

In September 2009, the Clermont County Mental Health & Recovery Board was awarded a six year Cooperative Agreement from the Center for Mental Health Services (CMHS) of the Substance Abuse and Mental Health Services Administration (SAMHSA) to enhance Clermont County's System of Care, named FAST TRAC. The FAST TRAC program recognizes how society, community, and family relationships have consequences for individual youths' well-being. Part of our mission, therefore, is to support and empower caregivers of youth with emotional/behavioral challenges through our Peer Support Partner (PSP) program. On this page the Evaluation Brief presents overall information about FAST TRAC caregivers. The back page focuses on the experiences of families involved in the PSP program. Data were collected February 2011 to April 2013.

CHARACTERISTICS OF FAST TRAC CAREGIVERS (N=105)*

Male 11.4%	Female 88.6%
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AGE (N=105)*

Less than 35 years	28.6%
35-49 years	46.6%
50 years and above	24.8%

ETHNICITY (N=104)*

White	96.1%
American Indian or Alaska Native	1.9%
Black or African American	1.0%
Asian	1.0%

EDUCATION (N=105)*

Below High School	13.4%
High School Diploma or GED	26.7%
Associate Degree/Some College	51.3%
College Degree	8.6%

SUCCESS FOR US

"I have to say, [PSPs] are Mother Theresa to me and I can't even imagine where I would be without them ... probably in a psych hospital! They have been better than any doctor, any attorney, they are a Godsend."

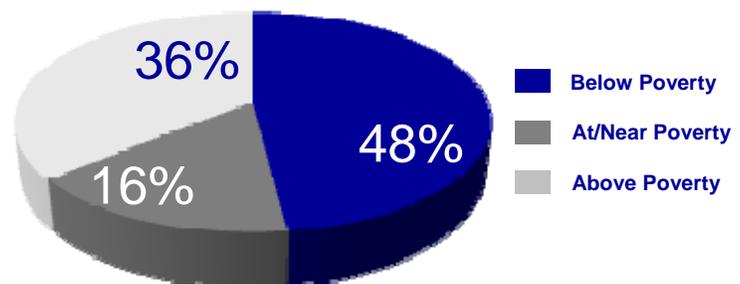
"When it came to the schools, my way of dealing with them was over the top. [My PSP] has taught me a way to be more professional. You can never take 100% of the emotions out of it, it is so emotionally charged, but I have learned to tone it down and try to be more collaborative."

"Before Wrap it was probably 90-95% really horrible days, and it was affecting my other 3 children's safety. I would probably say we have about 10% bad days, some weeks are a little worse, but then there are weeks that go by that we don't have any problems."

Current data show that 56.8% of caregivers have been employed in the past six months, with an average of 34.6 hours being worked each week.

For caregivers who have not been employed in the last six months, 51.1% report their own health problems or disability is why they don't work; 13.3% report their child's behavioral or emotional problems are why they don't work and 11.1% report childcare problems.

FAST TRAC CAREGIVER POVERTY LEVEL (N=105)*



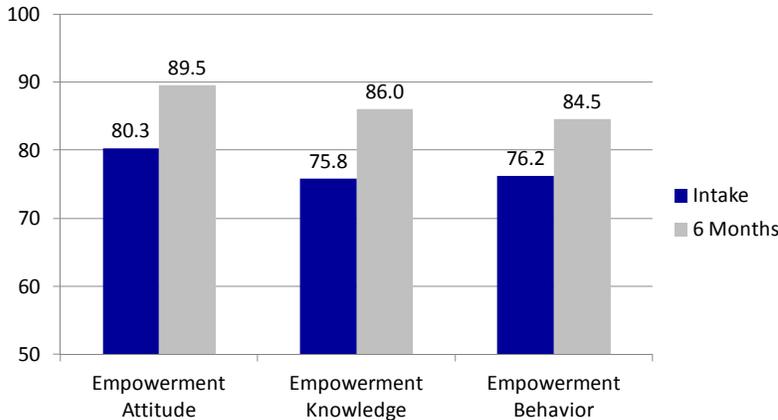
In 2012, the poverty threshold for a family of four residing in the 48 contiguous states was \$23,050.

Peer Support Partners, or "PSPs" as they are often referred to, are an integral part of the Wraparound process. PSPs have "lived experience". They are all caring for a child who has mental health challenges and has been involved with at least one of our system partners. PSPs help guide families through the process of learning new terminology, answer questions, provide support during team meetings, offer training on various subjects, and visit with families individually. The PSP program's goal is to keep the focus on family-driven services and to support caregivers in developing self-advocacy skills they can use to improve their lives and the lives of their families. Data specific to the Peer Support Partner program are presented below.

Evidence suggests that greater family empowerment is connected to better youth functioning.

FAMILY EMPOWERMENT

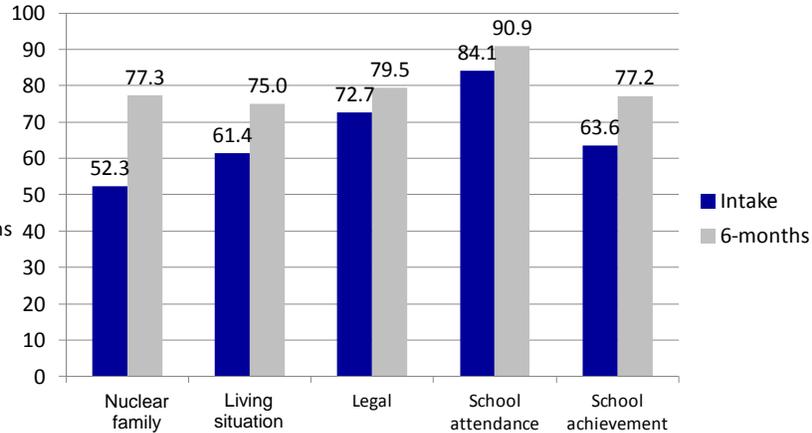
CHANGES FROM INTAKE TO 6 MONTHS OR DISCHARGE (N=24)*



Note: y-axis depicts average score on a scale of 0-100.

INCREASE IN YOUTH FUNCTIONING BY DOMAIN

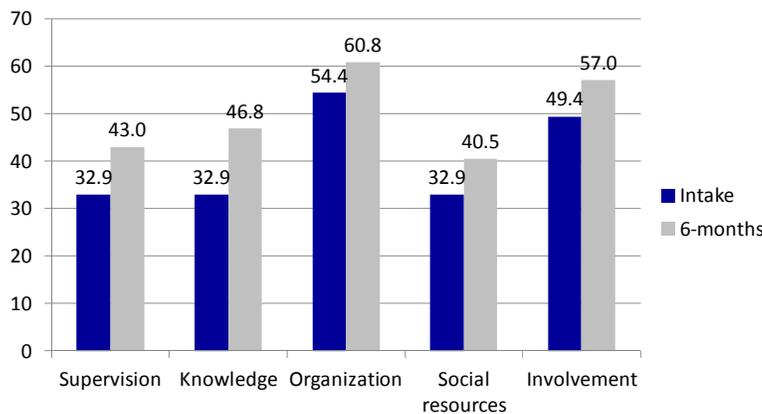
PERCENT MILD OR NO PROBLEMS (COMPARED WITH MODERATE OR SEVERE) AT INTAKE AND AT 6 MONTHS (N=88)*



Nuclear family: looks at relationships with parents, siblings or guardians with whom the child resides. *Living situation:* measures current level of functioning in the child's living environment. *Legal:* measures the child's involvement with the juvenile justice system. *School attendance:* measures the child's current attendance patterns at school. *School achievement:* measures the child's academic achievement in school.

INCREASE IN CAREGIVER STRENGTHS BY DOMAIN

PERCENT STRENGTH AT INTAKE AND AT 6 MONTHS (N=79)*



Supervision: caregiver's ability to monitor and discipline children in the home. *Knowledge:* caregiver's ability to be knowledgeable/aware of the child's strengths and needs. *Organization:* caregiver's ability to be organized and efficient in order to follow through on meeting the child's needs. *Social resources:* caregiver's family, friend and social network that provides help with raising the child. *Involvement:* caregiver's ability to act as an effective advocate for his/her child.

* N=Number of Participants.

CAREGIVER FUNCTIONING

82%

CAREGIVER-REPORTED CLINICALLY SIGNIFICANT LEVELS OF STRESS AT INTAKE. (N=39)* Clinically significant stress describes caregivers who are experiencing more caregiving stress than 85% of their peers (i.e., 85th percentile).

79%

CAREGIVER-REPORTED SOCIAL CONNECTEDNESS AT 6 MONTHS. (N=42)* Social connectedness refers to caregivers feeling that they have someone who will listen to and understand them when they need to talk.

29%

DECREASING CAREGIVER STRAIN AT 6 MONTHS. (N=41)* Caregiver strain reflects disruptions to caregivers' personal time, work, finances and the negative feelings (e.g., anger, resentment, worry, guilt) that these disruptions can cause.