

4.F.

Family Education and Support Study

4.F.1.

Recruitment Letter



[Name]

[Address]

[Date]

Dear Project Director:

This letter is an invitation to participate in the Family Education and Support Study offered by Macro International Inc. and the Center for Mental Health Services. As you know, Macro International Inc. is conducting the national evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program. This evaluation involves several study components, including special substudies on treatment effectiveness.

The purpose of this study is to examine the relative impact of family education and support services within system of care communities. This study will offer the opportunity to identify critical elements of a family education and support intervention, examine the effectiveness of the intervention as it is provided across and within communities, and examine its relative effect on outcomes. The overall rationale for the study is to determine the extent to which community-based practices with limited research evidence have accumulated practice-based evidence through community-based implementation.

To implement this study, we will be conducting one focus group with providers and caregivers, and one face-to-face interview with you and the clinical supervisor at your community. For the focus groups, service providers will be sampled from a comprehensive list of providers that will be created for these communities through contact with all involved child-serving agencies within the system of care. Caregivers will be randomly selected from all caregivers in the child and family outcome study in the focus group communities. In each focus group community, providers and caregivers will be contacted until 15 participants for each respondent type have been successfully recruited. This number of participants is needed in order to conduct one focus group with about nine people in each for each respondent type. This allows for a broad range of opinions to be voiced while keeping the groups small enough that everyone will have an opportunity to speak. We may need your help throughout the recruitment process.

We will be contacting you in the next few weeks to discuss the logistics of the site visits, including the date of your choice and a site informant list with potential participants. The focus groups will last approximately 90 minutes and the interviews will last approximately 45 minutes to an hour. Caregivers and providers will receive \$50 for their time.

We hope the gain valuable information about Family Education and Support Services in your community. Please contact Phyllis Gyamfi at (404) 321-3211 for further questions and to indicate your willingness to participate.

Sincerely,

The National Evaluation Team

4.F.2.

Alabama Parenting Questionnaire (APQ)–Parent Form: Caregiver

The University of New Orleans
Alabama Parenting Questionnaire (APQ)
(Parent Form)

Child's Name: _____ ID#: _____

Parent Completing Form(Circle one): Mother Father Other: _____

Instructions: The following are a number of statements about your family. Please rate each item as to how often it TYPICALLY occurs in your home. The possible answers are Never (1), Almost Never (2), Sometimes (3), Often (4), Always (5). PLEASE ANSWER ALL ITEMS.

	Never	Almost Never	Sometimes	Often	Always
1. You have a friendly talk with your child.	1	2	3	4	5
2. You let your child know when he/she is doing a good job with something.	1	2	3	4	5
3. You threaten to punish your child and then do not actually punish him/her.	1	2	3	4	5
4. You volunteer to help with special activities that your child is involved in (such as sports, boy/girl scouts, church youth groups).	1	2	3	4	5
5. You reward or give something extra to your child for obeying you or behaving well.	1	2	3	4	5
6. Your child fails to leave a note or to let you know where he/she is going.	1	2	3	4	5
7. You play games or do other fun things with your child.	1	2	3	4	5
8. Your child talks you out of being punished after he/she has done something wrong.	1	2	3	4	5

	Never	Almost Never	Sometimes	Often	Always
9. You ask your child about his/her day in school.	1	2	3	4	5
10. Your child stays out in the evening past the time he/she is supposed to be home.	1	2	3	4	5
11. You help your child with his/her homework.	1	2	3	4	5
12. You feel that getting your child to obey you is more trouble than it's worth.	1	2	3	4	5
13. You compliment your child when he/she does something well.	1	2	3	4	5
14. You ask your child what his/her plans are for the coming day.	1	2	3	4	5
15. You drive your child to a special activity.	1	2	3	4	5
16. You praise your child if he/she behaves well.	1	2	3	4	5
17. Your child is out with friends you don't know.	1	2	3	4	5
18. You hug or kiss your child when he/she has done something well.	1	2	3	4	5
19. Your child goes out without a set time to be home.	1	2	3	4	5
20. You talk to your child about his/her friends.	1	2	3	4	5
21. Your child is out after dark without an adult with him/her.	1	2	3	4	5

	Never	Almost Never	Sometimes	Often	Always
22. You let your child out of a punishment early (like lift restrictions earlier than you originally said).	1	2	3	4	5
23. Your child helps plan family activities.	1	2	3	4	5
24. You get so busy that you forget where your child is and what he/she is doing.	1	2	3	4	5
25. Your child is not punished when he/she has done something wrong.	1	2	3	4	5
26. You attend PTA meetings, parent/teacher conferences, or other meetings at your child's school.	1	2	3	4	5
27. You tell your child that you like it when he/she helps out around the house.	1	2	3	4	5
28. You don't check that your child comes home at the time she/he was supposed to.	1	2	3	4	5
29. You don't tell your child where you are going.	1	2	3	4	5
30. Your child comes home from school more than an hour past the time you expect him/her.	1	2	3	4	5
31. The punishment you give your child depends on your mood.	1	2	3	4	5
32. Your child is at home without adult supervision.	1	2	3	4	5

	Never	Almost Never	Sometimes	Often	Always
33. You spank your child with your hand when he/she has done something wrong.	1	2	3	4	5
34. You ignore your child when he/she is misbehaving.	1	2	3	4	5
35. You slap your child when he/she has done something wrong.	1	2	3	4	5
36. You take away privileges or money from your child as a punishment.	1	2	3	4	5
37. You send your child to his/her room as a punishment.	1	2	3	4	5
38. You hit your child with a belt, switch, or other object when he/she has done something wrong.	1	2	3	4	5
39. You yell or scream at your child when he/she has done something wrong.	1	2	3	4	5
40. You calmly explain to your child why his/her behavior was wrong when he/she misbehaves.	1	2	3	4	5
41. You use time out (make him/her sit or stand in a corner) as a punishment.	1	2	3	4	5
42. You give your child extra chores as a punishment.	1	2	3	4	5

4.F.3.

Beck Depression Inventory: Caregiver



Beck Depression Inventory

Baseline

V 0477

CRTN: _____ CRF number: _____

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patient initials: _____



Date: _____

Name: _____ Marital Status: _____ Age: _____ Sex: _____

Occupation: _____ Education: _____

Instructions: This questionnaire consists of 21 groups of statements. Please read each group of statements carefully, and then pick out the **one statement** in each group that best describes the way you have been feeling during the **past two weeks, including today**. Circle the number beside the statement you have picked. If several statements in the group seem to apply equally well, circle the highest number for that group. Be sure that you do not choose more than one statement for any group, including Item 16 (Changes in Sleeping Pattern) or Item 18 (Changes in Appetite).

1. Sadness

- 0 I do not feel sad.
- 1 I feel sad much of the time.
- 2 I am sad all the time.
- 3 I am so sad or unhappy that I can't stand it.

2. Pessimism

- 0 I am not discouraged about my future.
- 1 I feel more discouraged about my future than I used to be.
- 2 I do not expect things to work out for me.
- 3 I feel my future is hopeless and will only get worse.

3. Past Failure

- 0 I do not feel like a failure.
- 1 I have failed more than I should have.
- 2 As I look back, I see a lot of failures.
- 3 I feel I am a total failure as a person.

4. Loss of Pleasure

- 0 I get as much pleasure as I ever did from the things I enjoy.
- 1 I don't enjoy things as much as I used to.
- 2 I get very little pleasure from the things I used to enjoy.
- 3 I can't get any pleasure from the things I used to enjoy.

5. Guilty Feelings

- 0 I don't feel particularly guilty.
- 1 I feel guilty over many things I have done or should have done.
- 2 I feel quite guilty most of the time.
- 3 I feel guilty all of the time.

6. Punishment Feelings

- 0 I don't feel I am being punished.
- 1 I feel I may be punished.
- 2 I expect to be punished.
- 3 I feel I am being punished.

7. Self-Dislike

- 0 I feel the same about myself as ever.
- 1 I have lost confidence in myself.
- 2 I am disappointed in myself.
- 3 I dislike myself.

8. Self-Criticalness

- 0 I don't criticize or blame myself more than usual.
- 1 I am more critical of myself than I used to be.
- 2 I criticize myself for all of my faults.
- 3 I blame myself for everything bad that happens.

9. Suicidal Thoughts or Wishes

- 0 I don't have any thoughts of killing myself.
- 1 I have thoughts of killing myself, but I would not carry them out.
- 2 I would like to kill myself.
- 3 I would kill myself if I had the chance.

10. Crying

- 0 I don't cry anymore than I used to.
- 1 I cry more than I used to.
- 2 I cry over every little thing.
- 3 I feel like crying, but I can't.



Beck Depression Inventory

Baseline

V 0477

CRTN: _____ CRF number: _____

Page 15

patient initials: _____

11. Agitation

- 0 I am no more restless or wound up than usual.
- 1 I feel more restless or wound up than usual.
- 2 I am so restless or agitated that it's hard to stay still.
- 3 I am so restless or agitated that I have to keep moving or doing something.

12. Loss of Interest

- 0 I have not lost interest in other people or activities.
- 1 I am less interested in other people or things than before.
- 2 I have lost most of my interest in other people or things.
- 3 It's hard to get interested in anything.

13. Indecisiveness

- 0 I make decisions about as well as ever.
- 1 I find it more difficult to make decisions than usual.
- 2 I have much greater difficulty in making decisions than I used to.
- 3 I have trouble making any decisions.

14. Worthlessness

- 0 I do not feel I am worthless.
- 1 I don't consider myself as worthwhile and useful as I used to.
- 2 I feel more worthless as compared to other people.
- 3 I feel utterly worthless.

15. Loss of Energy

- 0 I have as much energy as ever.
- 1 I have less energy than I used to have.
- 2 I don't have enough energy to do very much.
- 3 I don't have enough energy to do anything.

16. Changes in Sleeping Pattern

- 0 I have not experienced any change in my sleeping pattern.
- 1a I sleep somewhat more than usual.
- 1b I sleep somewhat less than usual.
- 2a I sleep a lot more than usual.
- 2b I sleep a lot less than usual.
- 3a I sleep most of the day.
- 3b I wake up 1-2 hours early and can't get back to sleep.

17. Irritability

- 0 I am no more irritable than usual.
- 1 I am more irritable than usual.
- 2 I am much more irritable than usual.
- 3 I am irritable all the time.

18. Changes in Appetite

- 0 I have not experienced any change in my appetite.
- 1a My appetite is somewhat less than usual.
- 1b My appetite is somewhat greater than usual.
- 2a My appetite is much less than before.
- 2b My appetite is much greater than usual.
- 3a I have no appetite at all.
- 3b I crave food all the time.

19. Concentration Difficulty

- 0 I can concentrate as well as ever.
- 1 I can't concentrate as well as usual.
- 2 It's hard to keep my mind on anything for very long.
- 3 I find I can't concentrate on anything.

20. Tiredness or Fatigue

- 0 I am no more tired or fatigued than usual.
- 1 I get more tired or fatigued more easily than usual.
- 2 I am too tired or fatigued to do a lot of the things I used to do.
- 3 I am too tired or fatigued to do most of the things I used to do.

21. Loss of Interest in Sex

- 0 I have not noticed any recent change in my interest in sex.
- 1 I am less interested in sex than I used to be.
- 2 I am much less interested in sex now.
- 3 I have lost interest in sex completely.

Subtotal Page 2

Subtotal Page 1

Total Score

NR15645

3 4 5 6 7 8 9 10 11 12 A B C D E

4.F.4.

Duke Social Support Scale: Caregiver

Duke Social Support Scale (requires interviewer-administration)

Social Interaction Subscale

1. Other than members of your family, how many persons in this area within one hour's travel (of your home/from here) do you feel you can depend on or feel very close to?
- | | <u>NUMBER</u> | |
|--|---------------|----|
| | _____ | |
| | None | 00 |

[scoring 0=1, 1-2=2, >2=3]

2. (Other than at work) How many times during the past week did you spend some time with someone who does not live with you, that is, you went to see them or they came to visit you, or you went out together?
- | | |
|---------------|----|
| None | 00 |
| Once | 01 |
| Twice | 02 |
| Three times | 03 |
| Four | 04 |
| Five | 05 |
| Six | 06 |
| Seven or more | 07 |

[scoring 0=1, 1-2=2, >2=3]

3. (Other than at work) How many times did you talk to someone -- friends, relatives or others -- on the telephone in the past week (either they called you, or you called them)?
- | | |
|---------------|----|
| None | 00 |
| Once | 01 |
| Twice | 02 |
| Three times | 03 |
| Four | 04 |
| Five | 05 |
| Six | 06 |
| Seven or more | 07 |

[scoring 0 or 1=1, 2-5=2, >5=3]

4. (Other than at work) About how often did you go to meetings of clubs, religious meetings, or other groups that you belong to in the past week?

[DO NOT INCLUDE ATTENDANCE AT RELIGIOUS SERVICES OR OTHER RELIGIOUS / SPIRITUAL GROUP MEETINGS]

None	00
Once	01
Twice	02
Three times	03
Four	04
Five	05
Six	06
Seven or more	07

[scoring 0 or 1=1, 2-5=2, >5=3]

Subjective Social Support

5. Does it seem that your family and friends (i.e., people who are important to you) understand you most of the time, some of the time, or hardly ever?

Hardly Ever	1
Some	2
Most	3

6. Do you feel useful to your family and friends (i.e., people important to you) most of the time, some of the time, or hardly ever?

Hardly Ever	1
Some	2
Most	3

7. Do you know what is going on with your family and friends most of the time, some of the time, or hardly ever?

Hardly Ever	1
Some	2
Most	3

8. When you are talking with your family and friends, do you feel you are being listened to most of the time, some of the time, or hardly ever?

Hardly Ever	1
Some	2
Most	3

9. Do you feel you have a definite role
(place) in your family and among your
friends most of the time, some of the
the time, or hardly ever?

Hardly Ever	1
Some	2
Most	3

10. Can you talk about your deepest problems
with at least some of your family and
friends most of the time, some of the
the time, or hardly ever?

Hardly Ever	1
Some	2
Most	3

11. How satisfied are you with the kinds of
relationships you have with your
family and friends -- very dissatisfied,
somewhat dissatisfied, or satisfied?

Very Dissatisfied	1
Somewhat Dissatisf	2
Satisfied	3

If NO FAMILY OR FRIENDS: Would you say
that you are very dissatisfied, somewhat
dissatisfied, or satisfied with not
having any of these relationships?

Now I want to ask you about some of the ways your family and friends help you out. Do your
family or friends ever help you in any of the following ways:

[Family includes natural family (parents, brothers, sisters) and acquired family (spouse, children)]

Repeat for each question: "Do they . . .	<u>NO</u>	<u>YES</u>
12. . . . help out when you are sick?	1	2
13. . . . shop or run errands for you?	1	2
14. . . . give you gifts (presents)?	1	2
15. . . . help you out with money?	1	2
16. . . . fix things around your house?	1	2
17. . . . keep house for you or do household chores?	1	2

18. . . . give you advice on business or financial matters?	1	2
19. . . . provide companionship to you?	1	2
20. . . . listen to your problems ?	1	2
21. . . . give you advice on dealing with life's problems?	1	2
22. . . . provide transportation for you?	1	2
23. . . . prepare or provide meals for you?	1	2

[Scoring: Sum up totals for all sections to obtain overall social support score (score range 23-57); best to report totals for each section of the DDSI brief scale [Questions 1-4 (score range 4-12), Questions 5-11 (score range 7-21), Questions 12-23 (score range 12-24)]. For the 11-item index (not including the instrumental support section), the overall score range is 11-33. Both the 11-item and 23-item scales are found in Koenig et al 1993; Psychosomatics 34:61-69. No information on reliability or validity, other than that work done with full version of DDSI (Landerman R, George LK, Campbell RT, et al 1989. American Journal of Community Psychology 17:625-642.)]

Note: Not included here is the Social Network Size subscale of the DSSI (one reason is because it includes questions about religious organizations that may contaminate measure with religious or spiritual content)

4.F.5.

Parenting Sense of Competence Scale: Caregiver

This study is authorized by Section 565 of the Public Health Service Act. Public reporting burden for this collection of information is estimated to average 10 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: SAMHSA Reports Clearance Officer; Paperwork Reduction Project (xxxx-xxxx); OAS, 1 Choke Cherry Road, Rockville, MD 20857.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is xxxx-xxxx.

PARENTING SENSE OF COMPETENCE SCALE: Caregiver

PSCDATE (Today's date)	Month / Day / Year
CHILDID (Macro-assigned ID)	
TIMEFRAM (Assessment period)	1 = Intake 2 = 3 months 3 = 6 months 4 = 9 months
PSCINTV (Who administered interview)	1 = Person providing services to child 2 = Data Collector
PSCMETH (Method of administering interview)	1 = In person 2 = Telephone
PSCLANG (Language version of interview)	1 = English 2 = Spanish 3 = Other

I'm going to read some statements about families. Please listen carefully as I read each statement, and then decide how well it describes your own family over the past 3 months. You should answer according to how you see your family. For each statement there are four possible responses [CARD]. After I read each statement, please tell me which response best reflects how much you agree with the statement. Try not to spend too much time thinking about each statement, but respond as quickly and as honestly as you can. If you have trouble with one, answer with your first reaction.

[CARD]

	Strongly Disagree	Moderately Disagree	Slightly Disagree	Slightly Agree	Moderately Agree	Strongly Agree
1. The problems of taking care of a child are easy to solve once you know how your actions affect your child, an understanding I have acquired.	1	2	3	4	5	6
2. Even though being a parent could be rewarding, I am frustrated now while my child is at his/her present age.	1	2	3	4	5	6
3. I go to bed the same way I wake up in the morning, feeling I have not accomplished a whole lot.	1	2	3	4	5	6
4. I do not know why it is, but sometimes when I'm supposed to be in control, I feel more like the one being manipulated.	1	2	3	4	5	6
5. My mother/father was better prepared to be a good mother/father than I am.	1	2	3	4	5	6
6. I would make a fine model for a new mother/father to follow in order to learn what she/he would need to know in order to be a good parent.	1	2	3	4	5	6
7. Being a parent is manageable, and any problems are easily solved.	1	2	3	4	5	6
8. A difficult problem in being a parent is not knowing whether you're doing a good job or a bad one.	1	2	3	4	5	6
9. Sometimes I feel like I'm not getting anything done.	1	2	3	4	5	6
10. I meet my own personal expectations for expertise in caring for my child.	1	2	3	4	5	6

CHILD ID:

Parenting Sense of Competence Scale (PSOC): Caregiver

	Strongly Disagree	Moderately Disagree	Slightly Disagree	Slightly Agree	Moderately Agree	Strongly Agree
11. If anyone can find the answer to what is troubling my child, I am the one.	1	2	3	4	5	6
12. My talents and interests are in other areas, not in being a parent.	1	2	3	4	5	6
13. Considering how long I've been a mother/father, I feel thoroughly familiar with this role.	1	2	3	4	5	6
14. If being a mother/father of a child were only more interesting, I would be motivated to do a better job as a parent.	1	2	3	4	5	6
15. I honestly believe I have all the skills necessary to be a good mother/father to my child.	1	2	3	4	5	6
16. Being a parent makes me tense and anxious.	1	2	3	4	5	6
17. Being a good mother/father is a reward in itself.	1	2	3	4	5	6

For all variables and data elements666 = Not Applicable
777 = Refused888 = Don't Know
999 = Missing

PSOC: Caregiver

CARD

1 = Strongly disagree

2 = Moderately disagree

3 = Slightly disagree

4 = Slightly agree

5 = Moderately agree

6 = Strongly agree

4.F.6.

Vanderbilt Mental Health Services Efficacy Scale: Caregiver

Vanderbilt Mental Health Services Efficacy Scale

Please rate the items below on a scale from 1 to 5 where:

1 = strongly disagree
5 = strongly agree

1. I believe that I can help mental health service providers in treating my child.	1	2	3	4	5
2. There is not much that I can do to work with mental health services	1	2	3	4	5
3. I know that I can do what needs to be done to work with my child's mental health services	1	2	3	4	5
4. What goes on in mental health services is just too complicated for me to deal with	1	2	3	4	5
5. It is only wishful thinking to believe that I can really be part of my child's mental health services	1	2	3	4	5
6. There is little I can do to change what is done by the people who provide treatment for my child	1	2	3	4	5
7. I often feel that it is hopeless to try to deal with mental health services	1	2	3	4	5
8. I find it easy to tell service providers how my child and family should be treated	1	2	3	4	5
9. My skills in dealing with mental health services will help me to change things that might be wrong with my child's treatment	1	2	3	4	5
10. No matter how hard I try, my child won't get the mental health services that my child needs	1	2	3	4	5
11. When something goes wrong with my child's treatment, there is little I can do to affect services	1	2	3	4	5
12. Parents like me can change the course of our children's treatment if we make ourselves heard	1	2	3	4	5
13. What I do to work with mental health services will help my child to get the best possible treatment	1	2	3	4	5
14. With all of the responsibilities I have, it would not be possible for me to be very involved in my child's treatment plan right now	1	2	3	4	5
15. I look forward to participating actively in my child's treatment plan	1	2	3	4	5
16. I intend to be involved in the plan for my child's treatment	1	2	3	4	5

17. I feel overwhelmed when asked to do things about my child's Treatment	1	2	3	4	5
18. I have hardly ever gotten what my child needed from mental health services, no matter what I have done	1	2	3	4	5
19. Dealing with mental health services on behalf of my child turned out to be easier than I thought it would	1	2	3	4	5
20. I have found out that what is going to happen with my child's mental health treatment will happen, no matter what I do	1	2	3	4	5
21. I have made an important difference in the mental health treatment that my child has received	1	2	3	4	5
22. I don't know how to get information on the best mental health services for my child	1	2	3	4	5
23. I have seen other parents deal effectively with mental health services for their children	1	2	3	4	5
24. Other parents have taught me how to get what my child needs from mental health services	1	2	3	4	5
25. No matter what others say or do, I do not think that I should be involved in my child's treatment	1	2	3	4	5

4.F.7.

Interview Guide: Administrator/Clinical Supervisor

FAMILY EDUCATION AND SUPPORT STUDY
Interview Guide – Administrator/Clinical Supervisor

SOC Program: _____

Interviewer: _____

Participant ID: _____

Date: _____

Study Description

The purpose of the Family Education and Support Study is to examine the relative impact of family education and support services within system of care communities. This study will offer the opportunity to identify critical elements of a family education and support intervention, examine the effectiveness of the intervention as it is provided across and within communities, and examine its relative effect on outcomes. The overall rationale for the study is to determine the extent to which community-based practices with limited research evidence have accumulated practice-based evidence through community-based implementation.

Overview

1. Please describe the overall mission and goal of *(name of grant program)*.
2. What are the primary service components (e.g., outpatient, school-based, case management, etc)?
3. What are the eligibility criteria for participation in *(name of grant program)*?
4. Approximately how many children/families have been served since grant funds were received?

Service Delivery – Family Education and Support Services

5. Please describe the family education and support services provided by your program (e.g., what are all the components of this service, how were these components determined?)
 - a. *Which of these do you consider to be critical/key components?*
 - b. *About what percent of families receive these critical components?*
6. (If applicable) can you tell me more about the critical components of FES model provided in your community?
 - a. *Why do you consider these to be critical to families?*

7. How are families identified for Family Education and Support services?
 - a. About what percent of families who need this service can get them?*
8. What are the eligibility requirements for enrollment into Family Education and Support Services?
9. What is the process for enrollment into Family Education and Support services?
10. How are families involved in the Family Education and Support services they receive?
 - a. How are FES needs discussed?*
 - b. What is the process for a feedback loop?*
11. How is the care of families receiving Family Education and Support monitored?

Service Infrastructure – Family Education and Support Services

12. Please describe the staffing structure that provides FES services (e.g., is the staffing structure composed of primarily paraprofessionals or clinicians; are there specific qualifications required?)
13. What types of training activities are provided for staff who provide FES services in your system of care program?
 - a. How many training activities on FES are typically provided in a year?*
 - b. How are FES training topics determined?*
 - c. What efforts are made to ensure that staff attend training activities (e.g., Are the training activities required)?*
14. Has the fidelity of the FES services provided by your system of care program been measured?
 - a. If yes, how effective is this service for families?*
 - b. If not, are there plans to measure it?*
15. What efforts are made to ensure adequate capacity to receive FES services?
16. What efforts are made to monitor the quality of the FES intervention?
 - a. How is the information gathered used to improve service provision?*
 - b. What is the satisfaction level of families receiving this service?*
 - c. Has there been an assessment of the outcomes of children and families enrolled in these services?*
17. How do families pay for FES services? What payment options are available?

Thank you for answering the questions. Is there anything else we did not discuss that you would like to tell me about the provision of Family Education and Support services in your community?

4.F.8.

Focus Group Discussion Moderator's Guides

4.F.8.a.

Focus Group Discussion With Caregivers

FAMILY EDUCATION AND SUPPORT STUDY FOCUS GROUP DISCUSSION WITH CAREGIVERS

Moderator's Guide

Introduction

Thank you very much for agreeing to participate in this discussion group. My name is [facilitator] and I will be leading the discussion today. [Notetaker] is also here to take notes. Before we get started, I want to take a few minutes to tell you what to expect from the discussion and to go over a few things with you. After that, we will have an opportunity to introduce ourselves.

As you may recall, Macro International Inc., has been contracted by the Center for Mental Health Services (CMHS) to conduct the national evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program. A special substudy of the evaluation examines how effective community-based practices are within systems of care. Community-based practices are those practices that were developed and carried out within the community. We are interested in knowing how receiving family education and support services have affected your life. This study will assess the influence of family education and support services within system of care communities.

The specific purpose of this focus group is to describe key elements of the family education and support (FES) services provided in your community, the process for receiving these services, as well as your involvement in receiving these services. We are interested in knowing how often you received these services and how satisfied you were with them.

The discussion today is confidential. We will not attribute your name with any comments made or have any identifiable information in any reports we produce. We will keep your specific responses in confidence, and would ask that you respect one another's privacy in the same way.

We ask that you be frank and honest about issues of concern and importance to you. We do not expect you to tell us anything that you would be uncomfortable sharing with the group, nor do we expect everyone to answer every question. We are interested in all perspectives and appreciate your input, as it will inform other components of this study as well as other communities about practice-based evidence approaches used in systems of care.

Informed Consent

Before we begin, everyone who has agreed to participate in the discussion must sign the informed consent agreement forms that are being distributed. We want you to understand that your participation is completely voluntary and you may leave at any time. With your permission, we will be audio-taping the discussion. Be assured that the tapes will be reviewed to gather data only, and will be transcribed without the use of your names.

Let's review the consent form and I will answer any questions you have. The form needs to be signed before we can begin. [Review Form].

Logistics

[Direct participants to the restrooms (if needed). Explain when and how participants will be paid for their participation]

Ground Rules

In order to make our discussion more comfortable and run smoothly for everyone, there are a few ground rules that we will need to follow: *[Posted on flip chart]*

- Everyone's input is important and I will work hard to make sure everyone has a chance to speak.
- Allow one person to speak at a time.
- Please avoid side conversations.
- I may need to cut a discussion short in the interest of time.
- Show respect to everyone at all times. It is ok to disagree with someone's opinion.
- Please turn off all cell phones.
- All responses are confidential, so feel free to speak your mind.

Do you have any questions before we begin? Let's start with introductions. Please tell us your first name.

DISCUSSION QUESTIONS

1. What kinds of services do you and your child receive from *[system of care program]*?
2. How would you describe the family education and support services you receive from your community?
 - a. *[Probe] What are the key elements of FES in your community?*
 - b. *[Probe] How did you become enrolled and how often do you receive it?*
 - c. *[Probe] Can everyone access this service? What are the eligibility requirements?*
 - d. *[Probe] How do you pay for this service?*
3. Describe your involvement in the FES services you receive?
 - a. *[Probe] What are you expected to participate in?*
 - b. *[Probe] How do providers work with you and your family?*
4. How has receiving FES services affected your parenting and your ability to handle your child's problems?
5. How satisfied are you with the FES services you receive?
 - a. *[Probe] How does your satisfaction level with FES services affect you and your child's life?*

Concluding questions

Now, I'd like to ask one last question about FES services in your community and we will be finished for today.

1. In your opinion, how are families benefiting from the FES services provided by your community?

Closing

Our time is up. I want to thank you very much for your interest and willingness to participate, and for sharing your perspectives family education and support services in your community. Is there anything else any of you would like to add as a comment, or points of clarity to help us better understand some of the issues we discussed today? *[If no additional comments, thank participants and say goodbye]*

4.F.8.b.

Focus Group Discussion With Service Providers

FAMILY EDUCATION AND SUPPORT STUDY FOCUS GROUP DISCUSSION WITH SERVICE PROVIDERS

Moderator's Guide

Introduction

Thank you very much for agreeing to participate in this discussion group. My name is [facilitator] and I will be leading the discussion today. [Notetaker] is also here to take notes. Before we get started, I want to take a few minutes to tell you what to expect from the discussion and to go over a few things with you. After that, we will have an opportunity to introduce ourselves.

As you may recall, Macro International Inc., has been contracted by the Center for Mental Health Services (CMHS) to conduct the national evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program. A special substudy of the evaluation examines the effectiveness of community-based interventions within systems of care. This study will assess the relative impact of family education and support services within system of care communities. The overall rationale for the study is to determine the extent to which community-based practices with limited research evidence have accumulated practice-based evidence through community-based implementation.

The specific purpose of this focus group is to describe key elements of the family education and support (FES) services provided in your community, the process for receipt of these services, as well as your involvement in providing these services. We are interested in knowing whether the FES services have different components (or units) and the number of components (or units) that families can receive. In addition, are there eligibility requirements for enrollment into these services?

The discussion today is confidential. We will not attribute your name with any comments made or have any identifiable information in any reports we produce. We will keep your specific responses in confidence, and would ask that you respect one another's privacy in the same way.

We ask that you be frank and honest about issues of concern and importance to you. We do not expect you to tell us anything that you would be uncomfortable sharing with the group, nor do we expect everyone to answer every question. We are interested in all perspectives and appreciate your input, as it will inform other components of this study as well as other communities about practice-based evidence approaches used in systems of care.

Informed Consent

Before we begin, everyone who has agreed to participate in the discussion must sign the informed consent agreement forms that are being distributed. We want you to understand that your participation is completely voluntary and you may leave at any time. With your permission, we will be audio-taping the discussion. Be assured that the tapes will be reviewed to gather data only, and will be transcribed without the use of your names.

Let's review the consent form and I will answer any questions you have. The form needs to be signed before we can begin. [Review Form].

Logistics

[Direct participants to the restrooms (if needed). Explain when and how participants will be paid for their participation]

Ground Rules

In order to make our discussion more comfortable and run smoothly for everyone, there are a few ground rules that we will need to follow: *[Posted on flip chart]*

- Everyone's input is important and I will work hard to make sure everyone has a chance to speak.
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- Show respect to everyone at all times. It is ok to disagree with someone's opinion.
- Please turn off all cell phones.
- All responses are confidential, so feel free to speak your mind.

Do you have any questions before we begin? Let's start with introductions. Please tell us your first name.

DISCUSSION QUESTIONS

1. What is your role as a provider in your community? What kinds of services do you provide?
2. How would you describe the family education and support services provided in your community?
 - a. *[Probe] What are the key elements of FES in your community?*
 - b. *[Probe] How are families enrolled and how often do families receive it?*
 - c. *[Probe] Can everyone access this service? What are the eligibility requirements?*
 - d. *[Probe] How do families pay for this service?*
3. What are some of the reasons why FES services are considered effective in your community? If not effective, what are some of the reasons why FES services are not effective in your community?
 - a. *[Probe] Has the fidelity of the FES services been measured in your community?*
4. What training activities have you received to implement FES services in your community?
 - a. *[Probe] What kinds of training activities and education are important?*
 - b. *[Probe] How are the training activities for FES supported institutionally and financially?*

Concluding questions

Now, I'd like to ask one last question about FES services in your community and we will be finished for today.

1. In your opinion, how are families benefiting from the FES services provided by your community?

Closing

Our time is up. I want to thank you very much for your interest and willingness to participate, and for sharing your perspectives family education and support services in your community. Is there anything else any of you would like to add as a comment, or points of clarity to help us better understand some of the issues we discussed today? *[If no additional comments, thank participants and say goodbye]*