualitative research method of focus groups became an ideal data collection tool for the FAST\$07 program. To create a comfortable and open environment in the focus groups, confidentiality was promised to the participants, whereby names would not be identified with comments, nor would their input in any way affect their county's ability to receive funding or families to continue the services they receive.

Three categories of focus group participants were identified: service providers and program administrators, parent advocates, and family caregivers. To get statewide input, the focus groups were conducted using multiple strategies. The service provider/program administrator focus groups were conducted¹ in each of the five Ohio Family and Children First (OFCF) regions: East (4), Northeast (6), Northwest (2), South

¹ Number of administrative participants is given in parentheses

(6), and Southwest (9). Potential participants for the focus groups were generated by the five regional OFCF coordinators in cooperation with their county Family and Children First coordinators. All names submitted to the OSU FAST\$07 Evaluation Team were recruited for participation.

The parent advocate focus groups were conducted in conjunction with the 2007 annual statewide PAC conference (Parent Advocacy Connection) which was administered by NAMI (National Alliance for the Mentally Ill) Ohio. An advantage of this strategy was to gather input from parent advocates from across the state in one convenient location, thereby eliminating the need for additional travel on their part for a regional focus group. A total of three parent advocate focus groups were conducted through this method: Group 1 contained 6 participants, Group 2 contained 9 participants, and Group 3 contained 7 participants.

To ensure that input was collected from family caregivers, special steps were taken to target locations that increased the likelihood of family caregiver participation. Based on input from FAST\$ program administrators, four specific locations were selected² that received FAST\$ funding: Lisbon, Columbiana County (4); Columbus, Franklin County (7), Hamilton, Butler County (6), and Mt. Vernon, Knox County (7).

A total of 12 focus groups were conducted: 5 service provider/program administrator focus groups, 3 parent advocate focus groups, and 4 family caregiver focus groups. The

² Number of family caregiver participants is given in parentheses.

focus groups lasted 90 minutes and were audio taped and transcribed for data analysis to maintain accuracy and content validity.

Results

Open coding was used to analyze the data. Open coding is the process of “breaking down, examining, comparing, conceptualizing, and categorizing data” (Strauss & Corbin, 1990, p. 61). Data were analyzed line-by-line to form “chunks” - words, sentences, or phrases, (Miles & Huberman, 1994). Themes or categories were developed from the data “chunks.” Focus group methods do not allow results to be generalized, but rather are used to gain an in-depth understanding of a program or topic issue. The data are analyzed for transferability (Guba & Lincoln, 1989), whereby the results can be applied to a particular program. Brief summaries are given at the beginning of the each variable examined. The summaries are followed by selected comments as evidence of the findings as reported in the participants’ own words.

Service Providers/Program Administrators

The findings from the five service provider/program administrator focus groups (one session in each of the five OFCF regions: East – E, Northeast – NE, Northwest – NW, South – S, and Southwest – SW) are reported according to the primary FAST\$07 evaluation variables and the interview guide (Appendix A). Data analysis summaries are given for each variable, followed by illustrative comments from the focus group sessions.

1) FAST\$07 Expectations

The expectations and impressions of the FAST\$07 program included a variety of responses that ranged from enthusiasm for additional funds to the basic provision of support for families. Some respondents indicated that their expectations had changed over time as they had developed a better understanding of how FAST\$ funds could be utilized to help families. These reactions were connected to the following areas: use of FAST\$ funds, opportunities for making a positive difference in the lives of children and their families, collaboration between agencies and organizations, and parent advocacy.

Comments by service providers/program administrators included:

The expectations of what we were told was that funds could be used to support the family for treatment and nontreatment, and then that was disappointing, but the expectations are better now, since now they have been given clear definitions of what you can and cannot spend the funds for. (SW)

I guess, when the FAST was first introduced, both as a provider agency and a member of the Family and Children First Council, we were really excited, because our understanding was that it was the intent to prevent placement, so it was going to be used for activities that would keep a child safely in their own home, so it fit nicely with what the communities were trying to do, as far as finding funding for in-home services. Then, several months down the road, we found out that that could not be used for that, because that was delivering treatment, and so we were asked to not then do that, and so we had to then get creative with what we would do with FAST funding. (E)

I think when I first got involved with FAST, the expectations were very vague, I guess, at that point. The money was there. Spend it quickly. We need to do some scrambling to figure out how to use it. I think, over time, the expectations have gotten to the point where we have set up a program. You know, there's product here. We have a routine. We have a system we know. (NE)

I know that probably my expectations were low, because, typically, when you have money like this, you're not sure if it's going to be there from one year to the next. You don't want to implement anything too big, but once we got the second year, I felt a little more comfortable with it, so I think our second year on FAST, we started implementing a lot more programming and collaboration within the county, so now we're into our third year, and our county, the collaboration has grown so much in the past three years. (S)

Well, I think at the beginning of FAST, we were more focused on the funding and other funding sources for use with our intersystem's children. We probably did not understand how much this could be used differently than other funding sources that we had and that this could propel us towards prevention probably much better than some other tools that we've had before. (NW)

You know, I am fairly new to the use of the funds (FAST\$) but, you know, having getting some experience with it, my expectations are more towards use and what we can use that for, and getting back to, you know, according to the service plans with families, we also refer people strictly for the FAST money. I think, the biggest thing is determining how we are going to split the money up, who gets what, what families get, how much, you know, how much can you get, how many activities, is one of the biggest things we are looking at. (SW)

I came into FAST this last year of it, basically. I knew about it, because I sit as a representative at juvenile court...FAST came under our hospices when it first became available. One of the things I was very conscious of was the NAMI connection, the parent-advocate connection, and to try to figure out how all of those things are going to work. That got a slow start. We had some on board, but even some of the definitions of what that parent advocate was, their role was hard to define. We now have a new parent advocate, who comes out of the family counselors as parent reps, so they already have that voice, the parent perspective, and now he seems to be clear about their training and what that parent voice should look like, and we're clear about how we make referrals and utilizing that person. (NE)

Well, we started from the beginning of FAST\$05, and I was notified that we were going to be awarded this grant. It was for multi-need youth and their families to prevent out-of-home placement. There was not a great deal of funding monies available, but it was, I think, a challenge to figure out how we can best serve multi-need youth in our community in a way that hadn't been addressed, in a way that met the requirements of the grant because, again, we looked into it, it would not pay for any kind of clinical services whatsoever. I know I got input from my case managers, and we came up with a family mentoring program that I think has been very successful, in terms of meeting those needs. (E)

For us, we were doing wraparound child and family teams, and I was really excited, because the money was very flexible, and we were attaching great plans to every child, and it seemed like we could fill all the gaps we needed, and it was a dream come true. Then, the rules changed, and when they did, it became much more difficult for us to use the money. (S)

I have to say, I wasn't really sure what to expect at the beginning. It was not clear, because we are used to some pretty rigid perimeters, here is what you can and can't do, this is the type of family you can and can't use that for. We've been so rule loaded in so many different programs, so the flexibility, to me, is something that I think this year we've

done the best with. Even last year and the year before, we still were kind of rigid, like this is the type of kid and family we're talking about, where this year, we've just been able to help many more families with some very unique needs because of the flexibility and, yes, so much more prevention and maintaining the youth in their home with some supports that we didn't have before, such as respite. There was a need, but we didn't have a means to help families with that. (NW)

2) FAST\$07 and Family Empowerment

The most frequently cited mechanism by service providers and program administrators for bringing about an atmosphere of family empowerment and support was through the role of parent advocates or similar positions such as family mentors or parent representatives. Family empowerment was reported to be achieved by giving families opportunities to express themselves, by listening to their feelings and what they believe will help them, and letting families know that everyone is there to help them succeed.

Methods for improving family empowerment were reported in a variety of ways by service providers and program administrators and included the need to allow for greater flexibility in FAST\$ funds in order to meet the diverse needs of families, to elevate the role of parent advocates state-wide, and for the recognition that multiple models of parent advocacy exist, and thus that the utilization of parent advocates varies by region.

A) Family empowerment and what is working

Comments by service providers/program administrators included:

I think for us that the added value with FAST with the family advocacy piece having family advocates available to add to the team, to be, you know, the person who was just about the family and helping the family to find their voice and to speak their voice. (SW)

I think we have put more focus on the parent representatives, and on the family advocacy piece, and giving the parents a voice, as opposed to feeling like they were being put upon or judged. They're now even being shown, making room at the table, curriculum being shown, how to advocate for themselves, and how to pull in natural supports that they didn't even know that they had, or they had thought that they had burned bridges. People really do want to help them succeed, especially their family, and given the right structure and hope for the future, that they're willing to do that. (NW)

Of course, FAST\$ is the main funding that comes through and assistance. It's been a really good way, one to get all that collaboration, but the families also have a major input on what their needs are and how they'd like to see them met, but then also, we're able to, not only do we just bring respite in, we actually bring in, would actually come in to empower those parents and just to give them more knowledge and understanding, and they realize they're not alone, and in doing that, they're now becoming more of an advocate for their children. (S)

As service providers in our county we have worked so very hard to empower families, and if I may brag on those two ladies for a moment, we were also part of the ESCORE experiment, and one of the things that they noticed way and above in our county was the level of family empowerment was quite high, and I think that is due to their expertise and the services that they provided the families. (E)

I think having someone who's the go between systems, in a way, who can facilitate conversation, who can help families, and that's both the family support aid, but also the parent advocate. You have 2 pieces of that puzzle. I remind professionals that when they come into a team meeting, everyone else that they've been around for 20 years in a smaller community, know each other kind of thing. You know, they come into the room, and they go, so how's your son, and what's happening with... just acquaintanceship conversation. It doesn't mean we're best friends or hang out after hours, but it's just that familiarity, and a parent doesn't have that. They come in, and they're not having that camaraderie conversation, how ya doin, how's things going? A parent advocate adds a little bit of a person there, and having known people like Vicky or whatever, who they're in a relationship with, so they do have something, so that when you have those team aids, you have something that's a little bit more less one-sided, and so I think FAST has taught us and reminds us that we have to keep that balance. (NE)

I think it really is helpful to parents who have someone they can talk to, because the parent advocates or themselves, people who have children who have needs until I have somebody to talk who understands, who is not going to judge me, but then he may know the system and understand why, whatever is going on, why is it happening, why do we have to do this and whatever. (SW)

I think that along with parents suddenly being brought to the table in a much better way, there's been a raised consciousness among the folks from agencies that that is a necessity, and not only is it a necessity, but it's a good thing, and actually we can make more progress, and probably we can't make much progress without family there. I think

that's probably the way to say it, so we're not real good at it yet. We still have some way to go, but I think we understand that that is a good part of the piece, and we need to be working at it. (NW)

I think it got our families, mine in particular, focusing less on the illness and more on the living, even to whatever extent your illness will allow you to be alive and to enjoy your family and to enjoy your child, and to enjoy each other, so yes, you might have these bad days, but it gets them more opportunities to enjoy each other. I think we have reduction in the children's acting out behaviors, because they're busier, they're more involved. We have parents more involved with their children's activities, so the children feel supported. They feel more valued. The parents are learning to enjoy their children, rather than just tolerate them, so those are all the wonderful benefits that I have seen come out of being able to do these types of things. (E)

I think what we have known is that having a parent advocate available for our families, and we use them from several different areas, we use them from the mental health agency, we use them from a nonprofit parent agency, and to have that neutral person to be involved with the family, and the family has felt much more comfortable and being able to have somebody directly to relate with. We also have some families that have chosen not to have the parent advocates and use the wraparound service coordinators as their person also, and so we play a dual role in that time of the advocacy piece when we're linking to any needed services, but it has given the families another way to have a voice, then where they kind of struggled before finding their place. (NE)

We don't have any parent advocates in our county. I don't know that it's a missing link, to be honest, but I know that we have family involvement through cluster. I mean, kids that come to our cluster, their families are involved in cluster, so I don't really know... I've never had anyone say, I need someone to represent me or I need someone on my side, so I don't see that that's that much of a missing piece for us. Of course, they bring in aunts, uncles, and cousins, and this is my neighbor from 2 miles down. That's their natural kind of advocate, you know, they're bringing in their best friend, someone that they're comfortable with being their advocate versus someone whose titled parent advocate. (S)

B) Family empowerment and what can be improved

Comments by service providers/program administrators included:

I think that it is important for families to be supported and empowered, but I also have seen that walking a line, a very narrow line, between supporting and empowering families and enabling families, and enabling families in some pathological and maybe not so healthy behaviors. I have also seen it where besides not only enabling, enabling is one thing, but in also entitlement. (SW)

I think that so much of the time we get, there's an assumption in Columbus that out in the counties, we're not treating these families right. We're not supporting them adequately, and we're not empowering them. We're not...so, the money comes, you know, and a chunk of that money was put into this whole parent advocacy thing, as if we wouldn't do it, if the state didn't do it, and as if we weren't already helping parents, and I think they're somewhat suspicious. You always get this look like, how you're doing it or there's always an implication that if the state doesn't write on some of those, we won't treat these people appropriately. We won't empower them, and I think if they, if the monies were flexible and available on a truly individualized... I know they had to pull federal funds, and that's where the rules came from, and I realize the state didn't... They did the best they could to find money to use for this. I understand that, but I don't know. I don't know what goes on in other parts of the state, but I just feel almost insulted sometimes that there's an automatic assumption that if I'm not ridden and watched and pushed, then I won't treat the families right. (S)

Mine would be what we originally got excited about, in thinking that FAST was going to deliver, and that is in-home services to families who are at risk of their child being placed, so delivering the treatment model, the therapist and the case manager, to go in and empower those parents to overcome those hurdles at hand, prevent placement, and maintain safety. (E)

It is word of mouth, I think, parents talking to parents, whether that's PTAs or other organizations where parents find each other, as opposed to professional organizations doing it. I just think it has to come from a grassroots, I think, usage, networking those people through NAMI or whoever, whatever organization that are grassroots organizations, which is why I say PTAs, mother organization, whatever, just to kind of get the word out. I think one of the things we'd like to see, and there kind of is more that everyone has the same developmental training as they're doing the advocacy work, that everybody has the same philosophy. Everybody's heart gets into this, and sometimes that causes issues when your own feelings come about, and so we've been working really hard to have, across the board, try to develop a training and support system for the advocates who they are providing this for. (NE)

I think building on the success that we've seen so far and sharing that. We've had a lot of success, particularly with the schools and helping to build empathy among the school staff, helping them to understand why, rather than just seeing a parent that won't come to parent-teacher conference or won't engage, or doesn't help with homework, getting them to see the flipside of why that isn't happening, and those parents learning how to advocate for themselves and just be the voice for their child and to explain more. That, I think, is something that would only benefit everyone, and building upon the real success that we've had, probably in the last year or so, and taking that further. (NW)

Part of our role is to empower the family, the parent to take control, and what happens sometimes in government systems where people feel entitled or we become substitutes, and then parents really do not know how to parent, we walk a fine line sometimes. (SW)

I've been noticing in our community there are some areas lacking, such as tutoring, after-school programs for children, and places for kids to be, just to congregate, to meet, to be supervised. They're not exactly children at risk of being placed out of their home, but they certainly have the potential to be, if they continue to not have these kinds of activities. Not every parent can handle every situation, but I think that would be an appropriate use. (E)

We're very relaxed down here. I know our county is very relaxed, so when families come in, it's not like they're coming into this professional room, and people are acting all professional. It's sort of like, some people have known each other, because they live so close, and the families need to mingle, and so when they come in, they don't... They feel relaxed and comfortable, and when they come in, it's not like, oh no, we're meeting all these big wigs. Even in our Family and Children First Council it's that way. It's very relaxed, and I think that makes a difference, but when you're in a more urban city settings, it is where you come in and everyone's in their suits, everyone's dressed up. Like, I know, whenever we have parents, I wear jeans, and a lot of people do, because, just so they feel like they're one of us, so they probably feel like they have advocates at the table, and why would they/I need that. (S)

3) Consideration of culture through FAST\$07

The service providers/program administrations across all five regions viewed culture as an important consideration in order for FAST\$ funded services to effectively meet the needs of children and families. Culture was viewed in a variety of context such as: location, ethnicity, religion, and the unique differences and preferences of individuals.

A) Consideration of culture

Comments by service providers/program administrators included:

Because I think when we use the word culture, you know, people lean to race, ethnicity, religion, those kinds of things, and one of my take a ways from going through wraparound training, was understanding culture as a family specific issue that, you know, no 2 families of the same race, no 2 families of the same ethnicity, no 2 families of the same religion, have exactly the same way of doing. So, really impressing upon our wraparound workers, on our systems, you know, in case of the folks who are, you know, on the front working directly with the families, to not make assumptions about culture but rather your job is to get to know that particular family and how that family does, and that is their culture. Otherwise, I think we will get into lots of trouble very easily. (SW)

I cannot imagine anyone trained in 2007 and employed by anyone, this is issue. I guess that is why I just asked the question, and, you know, because there are some people who jump to race, and I say that to people. Example, please do not make an assumption, because you are probably going to be 99% of the time wrong. So, I just asked the question is it perceived that there is an issue or is just part of a question, because to be honest with you, I am from the advocate support, and I need to consider the person's culture or whatever, and the assumption is that if you are not going to do that, you are not going to have a contract long, or you are not going to be in private practice or whatever. (SW)

There was a discussion about individuals having a concern about a child sleeping with their parents. You know, this was a 9- or 10-year-old child, and I kind of was like, well you know, the person who brought the concern, first of all, I know is not a parent, because if you are a parent, and you have kids that do not sleep at night, you do not give a rip where they sleep. If they come into your room and they get in your bed, you know, like cool, so I can go back to sleep immediately. And the person that person that brought this up to me, I was sharing, you know I am Appalachian, and I slept with my mother until I was 13 years old and there was just nothing weird about that, I did not think of that. So, I think sometimes where assumptions are made about certain things that are not sensitive, but I think by and large, having said that, we go out of our way to try and be accommodating and sensitive to every family in what their needs, issues, concerns and, you know, relationships are. (SW)

When we approach their needs, I think we look at what they are already doing, who they are, where, what supports they already have, giving them, you know, asking open-ended questions about other supports that they might utilize that they haven't thought of, encouraging them to get connected spiritually, if they had ever had it, I have a Muslim family, and we have Christian families, but there is still a lot of support in a spiritual environment, utilizing where they live, in terms of what is in walking distance from you, what is near you that you can access, so I think that is probably how we look at things culturally, and we're family guided. They're the one telling us what they need and who they are, and we don't really try to change that. We just kind of support what they already have. (E)

Most of our population is Appalachian culture, so we are very sensitive to that. All of the Family and Children First Councils pay very much attention to family culture, so who do they deem as head of the household, who do they include in their household? Maybe a grandparent is really in charge of that family, and they don't even live there. We just pay very much attention to what they have identified as their culture. (E)

We've spent a lot of time talking about it in our intersystem's group, as we're designing plans or listening to plans that have been suggested to us. We have a Hispanic family that really isn't interested in a lot of people coming into their home. They take care of themselves. They want as little help as possible, but they'll take what they need, and it's important for us to know that and then not to get in their way. We have other families

that, I mean, we've got mothers that are using drugs and alcohol. Although, that's not a cultural issue, it certainly bears on how you deal with the family. We really try to be very conscious of what's going on in the family and what their unique situations are, including the culture of the family. (NW)

Our county is very culturally challenged. They're like 98% white middle class. I mean, we don't have a lot of culture, but we're also a small county, so in most cases, all of the FAST families are involved in some way or another with our wraparound coordinator, and she is very culturally sensitive. We've done the Bridges out of Poverty Training. She builds on the strengths, let the family take the driver's seat. (NW)

A key component was the school piece, and it's rare that we'll find an Amish child that has a problem in school, and the parents are attending their own school, and they finish school at 8th grade, which changes some things anyway. You know, when there's developmental delay, the Amish community has a very strong network and works very well with a lot of resources. Mental health is not broached with the same acceptance, I don't think, and I may be misspeaking, but it's harder for them to correctly identify, and they do take care of their own, and anything that appears government, as well. They know what it is. We have a NAMI Amish support group that we...luckily...yeah, but it has a children and adult component to it, so they are actually very active, and we actually have an Amish man who sits on the Mental Health and Recovery Board. (NE)

Well, I take great pride in trying to learn them on a personal level because I am just personally interested in different cultures, so I asked them what is it that you would like me to help you with? You know, what do you have problems with as a family or in the school? What would you like to see little Johnny accomplish? What can you see him being some day? Or, you know, so I mean really just getting to know the family. (NE)

Most of the members of the agency know people's heritage facts by generations. That can be both, it's a double-edged sword, it can be positive or negative, because if you're the latter, that's a bad thing, but if you're, you know, so that can be bad, so, it's so integrated in just each agency, because there aren't very many transplants. I'm a transplant, and it's just starting. I think we're all tremendous because I know, my sense is that when we go to the state meeting, because we're from the southern region, we're treated like we don't know anything at all, so we understand how our families feel. (S)

Remembering back to an example that we had at a cluster table, I think, again, knowing the family and the agencies of the family that you bring the right person there to explain. I mean, the one case that we had with everybody the tension was there, and you would think that everyone was getting ready to jump across the table at each other, but because the Mental Health Center was aware, that knew the family, they had the right person there to address the family, and within 5 minutes, the whole table was in complete meltdown and loved each other. It was like, "Oh my God, you would do that for me?" It's like they came with their clubs, and they left with hugs, just because the right people were at the table because they knew the family, so differences in the background of the family before you bring people to the table to help that family too, because it might not be

someone who's normally at the table. In this case, it wasn't. It was a mental health professional, but he was, normally not at the table, but he is the one that made the difference that day. It's these things like that can save you thousands of dollars. (S)

4) FAST\$07 and Service Enhancement

Many types of services were provided to FAST\$ families – services for families that otherwise might not have been possible to deliver. Respite was a commonly reported service enhancement by service providers and program administrators. Other services provided through FAST\$ funds that were mentioned included: camps, recreation passes (YMCAs), parent education programs, and mentoring services.

The flexible use of funds was a common theme surrounding the improvement of service enhancement. Desired services include those designed to meet basic needs, such as home or car repairs, funds to hire school counselors, and monies to directly support parent advocacy efforts.

A) Enhancing services and what is working:

Comments by service providers/program administrators included:

I'm going to go ahead and talk now about that family camp. We provided a week-long family camp last year. We have a really nice state park, and each family had their own cabin, and we had activities. Several of the families said, we have never experienced a vacation before, plus we were there to guide them through the rough points, to assist them in managing behaviors in these kinds of places, and they got to bond with other families on the FAST program that made connections actually, that they supported each other beyond the family camp, and we had extended family was welcome as well, grandparents, so that they could help with families who had many children. That was one of our biggest successes, and we're going to do it again this year, and we are looking forward to it. We kind of did it on a shoestring, though. We were very frugal with our spending, but they enjoyed doing camp fires and things that they hadn't really done with their family before. (E)

We do just all kinds of little bizarre things. Respite, respite's big, and it's not necessarily day-long respite. We have a lot of folks who are doing respite in the afternoons for young kids who shouldn't be home alone. They take them to the library, they take them to the YMCA, just a little time with a grownup that cares away from the family and away from the school, mentoring, which kind of gets in the same little bucket. We sent one little boy to art class, because he really liked to do arty things, and he was actually in the home with a grandmother and several cousins and not getting much personal time, and he was acting out at school. We asked him what he liked to do, and he liked to do art and writing, and he's 8 years old, so we found him a mentor that could help him with his writing. They wrote together, and then we sent him to art class, and his behavior improved in school just immediately. With a big grin on his face, he came and showed us his art projects, and it was very cheap. It didn't cost a lot of money. That's one of the nice things about FAST. (NW)

I will say real quickly, probably 95% of our funds are used to support families of respite kids and keep the families together, that these families either would not be able to maintain their child or would have given up custody of their child or would be in the court system because of that. We just looked at the data the other day, and 95% of funds is going to support respite. These families are asking for that and have appreciated that, because it allowed them to have a sense of normalcy. We continue to get feedback, and is what they just absolutely think is wonderful when they just say, "I have my life back. My child is secure, and I know that my child is safe." (SW)

I think FAST gave us the opportunity to talk with different agencies and let them develop programs for us. We have some that just do some mentoring work, just do support work, and then we have them where they help do respite. We've had them go in and just help in a family's home. Pathways, with one family, was wonderful going in and helping the mother learn everyday skills of being a single parent with several kids in her home and trying to get meals made, bedtimes, and everything like that, but they were able to help with that, and it was just by us calling and saying, hey, this is what this family needs, so it gave the opportunity to say, we have some funding, if you can develop that. (NE)

We've taken the bulk of our money, and we have put a counselor in the high school on a part-time basis, and a lot of what she does, what she tries to do, is create crisis intervention. In other words, if a kid comes to school and starts beating the crap out of another kid, it may be the reason why he started the fight is because he didn't have electricity for this day or they have not had food in the house for the last 2 days, and so what the need we saw was to have someone that could try to get to the root of the problem and then work with the family on a solution, because we do have a lot of kids that come to school without basic, some type of basic needs met, and most of the problems that we saw were caused, or behaviors that we saw, were caused by, that. Last year, we had 2 suicides, 2 children kill themselves last year. We've had all kinds of numerous car accidents involving alcohol, so the subcommittee that met from council felt that we really needed to try to put someone in the school, at the high school level, who is there just for the kids. She doesn't deal with anything academic. I mean, she works with

the teachers, obviously, but the high school counselors are still involved in trying to help kids get through high school or figure out what they are doing after high school. They couldn't deal with some of the everyday stuff that needed to be dealt with, so that's what we've done with our money. (S)

We've been able to bring totally new services to the community because of FAST, starting parent education programs, such as the Incredible Years. It's given us the means to do that. We've seen the value, and we wanted to do that, and FAST has provided the opportunity to do that. (NW)

I know we have talked about FAST families, who've had children placed out of the home or children who have had psychiatric hospitalizations, but I think you have to look at the big picture sometimes and see that I truly believe, and I think families would agree too that without these services, I think there would have been more out-of-home placements and a greater level of psychiatric hospitalizations. It's going to be... I mean, it's unrealistic to think that there's going to be a miracle cure, but I think by equipping the family and also the youth, I think, and by giving them skills, I think it has reduced out-of-home placements. (E)

I would agree with that when most of our funds go to respite, and social recreational are probably the 2 highest categories, because with summer coming up, we do a fair amount of camperships and those kinds of things. Again it does not come to close to what the respite total is. Some dollars are spent on transportation support like gas cards. Specifically for, and I mean I calculate this down to the mile, to and from mental health related appointments. So, again it is a very small amount probably of our total funds. I know it is less than \$1000 a year that would go to the that, and because we do it based on service coordination, we always have a few and the little things that you cannot really put into a category that are very specific family based, you know. (SW)

To create a support mentor that could also assist in the school system with kids who are about to be pulled out of school, with the main idea that we want to keep kids in their homes, and we're doing a real good job with home-based therapies and all sorts of treatment, but if they're going to fall out of the school system, and what are we going to do then. What, are they going to spend \$30,000 a year trekking them up to the PET program or something like that, so we really wanted to get a paraprofessional-type person in there to be that support person, and in doing that, they also, I believe the requirement was, to get that other service provider through my department, which is the specialized children's unit, so they can have a case manager, they can have the home-based therapist, and then this would be an extra position, it would be a little team surrounding this family. (NE)

B) Enhancing services and what can be improved

Comments by service providers/program administrators included:

I know ABC funds have kind of been piggybacked with FAST, in terms of doing clinical services, and there would really be such a fantastic level of services, if you would put clinical and non-clinical together in an in-home setting, after hours, on weekends, or for people who have difficulty with transportation that really can't come in due to whether they don't have a vehicle or they don't have gas for vehicles. (E)

I'd love to have a family support aide in every school system connected to communities and being community specific, because communities have different ways of handling things, and so, you know, if I could dream, I would love to see people who could be that paraprofessional and be linkages to those communities and build, do more networking and empower more parents to know that... because in our community with the school systems, those are kind of the hubs that lead to community. (NE)

We've had things come up about heating and, I mean, in the winter months more, probably, car repair or something. I mean we have families that live way out, in the middle of nowhere that need to get their car fixed for 400 dollars, and they don't have the money to do that, so you know, basic things that we could help them with. (S)

I think I mentioned this to you already, but I'll mention it again. We're really struggling with the piece of getting the advocates involved with the families. The system that we've built is cumbersome, in terms of matching those families with their advocate quickly, and because of that, we're losing out, and we're really not getting a lot of that going. That's a concern. (NW)

We had done a hand-to-hand group which families seem to be very positive for. It could be funded with FAST if you wanted to take every family there and go through the rather cumbersome paperwork process for FAST, which was not realistic for the amount of money and that is what sometimes you have to balance, what is realistic for the cumbersomeness the program verses the dollars expense, and they said that is unfortunate. (SW)

If there's money, we're more flexible. You know, we could use it for other things that our families need that right now we're restricted from using that on, and you know, JFS is very careful about what you do, and I know that. (S)

5) FAST\$07 and Systems Collaboration

Service providers and program administrators indicated that the structure of the FAST\$07 program compelled agencies and organizations to more actively collaborate and work with one another. Frequently mentioned collaborators included systems such as Family and Children First, schools, courts, and state agencies.

Tactics for improving systems collaboration were centered on the need to actively ensure that efforts were consistently made to bring as many agencies and organizations to the table as possible in order to help families served by FAST\$ funded services.

A) Systems collaboration and what is working

Comments by service providers/program administrators included:

FAST has worked really well, because it's a funding source. We seem to have more people come to the table, because we have that funding. If we're just coming to brainstorm, I call it brainstorming, wraparound. It seems to be there's this little pot of gold that you can work with. (S)

The fact that FAST goes through a diversion team, which has representatives in larger school system, representative from all the other schools, CSB, juvenile court, and the mental health and recovery court, all sitting at the same table, and FAST comes through there, so you have this core collaborative network that's working together on, with any case that comes through. (NE)

If they are on probation, or if they are on diversion, and there, you know, involved in Family and Children First, as the liaison with having the court and Family and Children First, this kind of allows the court to work in a different manner, you know. So much of the court's time is spent, you know, adjudicating and disposing and enforcing rules, and it does not really get the opportunity to support a lot of therapeutic things, a lot of, you know, what I call again unique experiences, healthy experiences for families. So, the conversing has been great, and I think it allows us to really kind of, you know, change perception of us, change image. (SW)

In our county, there are care teams in our local middle schools, and they're basically done through a social educator or the school counselor, and we have been becoming more and more a part of (it)...so I think we're working closer with the schools. (E)

We have a team. We sort of morphed our PFS team into our FAST/ABC team, and the mental health director just says, here's how much money you have, team, what do you want to do with it, so every system that's at the table says, "Here's what I think, here's what I could offer, here's what it would cost." I mean, we've always had good collaboration. We've been fortunate, but this is just, I guess, given the team members some opportunities that they wouldn't have had before. Team members include the site manager of the mental health or the behavioral health provider, we have the juvenile court, we have the Mental Health Board, we have the school, we have Family and

Children First, and we have the Health Department, a good representation, Job and Family Services. (NW)

I think that we've been able to help our juvenile justice system identify those areas of behavior that are true mental health disorders and those which are behaviors, choices, you know, in need of consequence. You know, the probation officers feel comfortable calling, saying treatment or jail, about a certain child, and since we're in the home, and we've evaluated the whole system and recognized the different areas they are dealing with, and sometimes both, but they've come to look to us as having more information to go on, for them, so they don't have to make a cold decision. (E)

We're actually getting ready to do our first 10-week summer camp, and possibly short camps locally, but all of the agencies decided that for those at-risk kids, that we needed something longer, so, and in collaboration with Children's Services, the court, the Child Protection Center, and 2 mental health agencies, we're going to start that on June 11th. We will see how that goes with the first 60 kids. We've collaborated with Integrated Service Systems. (S)

B) Systems collaboration and what can be improved

Comments by service providers/program administrators included:

I was in a clinical supervision observing a clinical supervision, and this particular family was being presented, and I sat there like, never occurred to me to talk to the mental health system and see if this camp was therapeutically beneficial, you know, because I was not aware, you know, of all the involvement, and so...and we have talked about trying to use a request system whether it be for service coordination or funds; however, again it is on the table. We have not developed it, but to reviewing the request on a monthly basis to ascertain exactly who is involved, and do the other systems feel that it is an appropriate use of funds and get their input whether they are involved or not, because sometimes they see things, and sometimes families, whether it is intentional or not, may not give all the information that would be helpful to have. (SW)

Our communities have what's called a Creative Options Panel, and so that is a representative of all of the disciplines within the counties, and they do come together monthly, and then from those meetings, there will be an identified family who's referred to creative options...I wouldn't call it the treatment team, but the team who is wrapping around this family, and the therapist might be a member of that team, or the school counselor, or a case manager, and there is a coordinator who does facilitate that. (E)

I come from a county that collaborates unbelievably well, but FAST almost worked in the opposite direction, because after the rules changed, they had me come in and read everything we were allowed to spend the money on, so they were rather disgusted, and they just said, "Okay, let's do camp."(S)

I think there are still some state systems that are not really, that have not themselves become collaborators, that not necessarily in the FAST sense or the FCFC sense, but that we work with because of who we are with the FCFC that could practice and preach collaboration in a much better way than they are at the present time. There's just a lot of uneasiness that I think is at the FCFC right now and in some of the requirements that are being made of us without much reflective decision making, and there's still some room for improvement. I know that the folks at the state level are working on it, and I know that there are always problems with funding streams that come from above down to the state. (NW)

Anytime you have competition among agencies or state department the more funds you create, and silos increase. I told a joke, which I think is still true today. There were 2 guys in a tent sleeping, and a bears coming up through the back, and they both leap up to run out of the tent, and one stops to put on tennis shoes, and the other one, as he is running, says, why are you putting on tennis shoes? You're not going to outrun the bear. He says, no, but I'm hoping to outrun you, and unfortunately, sometimes at our state departments and our funding streams create that sense of outrunning each other, which then gets a little of your collaboration, because we're, you know, we're not pooled and we're not coordinating, and we're not talking to each other. (NE)

6) FAST\$07 and General Strategies for Improvement

Approaches for improving FAST\$ efforts also emerged from the data. The issue of funding was cited by service providers and program administrators from all five regions. Particular aspects of funding for improving FAST\$ included allowing for greater flexibility in the expenditure of FAST\$ funds, increasing the monies allotted to counties and boards, and clarifying the appropriate use of funds. Other reported areas for improving FAST\$ involved the expansion of parent advocacy and the development of guide-book type FAST\$ materials.

Comments by service providers/program administrators included:

If I had to say one thing that needs to be improved, as far as my county is concerned is the whole business of the parent advocacy; I really think that we are set right now to do

some good with the family advocacy, but the system is not letting us hook them up in good time. (NW)

I'm finding that in the schools, particularly in the county. There are many who have not tapped into the services yet, so it's hard to get your foot in the door. They don't understand me, why I would be going in there, and so I'm having a hard time particularly with one school, getting in, and trying to explain what I would be doing and how I would be working with the child. (NE)

I hope that it's (FAST\$) continued, because even though it is not a great sum of money, or our county did not get a great sum of money, it certainly made a difference, and I hope that we can still continue to get it, even if the dollar amount does not change, I would hope that we could still continue to utilize that funding stream to provide services for families, because I think it really, really, has been helpful. I think it has prevented many or reduced out-of-home placement, so I think that it has been successful. (E)

Go back to family stability fund. If there's one thing in 12 years at Family and Children First, if there's one thing I can say we want back, definitely, that would be it. (S)

And that flexibility pays if we try to put structure and the parameters, knowing within that is this unbelievable individualized process going on, and that sometimes can appear to be counterintuitive, at the least, but this is 1 of those models that says maybe it's not FAST tracked and can be individualized all the time. (NE)

I guess I would advocate that, you know, we work to ensure that FAST is considered in the same conversation as wraparound is considered in the same conversation as service coordination that they, you know, that we work at a place where people. (SW)

We always have so many new coordinators or people come and go, and with account coordinators, it's hard to come in and know all the different funds of money and what you can do with each one. I know there's no book, but it would be nice if there were for when you have a lack of guidance or supervision from anything else, you can always turn to the manual and interpret it, if there were a manual. (S)

I am wondering how the mental health board across the state if that ball has been able to look at the pattern or the variability in the use of FAST dollars that are flowing through those boards, you know, into the community, and I wonder about anything to be learned from the board, the local's board perspective. (SW)

Lengthen the hour of the days, lengthen the workday, provide everyone with instant access to each other. It's really hard for us to do, everybody's caseloads, Children's Services caseloads, probation officer's caseloads, school teachers... Everybody is just so loaded that it is hard to connect. Most of our connections come by telephone, and to organize a meeting of those minds is, I think, one of the biggest obstacles I see. (E)

I think that we needed to utilize our natural support, and those are the folks in our community who know us and the children and the culture, and that parent liaison from the school systems is the perfect example of a good start, but they also are very busy. (NW)

7) FAST\$07 Success Outcomes

Numerous examples were given by the focus group participants regarding how FAST\$07 brought about successful outcomes for children and families, and included such examples as reduction of out-of-home placement, child behavioral improvements through FAST\$-funded services, and positive gains in family functioning.

Comments by service providers/program administrators included:

Well, one of my families, the identified child has cerebral palsy, has diminished mental capacity, and is very difficult to manage, so a lot of focus was on managing this child, the whole thing. I didn't have the money to pay for it, because it was given to us, when I explained the situation, and that there's a community indoor pool, and she needs the physical therapy anyway, but this is a single father with 5 children, and they gave them passes to this community pool, so now he has a way to give her the additional therapy, the additional exercise. The kids aren't solely focused on her. They get to go do something in an environment that, you know, they can relax. (E)

Basically, where the kids were able to remain in the home, then sometimes after they hit 18 or older, whenever their funding is over, that continues. The relationships continue. I have 1 child who is aging out now, and she has been going to the same respite home for several years, and actually, this respite provider is helping her to become independent and she has been very supportive to this family, and I have no doubt this girl would not be in her family if she didn't have that regular respite. (NE)

We had a lot of support from the state. They (state) had her (Dora Sterling) really centered on that, and she was great. She was responsive. We were supported. We reduced out-of-home placement in the 1st year by 27%. I mean it was because we were allowed to be as flexible as we needed to be, but there was accountability. We reported quarterly, and it worked. It worked very well. (S)

We have a family who adopted 4 children with fetal alcohol syndrome, which has been challenging for years, but as they, all of them are now skidding into adolescence; it's becoming more challenging. At the same time, the parents both decided that they needed

to change. They needed to get more education so that they would have better-paying jobs, so dad went to school and became a registered nurse, because he was working in a public system that needed registered nurses, and he could make a lot more money that way, and once dad was finished, then mom did the same thing. Unfortunately, 4 adolescents at home require more parenting, especially if they have fetal alcohol syndrome problems, than 2 absent parents can give, and what happened was mom had to stay home with the kids, and dad's working a 2nd shift, so that when the kids come home from work or from school, all of a sudden, she is deluged with 4 children that want, each one, all of her attention, and there were frequent blowouts. One of the daughters has spent some time in JDC and put holes in the wall. Anyway, it was getting to the place where their marriage was being challenged, because the dad just wasn't there when she needed him, and one of the things that we put in place that really worked, and it was really surprisingly easy, we asked if she would mind having somebody in the home in the afternoon and the evening, until they went to bed, and she actually used her next door neighbor as a respite place when things got rough, so we hired the next door neighbor come in from 3 until 9, two or three days a week, and it helped, because she was able to kind of take over some of the, have you done your homework, have you done your chores, those kinds of things relieved the tension, and it cost us \$12 an hour, which was cheap work. (NW)

We use FAST funds to send a family to an attachment and bonding week long camp, and this family has been struggling with significant behaviors at a cost and all the traditional ripple effect of attachment disorders that a family can experience, you know. The marriage is falling apart, a sibling has mental health problems, mom called me after they got back and talked about...because it was for the whole family, and it was just a combination of psychological, and support and whatever, but was not therapy so to speak, and you know, one of those life changing experiences for their marriage which is a good thing, and everyone in the family benefited from it somehow. So, that was kind of gratifying. (SW)

One of the families that I was working as the in-home therapist for had some very drastic problems, but they were just... they had lost their hope for a better life, they're hope for things that they could enjoy. I mean, their struggles were just overwhelming, and so the FAST funds did make it possible for one of the little girls to get to go horseback riding, so it was something that she thought would never be possible for her, so the joys that kind of comes with some of those, maybe giving hope to families for some things that wouldn't be possible, otherwise. (E)

Last year, one of the things we did with our FAST money is we had a mom, a dad, and a child in the 3rd grade who were homeless. They were living in their truck, and they kind of sent him to whatever, believe it or not, elementary school they were parked closest at, and the school called me, and I was like, oh my God, what? So, we did use the money to put them in a motel for a few nights, until a property came available for them to rent. (S)

I think there's been so much success within the school, raising grades, attendance, all those things, really, yeah, school. In particular, there was a young lady that had autism

that I used to work with, and in working with her and working on social activities out in society and things, getting her out, she started doing things that she normally never did. You know, she was okay to hold my hand going through the parking lot, you know, into Wal-Mart, where there's this mass amount of people and just working with her 2 or 3 times a week and getting her socialized in that way. I mean, that was a huge success in my mind. There's just a lot of school success, amazing grades, keeping attendance up, keeping them in the school, and keeping them out of trouble. (NE)

We have a similar situation where a little guy was adopted by 2 parents with behavioral health issues and he has RAD, reactive attachment disorder, so a whole bunch of special needs, and he had been... They adopted him, and they gave him back or he was in residential placement, and they thought he was going to be a lifetime residential young man, and through FAST, supports were able to be put in place for the parents, Respite, just someone to call, and he's been able to be maintained in the home for 2 years now. They got him back. I mean they started with visitations, and he has many therapies and a big team, and there's no doubt that he would have been aged out of residential placement, had these supports not been put into place, so the parents feel that support, and they will be lifers which is okay. They just needed someone to be able to call to say, okay now, think of your plan, because there have been times when they've said, that's it, we can't take it, take him back, and lots of parent education, and a YMCA membership, and things like that. (NW)

One that comes to mind was a camp, but I am trying to remember how it evolved. We are already involved with the family, helping the family with some respite for a different child in the family and whatever. I think we have sent the younger child to a camp, a residential camp, for the summer. Not for the whole summer but for a 1-week residential camp, and the child's mental health therapist. He was like, petrified. He came back, and his mom and the teacher both called me up right after he got back and said, "You would not believe what an experience that was." Very good, and his mom is like, "He came back with only 3 pair of the 7 pair of underwear I sent, and half the clothes were not his, and he stank in the car all the way home, but he had such a good time," and it was like the first time in 2 years he had gotten such positive feedback from adults. They just, you know raved about him. He was the leader of the group, and if he come back next year and had the same experience, they would recommend him to be in counselor in training for future camps. (SW)

Parent Advocates

The findings from three parent advocate focus groups were conducted at the annual statewide PAC conference (Parent Advocacy Connection) in cooperation with NAMI (National Alliance for the Mentally Ill) Ohio. The results are reported according to the primary FAST\$07 evaluation variables and the interview guide (Appendix B). Data analysis summaries are given for each variable and are followed by illustrative comments from the focus group sessions. There were three focus groups containing participants from various counties throughout the state. Comments are indicated by group numbers 1, 2, or 3, although different voices are reported within each focus group.

1) FAST\$07 Expectations

FAST\$07 expectations from parent advocates included comments that ranged from how funding criteria have changed to the need for more family referrals and advocacy training. Parent advocates also had expectations that they were able to have an impact on the lives of children and families in a positive manner because of experiences with their own children and family serving systems.

Comments by parent advocates included:

Well, one of the things that I have appreciated about it is the actual team concept, because having that team concept does give you a lot of support that was not there before, so that in itself was very, very enlightening, and I appreciated that very, very much about the actual process. (1)

Yeah, it has been tremendous and empowering, so not only has it helped my family, but now I feel like I am making a difference in how the FAST money can help other families and how the system can help other families. (1)

I am in the same place as last year; need to get more FAST funds for my families. (2)

To be able to better serve families. (2)

I am happy with the parent advocacy program in our county, and we have a lot of referrals, but I think the only problem is recruiting parent advocates and having the resources to get enough, because I mean we have even people on a waiting list. We do not have enough parent advocates. (3)

I know what bothers me the most about all this stuff that the families have to go through to be eligible for FAST now, because two years ago, it was a lot easier to be able to access the money for the families. (3)

2) FAST\$07 and Family Empowerment

Many of the parent advocates stated that they were most effective in empowering families by giving them useful information about how to help their children and families. In addition, empowerment also was thought to have resulted from facilitating the notion that “they have a voice that deserves to be heard”. In addition, parent advocates believed that by listening and just “being there” for the parents and children, they were able to positively empower families (mentioned often in concert with employment of the wraparound model).

Suggestions for improving aspects of family empowerment focused on expanding training for parent advocates in order to help them better understand the FAST\$ funding system, to further support families, and to promote the benefits of advocacy.

A) Family empowerment and what is working

Comments by parent advocates included:

Their (family caregiver) voice is as important as anybody or more important than anybody else sitting at that table, and you are talking about their child. If there is someone else talking to them, then they can tell the person or the people at the table, "Well, this is what I know about my child, and I am the best reporter for my child, because I am the parent," and they feel more confident about doing that now. (1)

Because wraparound is being supported by FAST dollars, this is sort of answering the question, because wraparound supports parent advocates. Now that there are parent advocates in wraparound, that parent advocates support the parents in a way that the parents could not be supported otherwise, so when the parent advocates show up, and the parents, otherwise, did not have the person there who was like them, who understood that their life was and is chaotic, and that things go wrong, you know, that they are still good people, and that services sometimes just sucks and you know, that kind of thing, and that they can sit there and feel like somebody accepts them and accepts their situation and is going to stick up for them and will help them regardless of whether their socks match or whatever is going on. When we came here today, my friend said, "I am sorry I am late, but my son had a morning." Well, I know exactly what she meant. She did not have to tell me that he had a tantrum, and he threw things and, you know, whatever. I did not need to know that to understand her son had a morning. I did not care that she was 45 minutes late. It did not matter to me at all, you know, and that was fine. You know, my next door neighbor, she would have had a hissy fit and did not want to speak to her again or something, but I understood completely, and it did not throw me off at all. That is what parent advocates do, and because the FAST dollars support this new way with the wraparound as opposed to the old way with the cluster. The new way is much more accepting and supportive of the parents and the family, so FAST dollars is helping the family by supporting this new way. (1)

We listen to families and make them be involved. This is their show when there is a meeting for their family. (2)

We are there to listen to their questions and help them find solutions so they can help themselves. (2)

I think the families that have a parent advocate with them by their side are more empowered. The ones that, you know, start out without a parent advocate, they are kind of lost, and I think the parent advocacy program has really helped a lot of parents in our area. It has really strengthened a lot of them... so I think that just the fact that the advocates can educate the families on their rights and what they have a right to do is empowering for the families. (3)

We do a lot of our work with the schools. I mean that almost seems to be predominant that being there for the parent going into the school to support the parent there, and I think that we have really been effective in that, in helping parents to train them on what their rights are for their child and being there, like you said, just being there next to them, and it is amazing how much more effective it is for the parent with all the people from the school just because your face is there, and they know they cannot get away with the things they would with the parent, so I think it has been tremendous in that respect for our families, even with the social workers, because I see the social workers try to walk all over the parents too, so when they really believe and know that you are really there just for them, I think that really empowers them. (3)

B) Family empowerment and what can be improved

Comments by parent advocates included:

We ought to have to have meetings just to explain what the FAST dollars are. (1)

At least with the advocate part of it, [need additional training so when] you see a need with the family, you would know what to suggest without the family getting turned down for a service, in some cases once again. (1)

One of the things that does not work is when everyone is not at the table. (2)

Everybody needs to know how the money is spent so we have the knowledge to support and empower families in a better way. (2)

I think our PAC advocates need some training in our area as to even what we should be asking for our families, or telling our families that they can ask for. (3)

How to think creatively, that is the problem, because there are a lot of things that could help families, but if you mention it in a meeting, they are like, "Well, we cannot spend money on something like that." (3)

3) Consideration of culture through FAST\$07

Incorporation of the family's culture was reported according to various dimensions, including location, ethnicity, and social class. Parent advocates believed that consideration of culture was a necessary component of effective family interaction and was directly connected to more positive outcomes.

A) Consideration of culture

Comments by parent advocates included:

Each situation, each culture, each financial background, everything is different. Every client is different. It does not matter if they are next-door neighbors. They are completely different. (1)

I most certainly look at the county first of all. I look at the kid, but I really take note with the parent because that is who I am going to have to deal with all the time and how to communicate with her. (1)

We work with Amish and have to know how to interact in a way that respects their beliefs, also varies whether it is the mother or father. Mother is usually more open to assistance and interaction. (2)

Not a black/white issue, we work with many all types of families, sometimes the hardest ones are with Caucasians who do not trust anyone because they have been taken advantage of or have worked with individuals who don't really help. Once a family learned from their parent mentor that I was not connected to the agency who took their child away, it changed everything in how we interacted. (2)

I work with Hispanics and it is about class status, if she were a maid and I was a middle-class woman we would not interact, not about speaking Spanish, rather knowing about who they are and that I am there to help them. All about trust, once trust has been established cultural differences and barriers are broken down. (2)

Well down in southern Ohio, I am at a whole different world down there, let me tell you. Down there these people have lived like this all their lives, you know, the families have lived like that, you know. Some of them do not have carpet in their house, just old floors and everything else, and now family services are saying, "Your house is not fit for your children to live in." They have lived like this their whole lives. So, what do you, tell them your whole life is wrong? You cannot. You know, you have to get them to see where, okay, time to change, you have to move up to the standards, but you have to do it in a very delicate way, because their families for generations have lived like this, and like I said, I am from up north, I am down south now, trying to learn the culture myself, and it is hard. I can understand where these people are coming from, because to me it is like if you live like that, you know. (3)

We have a family in a county that came from the Pacific area where multiple generations living together, and the grandmother is 84 years old, and when we had our first team meeting where everybody was sitting and listening, and listening to the parents talk about the children, because it is 3 generations, and the grandma sitting next to me, and she is just sobbing quietly, because she is the matriarch, and in this particular family she is in charge, and everybody went out and went back in, went out, then back in, and she is left holding the bag, and so finally I turned and said, "What do you want to say?" She said,

"I do not know what to say. I do not understand any of this." We ended up having to work with her separately, because I got an advocate, I had to pull advocates in, and I had an advocate for the family, and then I had an advocate for grandma who is charge of everything, but she is coming from her generation of 84 years old, she has no idea what ADHD means, and you know, or anything of that, yet she is making decisions for the family, and now grandma is in counseling, because she needed help, and in addressing the culture of differences, we had to work with the head of the house in this family which was the grandmother in order to get help, because she could not accept, because to her it was a flaw that this child had, that it was saying something about her whole family, you know, that people were insulting all the generations before you, because they are saying there was something wrong with her grandson's brain. So, you know, it was a very touching situation but worked out pretty well. (3)

4) FAST\$07 and Service Enhancement

Parent advocates consistently reported that FAST\$07 funding enhanced services for families through a variety of programs and delivery methods. Respite and camps were most frequently reported, as well as other types of services such as therapeutic horse back riding and transportation-related services (bus fare, gas cards).

A frequent strategy suggested for greater enhancement of services was to allow for greater flexibility in the use of FAST\$ funds, as well as generating a more clear understanding for parent advocates about the appropriate use of services through FAST\$ resources.

A) Enhancing services and what is working

Comments by parent advocates included:

In our county, we have a very good respite system in place, because we do partner with the foster care, like you said, it is temporary for 2 days maybe a weekend or even 1 day. If they can provide them with the background check, then they can also be contracted out to do the respite for the family. So, the respite part of it is very, very good. (1)

I think it (FAST\$) has helped reduce, you know, stress in their situation by using FAST to help alleviate some of, you know, the gas card and the respite and, you know, the different things that FAST can provide. I think it has helped reduce the stress off of them and, you know, helped them open up more to you. They are more comfortable with you and then help you work on other issues besides the main ones that are at hand, you know, with transportation, that sort of thing. (1)

Therapeutic horse back riding has helped out tremendously with children in our county with mental and physical disabilities, by building self-esteem, gives the children responsibility. We have had saddles specially built for some of the children so they can ride. (2)

We have provided respite, camps; summer camps have helped provide an outlet and activities for the children and a break for the parents. (2)

I think families are getting respite which is not something they get. That is the #1 thing I know in our area that people want. They want respite. (3)

Equine programming is one thing. I know that in one county a family did get a fence, with the FAST money, you know, for specifics that way. A lot of times they use it for gas cards, transportation, safety things, and alarms. (3)

B) Enhancing services and what can be improved

Comments by parent advocates included:

I wonder if they survey to find out if the services are adequate. You know, are they meeting their needs, and are they up-to-par. (1)

I had a county, which is a large county. It is a city that you cannot even get them to come to the table for a meeting. They cancelled the last ADAMH Board meeting. Families are having a hard time. It takes them 2 months to get approved for any kind of Respite. It is horrible. (1)

One child does not want to ride the yellow bus to school, and was always late. I provide this child money from my own pocket to ride the metro bus to school. He gets there on time day in and day out. I spoke with his team about getting him a bus pass, but they said he needs to ride the yellow bus. (2)

Need consistency in knowing how FAST funds can be utilized and what we can do for providing services. (2)

I think for most lower functioning families, those dollars (FAST\$) could go to help them maintain their home, because a lot of times, a lot of the things that I hear is the house is

not clean enough, but it is MRDD services, and if it is just for the child, they will say, well that does not qualify for a home aide, but FAST funds could do that, because oftentimes if the house is not kept up, the family is going to lose their children, and so to me, that is a support service, but it is not included in FAST, and it is not something that most counties will accept, because they consider it a service instead of a support. (3)

It sounds like some of the agencies that are responsible for disbursing the FAST dollars could use some training on how to spend it. (3)

5) FAST\$07 and Systems Collaboration

Parent advocates consistently mentioned that FAST\$07 funding helped different organizations and groups work together to benefit families. A common perspective expressed was that FAST\$ funds were the key ingredient in getting various agencies to collaborate together.

Parent advocates strongly asserted their belief that what they do and the roles that they take on are central to the collaboration among systems of care. Increased funding and evidence-based practices were cited most often as ways to improve systems collaboration.

A) Systems collaboration and what is working

Comments by parent advocates included:

When you got a team, and then you can actually work together and the parent comes in who has these issues with their child, and they actually feel like they are part of something. They do not have to go in there and explain why they, you know, why they are this type of parent or why their child is like this. It is more comfortable now that you can come in there and just say, "Hey, we are going to sit down and figure out how we are going do this, and what do you think?" They do not feel like they are being threatened. They are not being criticized. (1)

I think I see a lot of shared funding in our county, and a lot of people are more willing to come to the table, and in my cluster county, a lot of the people, the agencies have no problems. I mean, we have got juvenile court. We have got probation officers. We have got school. We have got school psychologists, counselors, individual therapy too. I mean, it is nothing for us to have maybe 10 to 12 people at a cluster meeting at one time, and they do not mind coming together, It is shared funding and I think that that is what FAST has done. (1)

I beat and whip them into working together to help families and bring people to the table. (2)

It is about length of time of being there to help families. Agencies, courts, people in the community get to know that I am there as a parent advocate and will make sure that people and their agencies must work together to support the needs of these children and families. Takes time for this happen. (2)

Well, the mental health organizations in our area work very well together, and you know, they all kind of divvy up a chunk of the FAST money, and one will do one program, in fact, both agencies are allowing their children to go to another agency temporarily to be able to ask input. That is working out pretty good down there. (3)

Now that Family and Children First was kind of put in charge of the FAST dollars and service coordination, now they want to get into that money, they have to actually sit down and have a meeting and everybody come together, and so I think it has helped them to develop that working together mode that they did not have before. That is what I think. Because of the money, you are getting systems to collaborate, and when the money begins to run out, because they have collaborated and become friendly and not territorial, when the FAST money may begin to run out for that family, they will pull or share funding to continue to help the family which is something that did not happen before, you know, that they are actually all playing nicely together. (3)

B) Systems collaboration and what can be improved

Comments by parent advocates included:

Maybe a little more funding to come down to help with other projects that could help different kids. (1)

More of the evident-based practices that are working. I would like to see more evidence of them, more results. I mean stuff is working right? (1)

I think we have to be very careful not to embarrass people when individuals are at the table to help a family. It will come back and be a problem later. (2)

Cumbersome system, too many people involved to make it work. (2)

The only time I really see the systems work together is when you have an advocate present, and because it is your larger metropolitan area, they do not embrace the advocacy piece as quickly as your rural county. I think that FAST needs to somehow educate, and I am not talking training the professionals about advocacy, but educate them in a way that they do not feel threatened by advocacy, that they can understand that we are not there to take any jobs, we are not there to do anything. This whole program is because we are trying to put families where they belong which is the center, and I think there are a lot of your agency people still do not understand that that is what the purpose is, and so they need to be educated. (3)

6) FAST\$07 and General Strategies for Improvement

Parent advocates frequently cited that increased FAST\$ funding was needed to improve parent advocacy. In addition, training and education for parent advocates were mentioned as strategies for improving positive FAST\$ outcomes.

Comments by parent advocates included:

Well, definite guidelines in what FAST can be used for. (1)

More money, more flexibility, more education. (1)

One of the problems that I see is that we are governed by a body, system in which there are inconsistencies with how FAST funds can be used; evident in differences between counties. (2)

Need more funds, including for medication. (2)

I believe that parent advocacy is the thing that is going to change how families are helped and really make a huge impact for the positive. Need to figure out the details that gets us stuck in dealing with the system and understanding what can and cannot be done. (2)

Give me respite money. (3)

I think a clear definition on exactly what the money is to be used for. (3)

7) FAST\$07 Success Outcomes

Parent advocates cited numerous examples of how the FAST\$07 funded services had specifically helped children and families. Indicators of successful outcomes included the prevention of out-of-home placements and improved family functioning.

Comments by parent advocates included:

Door alarms, monitoring equipment to keep your kids safe in the house. I know families that have benefited from those, harnesses to keep your kid in the car for those who like to dive bomb out the side door of the minivan. (1)

Lock boxes to lock pills up and sharp objects, yeah, I mean, it is a lot of safety implementation. I myself personally was offered a 24-hour caregiver, because we went through a period where my child was not sleeping, so then they offered a 3rd shift person to come in and sit up in my living room, so my child would not be removed from my home. (1)

Yes, and make sure that they were safe when they came back to the home. They had after school programs to go to. They had weekend programs to go to make sure that they had all of these things in place before the magistrate would even allow the child to come back home, and because they were in place, they were allowed to come back; otherwise, they would have gone back to the institution. (1)

We had one child who was able to get things like movie tickets, Y-passes, and games as recognition for good behavior. (2)

Really worked out to send some children to camp where they can get the attention they deserve and some time for the parents. (2)

Well, in the area that I work with, a lot of the cases that was presented to me that the child was endanger of being suspended, expelled from the school district, and that the school district wanted the mom to move totally from the school district, and so the parent advocate came in and was able to get services through legal aid and through, you know, other advocates telling me about the services that legal aid has to offer to them, was able to convince the schools not to expel them but to give them home schooling for about a month and so; therefore, the child was able to stay in the area, and the mom was still welcomed within the community. (3)

Family Caregivers

The findings from the four family caregiver focus groups are reported according to the primary FAST\$07 evaluation variables and the interview guide (Appendix C). Data analysis summaries are given for each variable, followed by illustrative comments from the focus group sessions.

1) FAST\$07 and Family Empowerment

A general theme across focus groups regarding family empowerment was the support of parent advocates (or individuals in other similar roles) who were able to help families help themselves by encouraging them to become their best family advocate. Family empowerment experiences were most often expressed by family caregivers when they felt what they had to say mattered and when support was offered not only to their children, but to their family as a whole.

The data analyses revealed a variety of ways that family caregivers thought that family empowerment could be improved, including by finding ways to provide more overall family support and increase the number of individuals working in parent advocacy roles.

A) Family empowerment and what is working

Comments by the family caregivers included:

Well, we have a case manager out who goes to court with us and has worked with him some, and he tries to put him in the programs in the summertime I work from 11 pm to 7 am, and so it's pretty important that I get a couple of hours of sleep in the daytime so I can go back to work that night, so it's been a great help. (1)

And she (parent advocate) apologized to me, and she says, "Well, we dropped the ball on that one," and evidently, she talked to the judge and said, "Hey, you know, we're sorry. Don't blame the mother, because she didn't know." It's just nice, even if you don't get the things addressed, for somebody to say, hey, I don't really know, but let me check into that, and I know they have been following. (1)

Talking about empowerment, I don't know if it's so much empowerment we've gotten from wraparound and all this. It is that, like I said before, they've been able to coordinate the services for us, which has really given us a little bit more free time ourselves to really be a family, I guess, because that's one of the hardest things. You're so focused on trying to take care of somebody that you really are not taken care of them in a way and just the ability to be the family, I guess, to bring that unit back together. That's been important for us. (2)

Well, my family advocate would come to meetings, and I'm a pretty strong personality. She would just be there to sort of give me emotional support. (2)

Whatever I decide, she tries to be supportive. If she feels that there is something that might hinder me or anything that she will foresee, but she still leaves it up to me to make the decisions. She supports me in whatever decisions I am making. She also let my children know to respect me, and the decisions that I am making. We try to work it out. (3)

I think my parent advocate just gives me more support and verbal support. When she was at my house, she gave us a lot of information about the different types of things, because my kids like to turn it into a game. She said that she is the person who explains the games to them and gave us resources and stuff like that. She is very supportive. (3)

I would have to say, probably in the way that the parent advocate helped me the most, and I don't know her all that well, and I have to say that my son was her first case, and I felt sorry for her. So, you know, I've had her at meetings like, I'd say, 3 or 4 times, but it did make me feel more comfortable to go in there. You go in, and there's this group of principals, special ed teachers, and the director of special education, and so you really feel alone when you walk into these meetings and you're trying to explain a little bit about your child and why sometimes they do the things they do, because it's quite odd, the things that they do, and it's hard for people to understand, so for me, it made me feel a little bit more comfortable. I didn't feel so lost for words when I got in there, because I had someone. If I wasn't able to speak, she would, you know, speak up and help me out. (4)

I would just say that the people that are working with me have been very supportive of my decisions. I think, you know, being the parent, we're the one who spends the most time with our children. If anybody knows them, it's us, bottom line. (4)

B) Family empowerment and what can be improved

Comments by the family caregivers included:

We have one (parent advocate). My son has one, but he just started getting it the last few months of the school year, but he hasn't really been able to do a whole lot because he is stretched so thin. He's bouncing around between several schools, trying to help lots of people, so he's basically sitting in on a couple of the meetings that we've had at the school to get some input, but that's about all he's been able to do. (1)

She (parent advocate) was my extra voice, trying to work with the school. That's just what they've been to me is an extra voice, because you know, my child travels 45 minutes a day to go to school. I would love our county to have a place where these kids could go. Well, the county doesn't seem to have the agencies to help us as much as other counties and I think that's sad. (2)

The only thing I could think of is there could be like 48 hours in a day, more time for me (with parent advocate). (3)

I also think that some of the best advocates are people who have children with disabilities. I think they have an insight that no one else has. I swear to you, I mean, you talk to people, and they're like, well then you need to discipline them. Okay, well you come to my house, and you do that. I've tried. I just think you have to have a different type of view when you deal with children. (4)

2) Consideration of culture through FAST\$07

Family caregivers differed in their responses to the idea that culture was considered in regards to the FAST\$-related services they received. Some believed that culture was not an issue for them, while others believed it was very important. Areas of culture shared by the family caregivers most commonly consisted of race/ethnicity, cultural heritage, and socioeconomic class.

A) Consideration of culture

Comments by the family caregivers included:

It hasn't been considered, and it hasn't needed to be. (1)

It hasn't affected anything. (1)

I don't know that this is necessarily affected us or not, but I feel, I'm made to feel, I think, sometimes that we, you know, I mean, we have fairly good incomes. We live in a nice home for our daughter. We adopted our daughter when she was 3, but sometimes I felt like why you are coming to get services from us. Why don't you go pay for your own private services? Because of income, and I understand there are other people out there that need those services too, but at the same time, we need them too, and we can't always go some place and get them, you know. Just because we live in a nice house and make a decent income, we pay taxes too. I don't think it should be held against you because you have a certain lifestyle, and I think it is to a certain degree. (2)

I know for me, I was skeptical because she (parent advocate) is white. But, then, I have issues about my culture anyway. I was skeptical, but I came to find out that she knew some things that I really did not know. She had some facts that are available that she showed me where they were. She also has a family with difficulties. I believe, that is why we relate and see some of the things that I expressed to her in our counseling sessions, and she really understood. (3)

I was told if I had a...you know, no disrespect, but if I had a white case manager, whatever...that me and my child would not have done so well. So, for her being an African-American woman, knowing the issues that I am dealing with and my child, and her having some kind of understanding, helps out a lot. Because I feel if she was a white lady, I would have manipulated her. (3)

It's not really an issue. (4)

My son and daughter, their father is Cuban, and so my son is very proud of that fact, you know, so his teacher will, like, he made this rocket at school, and he (child) named it the Cubanator. It flew the highest. He'll always made remarks about being Cuban, and she (teacher) supports him in that, and so that really makes him feel good about himself. He really feels like, you know, he's all that. He makes everybody know that he is Cuban. (4)

3) FAST\$07 and Service Enhancement

Focus group participants indicated that FAST\$07 funding allowed for numerous services to be offered that were considered beneficial for their families. These services

were thought to be especially enhanced by parent advocates who were employing a wraparound model of service. Family caregivers were clear about the benefits of specific services that they have received, including: YMCA programs, mentoring, educational programs, respite, and other local services.

School issues were most frequently cited as a problem in regards to the services needed for FAST\$ enrolled children. A variety of other areas were indicated by the family caregivers as needing more attention, including the need to extend FAST\$ funding eligibility and extended access to desired services.

A) Enhancing services and what is working

Comments by family caregivers included:

They signed me up, my family, for the YMCA. We could go there. We could do the swimming and workout. It's helping, because that's getting my kids away from the house, and they get to do their own thing, so they're not constantly around each other all the time, and the nitpicking. She signed my children up to be able to go to the pool that they're just fixing up, so we have something to do during the summer just as well. (1)

It's just that some of the services, I think that, I couldn't afford. There's no way I could afford Camp NuHope, and it's so good for him. I mean, he's such a different kid when he comes back. (1)

I have found that through the YMCA program especially, they have so much going on, and they are so active all day long, which is their problem anyhow, they're hyperactive. They have an outlet for all of this excess energy, so by the time they come home and eat supper, along about 8 o'clock, he says, "I want to go to bed." Usually, school nights, I'll say, "Come on it's bedtime," and he throws a fit. (1)

Well, the parent advocate has helped me understand. She went in and got my family together, like I said, and made them understand that he wasn't doing this. Sometimes he didn't have control of getting up and leaving the room or being agitated. She, you know, has helped the family, and she's even went into the school and told them, hey, look, this is why this child does this, but you are, by law, have to give him that. I would say something, and they would go, "Oh, it's your fault." He could only go half days for a

while, well, the school sent the people to the afternoon, so he didn't get what he was supposed to get, because it inconvenienced the school system, so now with my case person and PA, they're making sure it's getting done. They've taught me how to make sure it's getting done, so now we're getting a regular school. (2)

He (child) has a mentor right now and she is always calling to find out how things are. She's at every IEP meeting. If something happens at school, they have her number. She's supposed to be called, and she's not called, but I'll call her, and then she'll call his counselor, so her voice has been great. Peace of mind. He can't stand her, because she makes him see what he's done wrong, but on the other side, when he does find himself in a hole, she's the first one he asks for. (2)

I'm only involved with wraparound. Wraparound sent my son to camp last summer, which helped him with his social skills and everything. He's got RADS. He's doesn't trust people, so he won't go out. She offers to take him camping and stuff. (2)

The biggest thing that they helped me with is my daughter. They provided for her to be able to go to Sylvan Learning Center and try to get caught up on her reading, because at the beginning, she was about two years behind in her reading skills, and now she is about a year behind. So, they helped with that. (3)

Respite. Respite has taught my kids a lesson. I feel so good. "Mom, I don't want to go to respite no more. I said, "You're going." (3)

She (parent advocate) has been my great mediator with my daughter and myself. Because I know, like I said, my temper is real quick. She is teaching me tools to help do things that a parent would do without skills, because I did not have any skills... leaving all the things I was doing, so she has helped me to be a better parent, and how to take one day at a time with myself, and for appointments and stuff that I have to go through. (3)

She works with my daughter. She is through the Focus Program. One of the big helps is that she has a lot of resources, like getting my daughter involved in different things, you know, we have her in Girl Scouts, we have her in therapeutic horse back riding, so it's finding resources is another big help, and she comes, she sits with my daughter, and they'll talk about things that happened through the day. Some of the things that, you know, we have problems with, with even reading, she'll sit down, and she'll read a book with her. (4)

I seem to get a lot of benefit out of the wraparound program. It's not only just helped my son, but it has also helped myself. I am also ADHD/bipolar, so it has really taught me how to have control of myself, to help control him, and it involves so many people in my life that never understood what I had to go through every day, and actually by his counselor, actually became a part of the wraparound group, so that kind of helps too, because he is there for the group sessions. He knows what's going on at home. He knows, you know, what the family is supposed to be doing, as well as talking with my son

privately, and it's, I mean, we're coming along. It's got him off diversion and everything. (4)

B) Enhancing services and what can be improved

Comments by family caregivers included:

I can't go through Child and Family Services and get a sitter for my son, because they won't pay for it, because I don't need a sitter while I'm at work. I need someone with him sometimes while I'm at work and sometimes just so I can get away, but there's not a lot of people that volunteer for that. (1)

I used to live in Columbus, for 15 years, and before I moved here... I have a 17-year-old that's going to turn 18, and he went through some hard times. When he was 14, he gave me a rough way to go, and at that time, he was over powering me, as it was, and there was no help. There was nobody you could call to say, okay, this is what's going on. Give me some help. I come here, and I started taking in the MoundBuilders because of the anger, and whenever they would get out of control, I called their counselor. I just wish I had it for my oldest son, because there could have been things that I could have done for him, instead of saying, no, we can't do this because I don't have the money. (1)

This (respite) is where it will be in my home and that's the thing. It's like, I didn't want to send her off to some respite place. To me, it wasn't safe. I'm very protective of her. She's nonverbal. I just didn't feel comfortable with it. (2)

Educate the schools. They just don't get it. They really, truly don't. Those teachers are so overworked and overwhelmed. They've got, you know, all of these kids are a trip now a days. It is nothing like it was when I was in school, but you add disabilities on top of it, all the pressures that these teenagers have, and the schools cannot handle it, and their way of dealing with it is biting the heads off of the parents that are trying to look out for their child's best interest, and they just don't get it. (2)

I cannot think of anything or any situation I have never been through. Nothing but good out of everything they have ever done for me. (3)

My son has, well did have case management through the counseling center, and I didn't have a great case manager, so that wasn't a positive thing, but he has been referred to a new case manager, and that's about to start. (4)

The schools just do not, and they don't enforce. They don't enforce the IEPs in the behavioral plans. They don't use them. They're not working with them. (4)

4) FAST\$07 and Systems Collaboration

Family caregivers were explicit in their descriptions of the benefits received by their families when collaboration occurred by representatives of various systems of care. Most often this was reported to be evidenced by increased clarity of communication between individuals, agencies, providers, schools, and advocates working with the family caregivers.

Perspectives from family caregivers regarding how to improve system collaboration included the need to promote better communication among family-serving groups by educating them about the importance of collaboration. Also, strategies for coordinating collaboration through a central location were suggested.

A) Systems collaboration and what is working

Comments by family caregivers included:

I'm not sure if I really see it as individual, but we have something called community team, and I have a caseworker that goes there. She presents everything. It's just like me and her. Everything I need, I tell her, and she goes to this, and from what I understand, it is all a lot of the people in the community, which is where the FAST money comes from, all the different services are there, and she says, here's the problem, here's what they need, and then they do their discussion thing, and then she comes back and says okay, this is what we've done. I think, you know, that that's been a big thing. (1)

Mine is MR/DD, and the counselor at MoundBuilders, the IEP system at the school, and the student advocate and parent advocate, all of those, including the principal, and any OT, PT, and speech that my son has at the school, all has been working together with my son. (1)

In my case, wraparound and my mental health facility, they communicate with each other, they also communicate with my child's psychologist....is very good about communicating with me, so now I've actually got a group now that is all working together, and it's easy on me. They communicate with me, and actually helping my son

realize what he has to do as a father to my grandson, so she's really communicating with the family, and they're all just working together. I love it right now. (2)

The parent advocate - going up to my daughter's school, and being there either talking to her, letting her vent her side of the story or whatever, and they also educate the teachers. They deal with my daughter or explaining to them....or just being supportive of my daughter, because I cannot be there to be supportive. I think that was big for me and the school also. I am always talking to the school, but when I am not able to be there, the parent advocate does. (3)

The school board, the family advocate, her counselor, and the school board actually. I cannot get anywhere up to see the principal or their psychologist, so we are retesting her again to get updated information since she has not been tested since kindergarten. So, just to get everything correct, show them what her abilities are, what her disabilities are, she did not have to struggle as much any more. (3)

Just the wraparound. I mean, up until that point, I mean, it was, you know, I'm on the phone 20 different times. We all meet at my house. We have snacks, coffee, and get to talking. Everybody knows what they're doing, you know, and she has a piece of paper typed up from what happened at the previous meeting. She puts papers all over the walls, and we sit down, and okay, this person's going to do this. This is what I'm going to do. We have a timeframe, so everybody knows what everybody is supposed to do. (4)

B) Systems collaboration and what can be improved

Comments by family caregivers included:

There is a big, serious lack of communication from the different organizations to the different people that need their services. (1)

I think some of the information, some of the programs are available, that we don't know about, should be available through the school system. I think the school system lacks a lot here in dealing with our kids. (1)

Well, I think the schools need to have a list of all of those agencies, and when they are in elementary schools, at the first sign of anything that they see, they need to pass this list onto the parents and say, you might want to consider having your child tested. Here's the list of agencies that can help you through this. It just needs to be more open. The school needs to be more educated, and they need this information. (2)

I think there needs to be a central clearing house for agencies, I mean, you call 911, and you get, you can get police, you can get fire, you can get emergency services, whatever it is. I mean, I think there needs to be almost like a state agency that has that, instead of local, by county, that is well aware of everything that goes on in more than one particular

county, so that no matter where you go, you can get those services. It just needs to be one place you could call, and they can get you to the right location. (2)

I know I signed permission or the Release of Information Form, so the teachers and Family Focus and counselors can talk to each other. So, that is what I have done to try to help more. (3)

I don't think any one of those people know what collectively they could learn together. You know what I'm saying? Like you talk to your counselor about it, then you go and talk to your case manager about it, so I think if they collectively heard from some of the parents who have really been involved in it, really been involved in it, they might be able to hear themselves a little bit better or offer some better services, because you know, where there's family recovery, there's everything, but it's like everybody's out there pushing for their own dollar, and there's, you know. I don't know, I think awareness comes from the parents of these children, who are dealing with the issues on a daily basis, everything from brushing their teeth and trying to drag them into a shower, to get them in the school room, or into a roomful... Oh my son, one day, he just turned around, and now he won't get out of the shower. You know, they do this. I thought he was going to be one of these kids that would never shower, and now every time he gets in, he's like, I think my hair feels greasy. I say, you just washed it! What's the matter with you? But, I mean, they go through these stages, you know, so I think if we were able to share that, because I don't think that people really know what a long day it could be, because it's every single thing. It's not a simple day, you know. (4)

5) FAST\$07 and General Strategies for Improvement

General recommendations from family caregivers to improve FAST\$ ranged from reduction in required paperwork to expanding the availability of services through FAST\$. The respondents consistently made known their desire for continued support through FAST\$ and their wanting to have continued assistance for their families so their children can “make it” through childhood and adolescence to adulthood.

Comments by family caregivers included:

For some of my services, I couldn't believe the amount of paperwork, and then some of it, there was no way I could understand. It wasn't funny, but all I could do was laugh, when I spent a day getting passed from one person to the other, trying to get somebody that

would finally say, hey, I've got that page. Yes, I understand this one. I mean, it's even frustrating for them, evidently, and the paperwork could be a little easier. (1)

Available (FAST\$ funding), just knowing that something's out there that, that if we need it, we can get it, we can get the help. We're not asking these groups or organizations to raise our kids. We're asking for a little help. (1)

Afterschool programs are terrible. There are no afterschool programs. My daughter's 16 years old. She cannot be left alone. She gets home at 2:15 in the afternoon. Somebody has to be there with her. We can't pay enough money to find somebody to come there, so because I have to work. A big issue I noticed right now with the state is you're not allowed to have 2 services at once. We're getting a service right now through MR/DD. I can't remember exactly what, but it's some sort of family services that do that. Care Case Management recommended that we see another provider about mental health issues on there, but if you go see that provider, then we have to give up the other service through MR/DD, because we're not allowed to have 2 of them at one time, so they're recommending that we get these services, but we can't get the services because the policies are not, the policy, or whatever it is, says we can't have services, so I mean, it's an issue. (2)

There should be a number for grandparents and parents that they can call, rather than having to resort to the police, because you just don't know if you have this young rookie who really could make this situation a hundred times worse. I know with my daughter, she's emotionally delayed. She was admitted into the psychiatric ward. I refused to let her stay there. They went against their rules and pulled in a bed for me, but because of my presence, with all these children with abandonment issues on top of mental illness, I pushed every button of those kids', because here they see me with my developmentally delayed daughter pulling my hair, punching me, doing all this stuff, and I'm loving her. That wasn't appropriate either. Do you know what I'm saying? It's just a really broken system that needs to be looked at. (2)

I think it would be, you would not have the certain amount of time that you can be eligible for those services. It will be however you need it. She has been on the program for two years now. You really need to start thinking about changing that. (3)

The only thing I was thinking was are there groups like this? What we all go through pretty much the same thing helped a lot. Not just in saying this, but just in general. We are not aware of how many people out there are going through the same thing the things you do everyday. Most of you feel like you are alone. Like a support group. (3)

Yeah, knowing where to get the information to start with can be a little overwhelming. When you first realize that, you know, your child has issues and has problems, when they're first diagnosed, it's like where do you go? Therefore, you have to be your child's advocate. I mean, because you have to go out and search to find these people. I mean, they didn't just come knock on my door and say how we can help you. I guess that's one of the things, to somehow getting better awareness out for the parents, whether it's

putting things up in the schools or, you know, the counseling centers, just sending things in the mail. I don't know. Through mental health, you know, there's children that have these issues, and if there are fliers that can go out that say, here's a list of available services. (4)

I think we need some improvement in case management in this county. I think case management is dropping the ball big time. I think there are too many slackers over there that pretend to do their jobs. They get paid, like I know, and I won't say names, but I supposedly have case management for both of my kids, and I didn't see them in 5 months. (4)

6) FAST\$07 Success Outcomes

Family caregivers shared numerous stories related to how FAST\$ funded services had made a positive difference in the lives of their families. These indicators included assistance given to helping families stay together, as well as positive changes in their children's behavior and improvement in life skills.

Comments by the family caregivers included:

The summer program at the YMCA; my son has several different problems, and that helped him a lot, because the people that run it are really, really good. It went really, really well, because it worked a lot on his self-esteem, because he had none. He doesn't have a lot of self-confidence, so it worked on that. He doesn't know how to play correctly with kids, and they worked on that a lot. He made a lot of improvement in that area. (1)

We worked on a behavior chart, where if they earn so many stickers, they get a prize. The only time he misbehaved was on the first of this month. After that, he's been getting his stickers, getting his prizes, and even my daughter. (1)

He (child) went for a week. I mean she is on my back. I shouldn't say it that way, but she pushes for him to go to a camp this week, because he needs to be with kids his age, and like other kids, he's like, well, I guess so. I don't know. He won't give you a definite answer, like a little old man, so they are the only 2 agencies, and both agencies have helped, really, a lot. I don't think he would be here right now if it wasn't for the both of them. (2)

The wraparound came in. We had some school meetings, and we told them, you know, not all kids are the same. I mean, she had a voice in a lot of things. She taught me how to

approach things with them, and right now I think we've finally got him in a school that's going to work for him, plus, she's helped my family because my support group is all family. She's helped them. The wraparound group has helped my family understand that he wasn't just a spoiled brat, just a kid misbehaving. (2)

My youngest is 12 now. But when he was in first grade, we always said, he is not going to take medications, because the other three are on medication, he was a good kid, smart. He always knew where he was, and he was always quiet. But the teacher kept saying he will not sit in his chair and do school work. "Okay, let him stand up. What is the big deal?" But he would be distracting the whole class, and I was like "Fine." I did not want all four of them on medications, but we checked him. The next day, he came home from school, he said "Mom! My brain worked today". Then I said "Wow!" He noticed the difference". (3)

They helped me to keep my family together. That is exactly what they have done for me and my family, because there were times I was ready to pull my hair out, and if I was not okay, then, how could I take care of anybody. There are so many people out there who ask me all the time. They did not know how to get involved as we get involved with the organization and stuff like that. (3)

Well, um, my son is involved, he has a counselor and he seems to have made an impact on my son. He doesn't respond well to most counselors, so the counselor was kind of like a breath of fresh air for him, because my son actually likes him, and so he seems to be sharing some information with him, but I think, too, that some of these, you know, some of the scars and the things that these kids have been through, it makes it very difficult for them to open up and have self-esteem, and so I think the counseling has been very beneficial to him. (4)

Well, I think I really have gotten a lot out of the wraparound program, and it's not just brought in my immediate family, but it has actually brought in my in-laws, and so when there is a decision to be made, I go to them as well, before an actual final decision, because their input is very important, in as far as what I'm doing, because the stability of my life, as well, you know, affects my son's life, and he has to have that stability. (4)

FAST\$06–FAST\$07 Comparisons

Findings from focus group data analysis in 2006 were compared with 2007 results. Comparisons were conducted for service provider/program administrator, parent advocate, and family caregiver focus groups. Comparisons were categorized according to similarities, differences, and improvement strategies.

Similarities in terms of common themes in 2006 and 2007 included the following: services offered through the FAST\$ funding stream were effective in helping families keep custody of their children, parent advocates were key in giving families a “voice” and making sure their opinions mattered whether in a school or mental health center resulting in family empowerment; respite, camps, recreation members, and counseling services were used extensively; and systems collaborative because of the nature of FAST\$ funding to bring organizations to work together.

Differences included: the emphasis of services through FAST\$ as expressed by family caregivers for positive changes in their children’s behavior and improvement in life skills. Other differences were a decline in comments about the time and difficulties associated with completing paperwork for evaluation purposes.

Noted strategies to improve FAST\$ from this year were the need for flexible use of FAST\$ funds along with directions to enable for consistency in what services can be provided from county-to-county and the expansion of parent advocacy.

Conclusions

Focus groups are designed to honor the participants' stories through a systematic process. Therefore, in addition to the data analysis summaries of the FAST\$07 variables, comments in the participants' own words were given throughout the report to validate this qualitative inquiry.

Similarities were found in the results across the three categories of focus groups. Common themes included the role of parent advocacy for family empowerment, variety in family services, and the prevention of out-of-home placements. Similarities in focus group categories also were discovered regarding the need to increase parent advocacy efforts and providing clear guidelines for utilizing FAST\$ funds while allowing greater flexibility for creative family services. In addition, culture was examined for the first time. Frequently, the participants from all three groups recognized that was important for them to consider culture and its many forms and meanings when working with families. The family caregivers often expressed that their culture is important to recognize and helps to foster positive relationships and outcomes.

Comparative data analysis between 2006 and 2007 evaluations revealed similarities, differences, and improvements for programmatic efforts through FAST\$. Family caregivers were clear about how FAST\$ has helped their families and is best expressed through a quote: *"They [parent advocates, service providers] have helped to keep my family together. That is exactly what they have done for me and my family."*

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Appendix A

Focus Group Interview Guide Service Providers and Program Administrators

Objective: To gather information on the FAST\$ program's outcomes and processes for achieving them. (*Variables: family empowerment, service enhancement (program services), and systems collaboration.*)

Questioning Route:

[1] Think back to when you first became involved in your county's FAST\$ program. What were your expectations?

- (*Everyone answers the first question, in turn*)
- Other expectations and comments? (*Ask only if needed.*)

[2] How have your expectations and the FAST\$ program changed over time, if at all?

[3] What is happening because of FAST\$ that is helping to support and empower families (responsive to family questions/concerns, family's voice/opinions matter, families part of planning/treatment process)? How has this happened through the creative use of FAST\$ funds?

- What evidence exists that these things are happening? (*Ask only if needed.*)
- A. What else could FAST\$ do to support and empower families?

[4] What is happening because of FAST\$ that is helping to enhance services? How has this happened through the creative use of FAST\$ funds?

- What evidence exists that these things are happening? (*Ask only if needed.*)
- A. What else could FAST\$ do to enhance services?
- B. How is the culture of families considered in service planning and decision-making processes? (*Please give specific examples.*)

[5] What is happening because of FAST\$ that is helping different surrounding systems collaborate and support one another?

- What evidence exists that these things are happening? (*Ask only if needed.*)
- A. What else could FAST\$ do to help different systems collaborate with one another? What additional support would you like to see?

Appendix A (continued)

[6] Can you give me a couple of examples about how kids and their families are being helped by the FAST\$ program?

[7] In the context of FAST\$, how well and in what ways do you feel support and respect for the decisions you make and your ability to make them? What additional ways would you like to see the systems or people around you support your ability to be effective?

[8] What aspects of the FAST\$ program need to be improved?

[9] Is there anything else you would like to add?

Probes: Would you explain further? Is there anything else? Please describe what you mean? Could you clarify?

Appendix B

Schedule of Questions Parent Advocates

Objective: To gather information on the FAST\$ program's outcomes and processes for achieving them. (*Variables: family empowerment, service enhancement (program services), and systems collaboration.*)

Questioning Route:

[1] Think back to when you first became involved with FAST\$. What were your expectations then and what are they now?

- (*Everyone answers the first question, in turn*)
- Other expectations? (*Ask only if needed.*)

[2] How did you become involved with the family or families you are assisting?

A. During FAST\$, how has this experience improved your relationship with the child(ren) and families you are helping?

[3] What is happening because of FAST\$ that is helping to support and empower the families (i.e., responsive to family questions/concerns, family's voice/opinions matter, families part of planning/treatment process) with whom you are working?

- What evidence exists that these things are happening? (*Ask only if needed.*)

A. What else could FAST\$ do to support the families with whom you are working?

[4] What is happening because of FAST\$ that is helping to improve services for the family or families with whom you are working?

- What evidence exists that these things are happening? (*Ask only if needed.*)

A. What else could FAST\$ do to enhance services for families with whom you are working?

B. How do you consider and incorporate the culture of families in your parent advocate activities? (Please give specific examples.)

Appendix B (continued)

[5] What is happening because of FAST\$ that is helping the different surrounding systems with whom you are involved actually work together and support each other?

- What evidence exists that these things are happening? (*Ask only if needed.*)

A. What else could FAST\$ do to help the different systems with whom you are involved actually work together? What additional support would you like to see?

[6] Can you give me a couple of examples about how kids and their families are being helped by FAST\$ because of your role as a parent advocate?

[7] In the context of FAST\$, how well and in what ways do you feel support and respect for the decisions you make and your ability to make them? What additional ways would you like to see the systems or people around you support your ability to be effective?

[8] What aspects of the FAST\$ program need to be improved to help you in your role as a parent advocate?

[9] Is there anything else you would like to add?

Probes: Would you explain further? Is there anything else? Please describe what you mean? Could you clarify?

Appendix C

Schedule of Questions Family caregivers

Objective: To gather information on program outcomes and processes for achieving them. (*Variables: family empowerment, service enhancement (program services), and systems collaboration.*)

Questioning Route:

[1] How did you become involved with a family advocate or decide not to become involved with one?

- *Everyone answers the first question, in turn*

[2] Can you give me a couple of specific examples about how your child and family have been helped by the family advocate or the assistance (wrap around services or FAST\$) your child and family have received?

[3] What is happening right now that is helping to support and empower your family (responsive to your questions/concerns, family's voice/opinions matter, families part of planning/treatment process)?

- What evidence exists that these things are happening or because of your family advocate? (*Ask only if needed.*)

A. In what ways does the family advocate support and respect the decisions you make and your ability to make them? What about other program providers in regards to supporting your decision making?

B. In what additional ways might your family advocate or other program providers support and empower your family?

[4] What is happening right now that is helping to improve services (wrap around services or FAST\$) for your family?

- What evidence exists that these things are happening because of your family advocate? (*Ask only if needed.*)

A. What else could be done to improve services for your family?

B. How is the culture of your family considered and made part of the service plan for your child/youth and family? (Please give specific examples.)

Appendix C (continued)

[5] What is happening right now that is helping different systems work together to assist your family?

- What evidence exists that these things are happening or because of your family advocate? (*Ask only if needed.*)

A. What else could the different systems with whom you are involved actually work together?

[6] What “needs to be improved” with the assistance (wrap around services or FAST\$) your child and family are receiving in general and/or from your family advocate?

[7] If you could change anything about the assistance (wrap around services or FAST\$) your child and family receives, what would that be and how would you change it?

[8] Is there anything else you would like to add?

Probes: Would you explain further? Is there anything else? Please describe what you mean? Could you clarify?