

ARIZONA'S CHILDREN ASSOCIATION

Mental Health Grant

SEMI-ANNUAL EVALUATION REPORT

April, 2005

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Introduction

This report is organized by evaluation task corresponding to the Scope of Work in the contract between Arizona's Children Association and the Southwest Institute for Women (SIROW) - Services Research Office (SRO). The evaluation activities are presented with the corresponding work completed by March 31, 2005.

Progress Report

Mental Health Interviews

Through March 2005, a total of 112 baseline interviews have been completed with caregivers. Subsequent activities include three-, six-, and twelve-month follow-up assessments of those caregivers enrolled in the study. To date, 105 three-month follow-up assessments, 102 six-month follow-up assessments, and 69 twelve-month assessments have been conducted. Since numerous twelve-month follow-up interviews have now been conducted, this report focuses on statistical comparisons of the baseline through twelve-month characteristics where appropriate.

It was desired to compare families who have participated in mental health services such as spa night to families who received therapy only, but due to the small sample size of the therapy only group, those comparisons are not possible. Table 1 below illustrates the number of participants in each group. It is important to note that the 54 participants who did not participate in the mental health services were receiving some services from the KARE Center such as guidance for permanency planning. Six cases from the No Mental Health Programs Group were not included in the statistical comparisons because the caregivers from those six families reported receiving mental health services outside of the KARE Center. Information about those six families, however, is included in the aggregate summaries.

Table 1. Breakout of Mental Health Groups

Group	Frequency	Percent
Therapy Only	3	3.6
Therapy and Other Mental Health Programs	17	13.4
Other Mental Health Programs	38	33.9
No Mental Health Programs	54	49.1
Total	112	100.0

There are missing assessment level and item level data for multiple reasons. First, all caregivers are not asked to complete every assessment due to the age appropriateness of the instruments. For example, the Conners' is only appropriate for youth over three years, the CHQ-50 is valid for children five years or older, and PSI should only be administered to children over one year of age. The interviewer has been trained as to the appropriateness of the assessments for various ages. Additionally, the Conners' (Revised) has been replaced with the Conners' PRS-48 as AzCA uses the latter, and incomplete information may be collected due to the children returning to biological parents, incarceration, changes in the household, or mental health issues. Perhaps, the most prevalent reason for missing information is due to caregivers declining to answer one or more questions on any given instrument, either because they felt the questions did not apply to them or they simply refused to answer. These omissions, regardless of the cause, prevent the scoring of the instrument. All of these factors lead to different sample sizes for the various assessments. Final analyses will include data imputation procedures to estimate the values for the missing information, but imputation procedures cannot be conducted until all of the data have been collected. A table outlining the reasons for missing data for each of the indices is included in Appendix I.

The ages of the caregivers interviewed ranged from 21 to 78 years, with an average age of 48 years. In addition, the ages of the target children in the households ranged from 1 month to 17.5 years, with an average age of 8.5 years. The number of adults in the households ranged from 1 to 5, with an average of 2.2, and the number of children in the households ranged from 1 to 6, with an average of 2.2 children per household. The ethnic backgrounds of the caregivers and target children are presented in Table 2. 84.8% (95) of the caregivers are female and 15.2% (17) are male. Of the target children, 55.4% (62) are female and 44.6% (50) are male. To date, 175 non-biological children have been identified in 112 homes. Out of the 112 households interviewed, 41 homes also had 71 biological children living there as well.

Table 2. Characteristics of Participants

Ethnicity	Caregivers		Children	
	Count	Percent	Count	Percent
Caucasian	50	44.6	42	37.5
Hispanic	35	31.2	30	26.7
African American	12	10.7	11	9.8
Native American	7	6.2	6	5.3
Inter-Racial	8	7.2	23	20.5
Total	112	100.0	112	100.0

CHQ-PF50:

The Child Health Questionnaire (CHQ-PF 50) is a measure of general health and well being and is completed by the child's caregiver. The CHQ-PF 50 has been standardized against a representative sample in the U.S., and has been translated into 13 languages. The domains included in the CHQ-PF 50 are: Physical Functioning, Role/Social Limitations - Emotional/Behavioral, Role/Social Limitations- Physical, Bodily Pain/Discomfort, General Behavior, Mental Health, Self Esteem, General Health, Parental Impact, Family Limitations and Cohesion, and Change in Health. Descriptions of the domains are included in Appendix II. *The CHQ-50 is appropriate for children five years of age or older.* To date, 78 baselines, 70 three-month, 58 six-month, and 50 twelve-month interviews have been conducted.. Baseline, three-, six-, and twelve-month participant characteristics as measured by the CHQ-PF 50 are presented in Table 3. The mean scores can be compared to the population means outlined for each subscale.

When examining those who participated in the mental health services as compared to those who did not, those who participated scored lower (worse) than those who did not on eleven of the subscales at the baseline interview. In fact, the families who participated in the mental health services demonstrated significantly lower scores on the Behavior, Family Activities, Family Cohesion, Mental Health, Emotional Impact, Psychosocial, and Self-Esteem subscales at baseline when compared to those who did not participate in the mental health services

Table 3. Baseline, 3-, 6-, and 12-Month Characteristics – CHQ-PF50 Domains

Domain*	Baseline		Three-Month		Six-Month		Twelve-Month		Pop. Mean
	Base- line Mean (n=78)	Base- line S.D.	3-Month Mean (n=70)	3- Month S.D.	6-Month Mean (n=58)	6-Month S.D.	12- Month Mean (n=50)	12- Month S.D.	
Physical Functioning									
MH	96.0	13.3	93.7	17.7	94.8	14.6	96.9	11.3	96.1
No MH	92.2	16.9	97.2	9.5	97.5	6.6	94.9	12.3	96.1
Role/Social Emotional Limitations									
MH	61.5*	41.6	73.7	37.7	80.0	30.6	78.4	35.4	92.5
No MH	76.9*	34.8	88.3	19.8	89.4	21.1	89.9	17.5	
Role/Social Physical									
MH	97.0	10.7	96.5	15.5	92.6	18.1	94.7	22.9	93.6
No MH	92.0	19.9	97.7	7.8	97.7	7.8	100.0	.0	93.6
Bodily Pain									
MH	73.4	25.8	73.2	28.1	87.3*	22.1	76.5	32.3	81.7
No MH	75.8	29.1	76.3	29.3	82.8*	26.0	91.8	14.7	81.7
General Behavior									
MH	55.3*	24.4	61.2	18.8	63.9	19.9	69.3	20.8	75.6
No MH	68.9*	24.3	72.9**	17.4	72.0	18.3	77.1	20.4	75.6
Mental Health									
MH	58.9**	21.1	65.8	17.8	70.0	20.2	73.0	17.3	78.5
No MH	71.9**	18.0	73.6**	16.7	72.4	14.5	72.3	9.0	78.5
Self Esteem									
MH	65.2*	23.0	73.4*	19.3	76.2	17.9	80.0	14.8	79.8
No MH	74.6*	14.6	78.9**	14.2	74.6	17.3	82.9	12.3	79.8
General Health									
MH	75.7	21.3	78.4	16.5	77.3	17.4	82.6	16.8	73.0
No MH	77.5	19.5	80.3**	19.5	80.5	18.5	89.5	12.2	73.0
Parental Impact-Emotional									
MH	58.7*	23.9	63.7	25.4	68.9	24.7	75.8	24.2	80.3
No MH	70.9*	27.4	81.4**	20.8	76.6	17.2	87.8	10.1	80.3
Parental Impact-Time									
MH	68.2	30.5	73.3	27.5	78.5	24.7	83.3	22.1	87.8
No MH	81.0	26.3	90.0	17.6	92.9	20.7	94.9	7.6	87.8
Family Activities									
MH	58.8**	29.5	63.5	26.9	68.7	24.9	66.4	18.3	89.7
No MH	81.5**	15.5	76.6**	18.8	75.5	16.3	76.5	11.4	89.7
Family Cohesion									
MH	64.5*	25.7	65.9	23.4	68.5	24.4	67.0	26.3	72.3
No MH	77.4*	24.4	71.8*	22.2	72.6	25.6	71.3	30.1	72.3
Physical Summary									
MH	55.3	7.5	53.5	8.5	54.7	9.4	54.6	10.4	53.0
No MH	51.2	11.9	54.2	6.7	55.4	6.2	58.3	4.2	53.0
Psychosocial Summary									
MH	34.9**	16.3	42.0*	11.6	44.2	14.3	46.4	13.8	51.2
No MH	44.9**	13.6	50.7**	7.6	48.7	9.5	50.9	6.2	51.2

* p < .05

****p < .01**

□ See Appendix II for a description of the CHQ scales

When examining those who participated in mental health services, statistically significant improvement was evident on two of the subscales from the baseline to three-month interviews. This significant improvement was found on the Self-esteem and Psychosocial Summary subscales. These changes suggest improvement in positive affect, satisfaction with school and athletic ability, looks and appearance, ability to get along with others and family, and psychosocial well being. Those who participated in mental health services further demonstrated significant improvement on the Bodily Pain and Discomfort subscale at the six-month interview suggesting improvement in the intensity and frequency of general pain and discomfort as an indicator of physical health. Further improvement was not evident from the six- to 12-month interviews.

The families who did not participate in mental health services showed statistically significant improvement on six subscales at the three-month interview. Those who did not participate in the mental health services demonstrated significant improvement on the General Behavior, Mental Health, Self-Esteem, General Health, Parental Impact-Emotional and Psychosocial subscales. Significant decreases at the three-month interview, however, were found on the Family Activities and Family Cohesion Scales. In addition, those who did not participate in the mental health services demonstrated significant improvement from the three- to six-month interviews on the Bodily Pain subscale suggesting improvement in the intensity and frequency of the children's general pain and discomfort. Further significant change was not evident from the six- to 12-month interviews.

Parenting Stress Index (PSI):

The PSI is a family-system diagnostic instrument focusing on the preschool caregiver-child dyad (valid to age 12). The PSI consists of 36 items and refers to the relationship between the caregiver and the target child. The PSI is appropriate for children over one year old. To date, 111 caregivers have completed the baseline PSI, 96 have completed the three-month interviews, 82 caregivers have completed the six-month interviews, and 50 caregivers have completed the twelve-month interviews.

One global score and four subscale scores are captured with the PSI. The Total Parental Stress score obtained from the PSI is designed to provide an indication of overall parenting stress, including personal parental distress, stresses derived from the caregiver's interaction with the child, and stresses that result from the child's behavioral characteristics. The Defensive Responding (DR) subscale represents the caregiver's perception of sacrifices made for others. The Parental Distress (PD) subscale determines the distress a caregiver is experiencing in his or her role as caregiver as a function of personal factors that are directly related to parenting. The Parent-Child Dysfunction Interaction (P-CDI) subscale focuses on the caregiver's perception that his or her child does not meet expectations, and the interactions between the child and caregiver are not reinforcing him or her as a caregiver. The Difficult Child (DC) subscale focuses on some of the basic behavioral characteristics of a difficult or easy to manage child. See Table 4 for the baseline, 3-, 6-month, and 12-month averages and percentiles for total parental stress and the four subscales. The normal range for scores is within the 15th to 80th percentiles. High scores are considered to be scores at or above the 85th percentile, and are indicated in bold print below.

Table 4. Characteristics – PSI Domains

Domain	<u>Baseline</u>		<u>Three-Month</u>		<u>Six-Month</u>		<u>Twelve-Month</u>	
	Mean (n=111)	%ile	Mean (n=96)	%ile	Mean (n=82)	%ile	Mean (n=50)	%ile
Total Parental Stress								
MH	86.5	85th	85.9	85th	89.0	90th	77.9	75 th
No MH	68.8	50 th	70.1	55 th	73.0	60 th	66.1	40 th
Defensive Responding								
MH	17.9	90th	18.4	90th	18.7	90th	17.1	85th
No MH	13.3	50 th	14.1	60 th	14.1	60 th	11.8	20 th
Parental Distress								
MH	29.4	70 th	29.3	70 th	31.2	80 th	28.8	70 th
No MH	21.9	25 th	23.7	40 th	23.9	40 th	19.8	20 th
Parent-Child Dysfunction								
MH	25.1	80 th	24.8	75 th	24.4	75 th	21.7	65 th
No MH	21.1	60 th	21.9	65 th	23.7	70 th	20.8	60 th
Difficult Child								
MH	33.3	85th	31.4	80 th	31.9	80 th	28.5	70 th
No MH	27.4	60 th	26.3	55 th	28.3	65 th	27.0	60 th

* p < .05

**p < .01

Significant differences were not evident at baseline between those who participated in the mental health services and those who did not. For those who participated in the mental health

services, no statistically significant reductions or increases were evident, but a downward trend was noted from the baseline to twelvemonth interviews. In addition, no statistically significant reductions were evident for those families who did not receive mental health services.

Conners' Parent Rating Scales (Revised-S and CPRS-48):

The Conners' Parenting Scales are appropriate for youth over three years of age. The Conners' instruments assess children on domains such as oppositional responding, hyperactivity, impulsivity, and cognition. The Conners' Parent Rating Scale Revised – S and Conners' PRS-48 are being utilized for this study. The Conners' Revised was initially utilized for this project until the version was changed to the Conners' PRS-48 after learning that AzCA administers the Conners' PRS-48 for other projects. All caregivers who received the Conners' Revised at baseline will receive the same assessment at subsequent interviews in order to consistently assess change. However, since February 2003, new incoming caregivers have been interviewed using the Conners' PRS-48. To date, 18 caregivers have been interviewed using the Conners' Revised and 79 caregivers have been interviewed using the Conners' PRS-48.

Conners' Parent Rating Scale Revised – S:

The Conners' is a nationally standardized instrument that assesses children on four subscales. The subscales are: 1) Oppositional, 2) Cognitive/Problems/Inattention, 3) Hyperactivity, and 4) ADHD Index. The caregiver familiar with the child's behavior completes the instrument. Responses are transformed into T scores (see Table 3 for results and Table 4 for the interpretation of the T-scores). To date, 18 respondents have provided baseline information, 15 respondents have completed the three-month follow-up, 15 caregivers have supplied six-month information, and 7 caregivers have completed the twelve-month interview. Due to the extremely small sample size, tests of statistical significance have not been performed on these results.

As can be seen from Tables 5 and 6 many of the males' and females' scores are above average, which suggests more problems than average with oppositional, cognitive or inattentiveness, and hyperactivity issues.

Table 5. Characteristics of the Sample – Conners' Revised Domains

Interview	n		Mean Age		Oppositional Mean (T-score)		Cognitive Problems Mean (T-score)		Hyperactivity Mean (T-score)		ADHD Index Mean (T-score)	
	M	F	M	F	M	F	M	F	M	F	M	F
Baseline	8	10	12.8	9.2	9.4 (65)	11.6 (64)	7.4 (59)	9.2 (54)	5.6 (60)	7.7 (64)	18.5 (63)	15.8 (59)
3-Month	9	6	12.5	9.3	10.0 (65)	9.0 (55)	9.0 (59)	11.3 (55)	7.1 (69)	9.0 (60)	17.3 (60)	22.7 (56)
6-Month	9	6	12.8		10.2 (65)	6.3 (55)	8.7 (59)	6.7 (55)	11.0 (69)	7.0 (60)	18.0 (60)	15.3 (56)
12-Month	4	3	12.8	8.0	8.0 (61)	16.0 (64)	10.0 (61)	9.5 (56)	9.3 (76)	9.0 (61)	20.3 (64)	20.0 (57)

* p < .05

**p < .01

□ The interviews conducted with the CPRS-48 are presented in Table 7.

□□ The Conners' Revised version will be used at follow-up for these participants only.

Table 6. Interpretation of T-scores:

Range of T-scores	Guidelines
Above 70	Very much above average
66-70	Much above average (clinically significant)
61-65	Above average
56-60	Slightly above average
45-55	Average
40-44	Slightly below average
35-39	Below average
30-34	Much below average

The Conners' Parent Rating Scale (CPRS-48):

The Conners' Parent Rating Scale-48 is a nationally standardized instrument that assesses children on six subscales. The subscales include: 1) Conduct Problem, 2) Learning Problem, 3) Psychosomatic, 4) Impulsive-Hyperactive, 5) Anxiety, and 6) Hyperactivity Index. The caregiver familiar with the child's behavior completes the instrument. Responses are transformed into T scores (see Table 7 for results and Table 6 for the interpretation of the T-scores).

To date, 76 respondents have provided baseline information, 59 respondents have completed the three-month follow-up, 48 caregivers have supplied six-month information, and 21 respondents have completed the twelve-month interview.

For the males who received mental health services, the baseline, three-, six-, and twelve-month Conduct and Learning Problems, Impulsive-Hyperactive, Anxiety, and Hyperactivity scores were above average, which suggests more problems than average with conduct and learning issues, impulsivity-hyperactivity, and anxiety. In addition, the females who received mental health services had above average Conduct Problems scores at the baseline and three-month interviews, while the Learning Problems, Psychosomatic, Impulsive-Hyperactivity, and Hyperactivity scores were above average at baseline and the subsequent scores were at or below average.

Table 7. Characteristics of the Sample – Conners' PRS-48 Domains

Interview	N		Mean Age		Conduct Problem (T-Score)		Learning Problem (T-Score)		Psychosomatic (T-Score)		Impulsive-Hyperactive (T-Score)		Anxiety (T-Score)		Hyperactivity Index (T-Score)	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Baseline																
MH	13	23	12.7	5.4	10.0 (69)	7.4 (66)	6.5 (69)	4.5 (68)	1.0 (53)	1.8 (58)	8.3 (67)	6.6 (61)	5.8 (70)	3.0 (52)	14.0 (65)	10.0 (61)
No MH	23	17	14.0	13.0	6.9 (57)	3.3 (54)	4.1 (62)	2.4 (60)	.85 (51)	1.3 (60)	5.2 (60)	3.2 (57)	2.6 (58)	2.5 (57)	9.6 (62)	5.5 (57)
3-Month																
MH	11	18	12.5	6.3	9.7 (68)	6.4 (61)	6.2 (70)	2.8 (56)	1.2 (52)	1.7 (57)	8.4 (69)	4.3 (50)**	4.5 (65)	3.3 (52)	13.8 (67)	6.4 (50)**
No MH	17	13	14.0	12.3	5.4 (55)	4.7 (61)	3.3 (54)	2.4 (59)	0.8 (51)	1.2 (58)	4.3 (56)	3.6 (59)	2.1 (50)	2.7 (56)	6.6 (42)	5.3 (54)
6-Month																
MH	10	18	11.6	7.7	10.4 (70)	6.3 (57)	6.1 (66)	3.3 (56)	0.8 (52)	1.6 (54)	8.5 (69)	4.8 (53)	4.5 (65)	2.6 (51)	15.3 (68)	7.7 (53)
No MH	12	8	14.0	16.0	6.5 (57)	5.5 (55)	4.0 (62)	2.6 (52)	1.4 (51)	1.9 (56)	4.9 (56)	4.4 (60)	2.4 (56)	2.3 (52)	8.4 (51)	5.7 (52)
12-Month																
MH	3	7	12.6	8.0	12.3 (75)	5.8 (55)	5.7 (71)	2.5 (48)	1.7 (63)*	1.3 (51)	7.5 (72)	4.3 (53)	5.2 (70)	3.3 (55)	12.3 (72)	6.1 (49)
No MH	7	4	14.3	16.0	5.8 (55)	3.3 (45)	3.4 (50)	1.3 (47)*	.78 (55)	2.3 (54)	5.1 (56)	4.0 (50)	2.2 (45)	2.8 (52)	8.1 (42)	3.6 (43)

* $p < .05$

** $p < .01$

□ The interviews conducted with the Revised form are in Table 5.

□□ The Conners' PRS-48 will be used at follow-up for these participants only.

Much change across time was not evident in the Conners PRS-48. The males who participated in mental health services did not experience statistically significant reductions over

time. However, a significant increase was evident in the 12-month Psychosomatic Index. In addition, the females who participated in the mental health services experienced statistically significant improvement in the Impulsive-Hyperactive and Hyperactivity Indices at the three-month interview, and the females who did not participate in the mental health services demonstrated a significant reduction for the Learning Problems Index from the six- to twelve-month interviews.

The World Health Organization – Quality of Life (WHO QUAL):

This 26-item instrument assesses general quality of life issues such as: satisfaction with life, satisfaction with health, and life experiences in the last two weeks. The range of scores is 26-130 with higher scores indicating a greater satisfaction with life. The baseline WHO QUAL instrument has been completed by 112 participants at baseline, 105 participants at 3-months, 99 participants at 6-months, and 65 participants at 12-months. For the caregivers who received mental health services, the average score at baseline was 93.6, 95.1 at three months, 95.5 at six months, and 97.4 at twelve-months suggesting a moderate satisfaction with quality of life. In addition, those who did not receive mental health services reported similar scores indicating an analogous level of satisfaction with quality of life.

Table 8. Baseline, 3-, 6-, and 12-Month Characteristics – WHO-QUAL

	n	Mean	Median	Mode	S.D.
Baseline					
MH	54	93.6	96.5	87.0	15.4
No MH	45	98.7	100.0	98.0	16.9
3-Month					
MH	51	95.1	95.0	103	12.8
No MH	45	95.1	96.0	78	15.9
6-Month					
MH	51	95.5	99.0	102.0	17.1
No MH	44	98.4	102.0	101	18.8
12-Month					
MH	33	97.4	101.0	106.0	12.6
No MH	25	100.2	103.0	85.0	16.1

* p < .05

**p < .01

For all participants, regardless of receipt of mental health services, the WHO QUAL scores remained relatively stable from baseline to the three-month interviews. This suggests that the general quality of life is remaining stable during the three months represented. Similarly, the same trend of stability was observed for the changes from 3- to 6-months and 6- to 12-months.

Household Roster:

The household roster was developed to assess the makeup of the household over the course of the study. Of particular interest were the number of adults and minor children in the home and the target children's' relationships to the index adults in the study, the age and legal status of the minors, and the numbers of years the minors were in the care of the caregivers. The information acquired through the Household Roster will be investigated for changes across time. Questions of interest include: Does the legal status of the minors change? Are the minors still living there or have they been removed? Do the caregivers have any other adults living in the home that might help care for the minor? These and other questions will be answered by analyzing the data collected using this form over the study period. To date, the Household Roster has been completed for 112 participants at baseline, 105 at the three-month follow-up, 102 participants at the six-month interview, and 69 participants at the twelve-month interview.

At baseline the number of adults in the households averaged 2.1 with a range of 1 to 6 adults living in each household. At the three-month interview the average was 2.2 with a range of 1 to 6 adults per household. In addition, at the six-month interview the numbers of adults in the households averaged 2.1 with a range of 1 to 5 adults per household, and at the twelve-month interview the average was 2.1 with a range of 1 to 4 adults per household. Furthermore, the number of children in the household averaged 2.2 with a range of 1 to 6 at baseline, at three-months and six-month interview the average number of children was 2.1 with a range of 1 to 6 per household, and at the twelve-month interview the average number of children was 1.9 with a range of 1 to 6 children per household. See Table 9 for the legal status of the target children at the baseline, three-, six-, and twelve-month interviews.

Table 9. Legal Status of All Target Children at Baseline, 3-, 6-, and 12-Months

Characteristic	Baseline (n=112)		3 Months (n=105)		6 Months (n=102)		12 Months (n=69)	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Legal Status – Nonspecific Guardianship	16	14.3	8	7.1	9	8.8	2	2.9
Legal Status – CPS	18	16.1	14	13.3	13	12.7	8	11.6
Legal Status – Adoptive	4	3.6	6	5.7	7	6.7	8	11.6
Legal Status – No Status	30	26.8	7	6.6	8	7.8	3	4.3
Legal Status – Other Legal	2	1.7	3	2.8	2	1.9	3	4.3
Legal Status – Power of Attorney	10	8.9	4	3.8	3	2.9	3	4.3
Legal Status – Title 8	2	0.02	10	9.5	12	11.7	10	14.5
Legal Status – Title 14	30	26.8	47	44.7	41	40.2	22	31.9
Legal Status – No longer has youth	0	0.0	6	5.7	7	6.7	10	14.5

At the time of the baseline interview, 42.8% of the families had some type of guardianship, including nonspecific, Title 8, and Title 14, of the target children. Interestingly, 26.8% of the families reported no legal status for the target children in their households, and 16.1% of the families reported CPS legal status. The changes in legal status from the baseline to three-month interviews are presented in Table 10.

Table 10. Change In Legal Status From Baseline to Three-Months (n=105)

Three-Month Characteristics	Baseline Characteristics															
	Nonspecific Guardianship		CPS		Adoptive		No Status		Other Legal		Power of Attorney		Title 8		Title 14	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Nonspecific Guardianship	4	3.9	0	0.0	0	0.0	0	0.0	0	0.0	2	1.8	0	0.0	0	0.0
CPS	0	0.0	11	10.5	4	3.9	1	.95	0	0.0	1	.95	0	0.0	1	.95
Adoptive	2	1.8	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
No Status	0	0.0	0	0.0	0	0.0	4	3.9	0	0.0	2	1.8	0	0.0	1	.95
Other Legal	0	0.0	1	.95	0	0.0	1	.95	1	.95	0	0.0	0	0.0	0	0.0
Power of Attorney	0	0.0	0	0.0	0	0.0	2	1.8	0	0.0	2	1.8	0	0.0	0	0.0
Title 8	4	3.9	4	3.9	0	0.0	0	0.0	0	0.0	0	0.0	2	1.8	0	0.0
Title 14	1	.95	2	1.8	0	0.0	17	16.2	1	.95	3	2.8	0	0.0	19	18.1
No longer has Youth	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

In addition, the changes in legal status from the three-month to six-month interviews are illustrated in Table 11 below. As outlined in the table, over time many of the families who report nonspecific guardianship move into a specific guardianship status over time.

Table 11. Change In Legal Status From Three- to Six-Months (n=102)

Six-Month Characteristics	Three-Month Characteristics															
	Nonspecific Guardianship		CPS		Adoptive		No Status		Other Legal		Power of Attorney		Title 8		Title 14	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Nonspecific Guardianship	5	4.9	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	.98
CPS	0	0.0	8	7.8	0	0.0	0	0.0	1	.98	0	0.0	0	0.0	2	1.9
Adoptive	0	0.0	0	0.0	4	3.9	0	0.0	0	0.0	0	0.0	1	.98	0	0.0
No Status	0	0.0	0	0.0	0	0.0	2	1.9	0	0.0	1	.98	0	0.0	2	1.9
Other Legal	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Power of Attorney	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	2	1.9	0	0.0	0	0.0
Title 8	0	0.0	2	1.9	0	0.0	0	0.0	0	0.0	0	0.0	8	7.8	2	1.9
Title 14	3	2.9	0	0.0	0	0.0	3	2.9	0	0.0	0	0.0	1	.98	24	23.5
No longer has Youth	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

The changes in legal status from the six-month to twelve-month interviews are illustrated in Table 12 below. As outlined below, at twelve-months only one family who had nonspecific guardianship at six months still reported this type of guardianship at twelve months.

Table 12. Change In Legal Status From Six- to Twelve-Months (n=69)

Six-Month Characteristics	Six-Month Characteristics															
	Nonspecific Guardianship		CPS		Adoptive		No Status		Other Legal		Power of Attorney		Title 8		Title 14	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Nonspecific Guardianship	1	1.4	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	1.4
CPS	0	0.0	5	7.2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	2	2.8
Adoptive	0	0.0	0	0.0	4	5.8	0	0.0	0	0.0	0	0.0	0	0.0	0	
No Status	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	2	2.8
Other Legal	0	0.0	1	1.4	0	0.0	1	1.4	0	0.0	0	0.0	0	0.0	0	0.0
Power of Attorney	0	0.0	0	0.0	0	0.0	1	1.4	0	0.0	2	2.8	0	0.0	0	0.0
Title 8	1	1.4	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	7	10.1	0	0.0
Title 14	1	1.4	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	1.4	14	20.3
No longer has Youth	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

As can be seen by the preceding tables, at baseline 26.8% of the families had no legal status with their children, but at the twelve-month interview this was only true for 4.3% with corresponding increases in Title 8 and Title 14 guardianship.

The places of residence of the target children are being monitored over time to examine all changes from the baseline, three-, six-, and twelve-month interviews. As illustrated in Table 13, at three months 84.7% of the target children remained in the caregivers' households. In addition, six of the children had returned to their biological parents, one child was in foster care, one child was incarcerated and one additional moved out to a relative's home. The one child who was incarcerated was retained due to assaulting and combating with another individual. The child who was placed in foster care had to be removed from the home because the child had become homicidal to a sibling.

Table 13. Placement Status of Target Children at Baseline and Three-Months (n=105)

	<u>Three month Residential Status</u>					
	With Biological Parents		In Home		Incarcerated	
Three-Month Status	<u>n</u>	<u>%</u>	<u>n</u>	<u>%</u>	<u>n</u>	<u>%</u>
With Biological Parents	0	0.0	6	5.7	0	0.0
Foster Care	0	0.0	1	.95	0	0.0
In Home	0	0.0	89	84.7	0	0.0
Incarcerated	0	0.0	1	.95	0	0.0
Moved out- Relative	0	0.0	1	.95	0	0

As further demonstrated in Table 14, 84.3% of the target children remained in the households at the six-month interview. In addition, three children were returned to their biological parents, three target children were removed from the households and placed in foster care or incarcerated.

Table 14. Placement Status of Target Children at Three- and Six-Months (n=102)

	<u>Six-Month Residential Status</u>									
	With Biological Parents		Foster Care		In Home		Incarcerated		Moved out – relatives	
Six-Month Status	<u>n</u>	<u>%</u>	<u>n</u>	<u>%</u>	<u>n</u>	<u>%</u>	<u>n</u>	<u>%</u>	<u>n</u>	<u>%</u>
With Biological Parents	3	2.9	0	0.0	3	2.9	0	0.0	0	0.0
In Home	2	1.9	0	0.0	86	84.3	1	.98	1	.98
Incarcerated	0	0.0	0	0.0	2	1.9	0	0.0	0	0.0
Foster Care	0	0.0	1	.98	1	.98	0	0.0	0	0.0
Mental Health Facility	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Moved out -relative	1	.98	0	0.0	0	0.0	0	0.0	0	0.0
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

As further demonstrated in Table 15, 85.5% of the children were still in their homes at the twelve-month interview.

Table 15. Placement Status of Target Children at Six- and Twelve -Months (n=69)

	<u>Twelve-Month Residential Status</u>									
	With Biological Parents		Foster Care		In Home		Incarcerated		Moved out -- relatives	
Six-Month Status	n	%	n	%	n	%	n	%	n	%
With Biological Parents	1	1.4	0	0.0	3	4.3	0	0.0	1	1.4
In Home	0	0.0	0	0.0	59	85.5	1	1.4	0	0.0
Incarcerated	0	0.0	0	0.0	1	1.4	1	1.4	0	0.0
Foster Care	0	0.0	1	1.4	0	0.0	0	0.0	0	0.0
Mental Health Facility	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Moved out -relative	0	0.0	0	0.0	1	1.4	0	0.0	0	0.0
Other	0	0.0	0	0.0	1	1.4	0	0.0	0	0.0

Family Needs:

The various needs of the caregivers are measured with the Family Needs Assessment (FNA). The caregivers provide information about their families' needs for information and services for guardianship, legal assistance, finances, subsistence, and health concerns. The families' needs, as reported by the caregiver, are being tracked over the study period. The Family Needs Assessment will enable the investigators to track the date of the needs and inform caregivers about KARE services. At the caregiver's request, the KARE Center is to contact the families about accessing services. The investigators will then track approximate dates of services received, agencies or other individuals who provided services, and agencies or other individuals who linked caregivers to services (if different from service provider). The Family Needs Assessment will not serve as a substitute for service-level data provided by the KARE Center. The Family Needs Assessment will not facilitate an examination of the number and types of services provided to the families by the KARE Center. To date, 111 caregivers have completed the baseline FNA, 92 caregivers have completed three-month, 79 caregivers have completed six-month, and 40 caregivers have completed the twelve-month follow-up interviews.

The baseline needs and status for each participant are presented in Table A of Appendix III. As outlined in Table A (Appendix III), caregivers had multiple needs at baseline. Almost

half the participants indicated needing guardianship assistance (46.8%) and someone to talk to about their children. Over half the caregivers reported needing someone to talk to about self (52.2%), alternative healing services (54.0%), and counseling or a support group (53.9%).

The three-month status of needs indicated at baseline and three months are presented in Table C of Appendix III, and the six-month status of needs indicated at baseline, three months, and six months are presented in Table D of Appendix III. In addition, new and unresolved needs at baseline, three-, six-, and twelve-months are outlined in Table B of Appendix III. As outlined in Table B, many needs remained unresolved at three-months. 52.1% of participants reported they still needed someone to talk to about their children, 50% indicated they still needed counseling or support group assistance, and 52.1% reported needing someone to talk to about themselves. The unresolved needs reflect a need that has not been met, and, at the time of the interview, was not being addressed with an ongoing service.

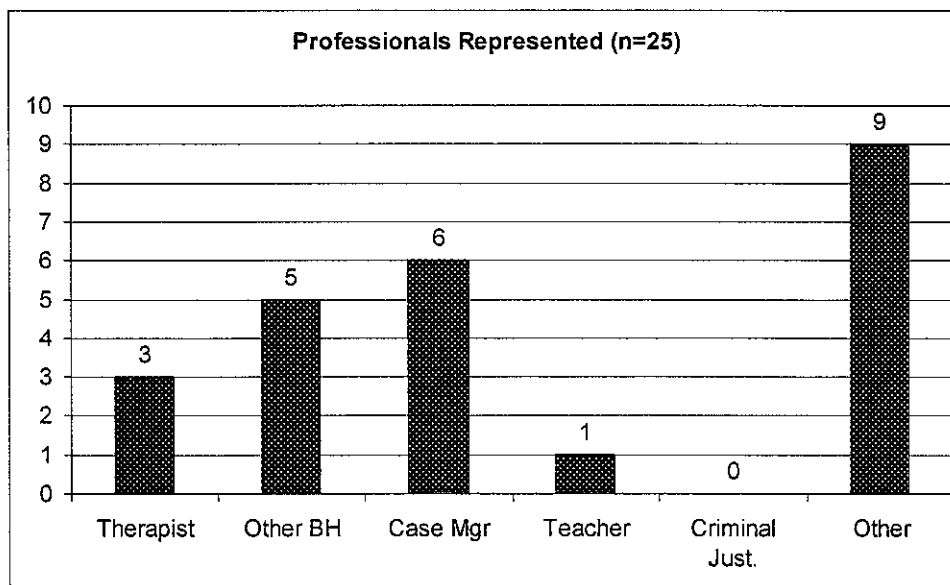
Correlations of Assessments

Parental Stress as measured by the PSI was negatively correlated with the age of the child, [$r(79)=-.338$, $p < .05$], suggesting that total parental stress decreases as the age of the target child increases. In addition, total parental stress as measured by the PSI was significantly correlated with the Connors' – Revised Oppositional [$r(24)=.893$, $p < .01$], Cognitive/Problems/Inattention [$r(24)=.548$, $p < .05$], Hyperactivity [$r(24)=.703$, $p > .05$], and ADHD [$r(24)=.789$, $p < .01$] indices indicating that parental stress increases as problems with the children increase. Interestingly, parental stress as measured by the PSI is significantly correlated with the Connors' PR48 Conduct Problem [$r(79)=.670$, $p < .01$], Learning Problem [$r(79)=.531$, $p < .01$], Impulsive-Hyperactive [$r(79)=.463$, $p < .01$], Anxiety [$r(79)=.693$, $p < .01$], and Hyperactivity [$r(79)=.623$, $p < .01$] indices further indicating that parental stress increases as the problems with the children increase. Furthermore, total parental stress as measured by the PSI was negatively correlated with the CHQ Role/Social Limitations-Emotional-Behavioral [$r(83)=-.473$, $p < .01$], Behavior [$r(83)=-.695$, $p < .01$], Mental Health [$r(83)=-.658$, $p < .01$], Self Esteem [$r(81)=-.405$, $p < .05$], Emotional Impact on Parent [$r(83)=-.647$, $p < .01$], Time Impact on Parent [$r(54)=-.695$, $p < .01$], Family Activities [$r(83)=-.702$, $p < .01$], Family Cohesion [$r(79)=-.593$, $p < .01$], and Psychosocial Summary [$r(83)=-.786$, $p < .01$] indices suggesting that parental stress decreased as health-related well being as measured by the CHQ improved.

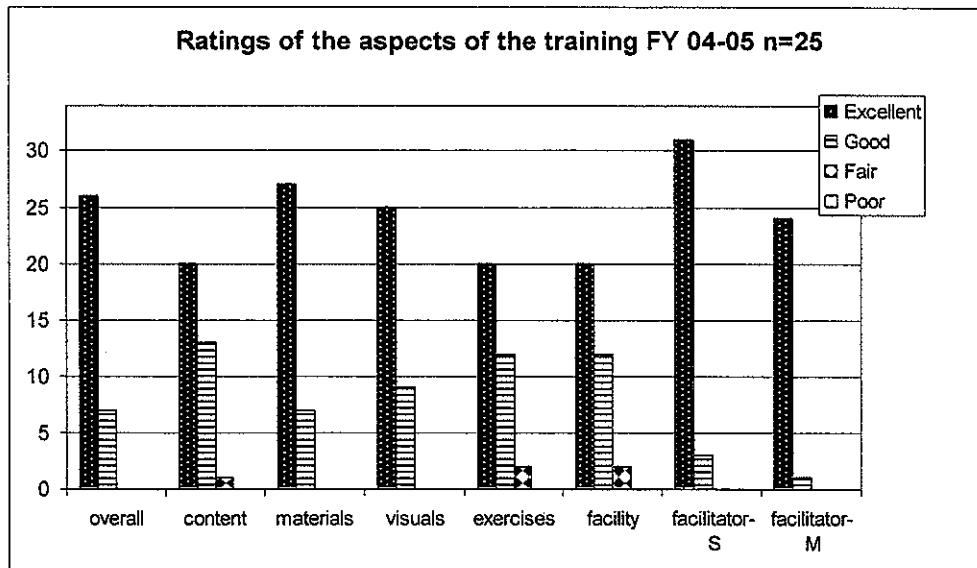
Kinship Trainings

A curriculum has been designed for presentation to professionals, which focuses on issues surrounding kinship care. Eight areas of focus or competency are included in the curriculum. The areas of competency include understanding the definition of kinship care and the scope of the issue, understanding the historical and cultural roots of kinship care as well as the motivations for using kinship care, understanding the advantages of kinship foster care giving over traditional foster care, understanding the legal, psychosocial, familial, financial, and service-related challenges faced by kinship caregiving families, understanding how one's own cultural background, values, assumption, and attitudes influence the helping process and the relationship between the helper and the kinship caregiving family, engaging kinship care families through conveying mutual respect, genuineness, and empathy, awareness of the community resources available to kinship caregiving families, and familiarity with a practice framework that integrates and maximizes the effectiveness of various theoretical models when applied to the complex issues faced by kinship caregiving families.

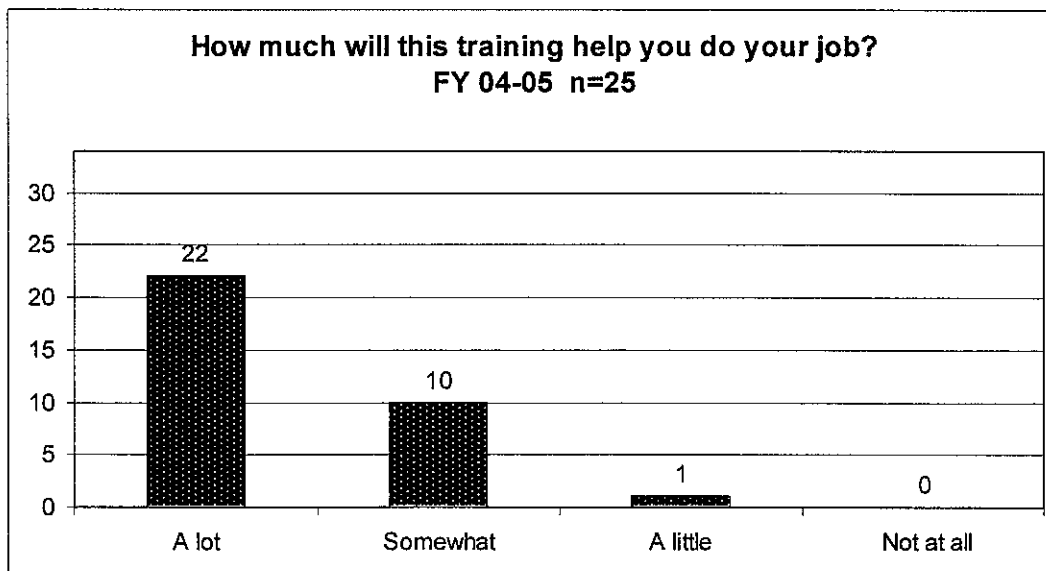
During this period, three kinship trainings were conducted with a total of 25 participants who completed the evaluation forms (November 10th 2004 training n=9, January 19th 2005 training n=5, and March 16th training n=11). The types of professions represented at the trainings are outlined in the graph below.



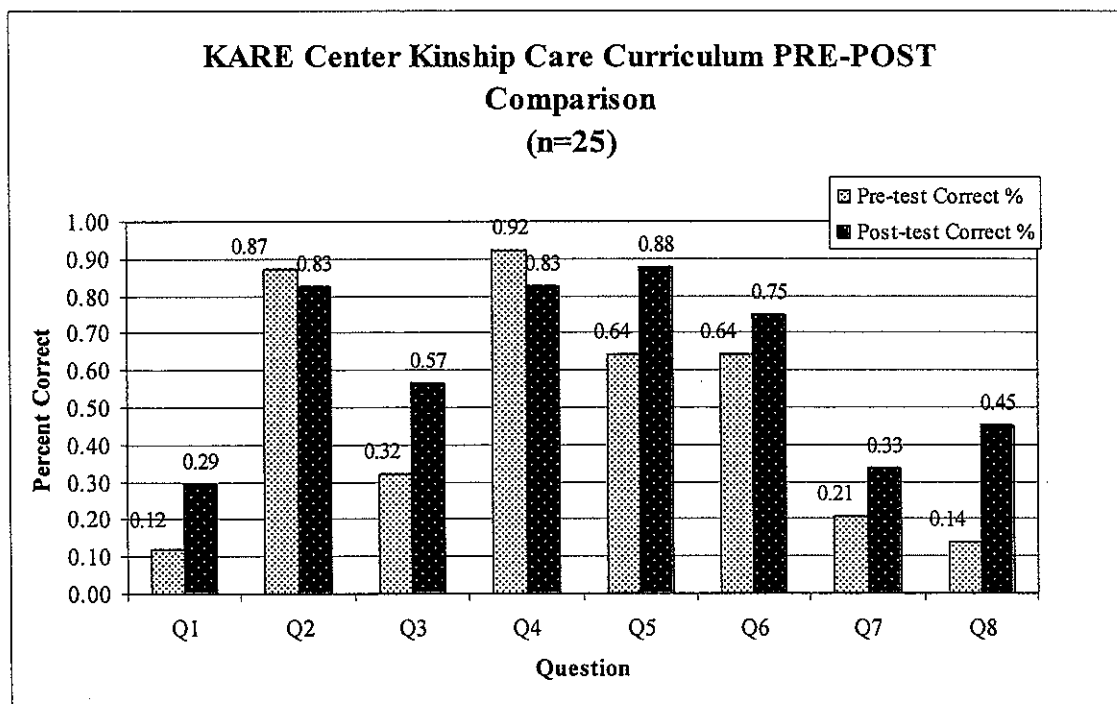
Most participants found the training to be useful as demonstrated by the following graph.



In addition, most participants indicated that the training would be helpful with their jobs as illustrated below.



In addition to the positive evaluations of the trainings, participants received valuable information and gained knowledge about kinship care. The knowledge gained by participants at trainings are outlined below.



Service Delivery Data

A program staff member collected service data obtained through examination of KARE Center activity sign-in sheets. The sign-in sheets provided information about services obtained for 58 of the participating families since project inception. Nineteen families have received counseling (family and or individual) and case management from the KARE center counseling staff, Thirty-five families have received other mental health services (ranging from Spa night to the summer recreation program for youth) and thirty-two families have received other services from the center (ranging from PAFT to the Renewal group). Fifty-four families have never engaged in any services outside of the initial service (Guardianship, Legal and TANF) that referred them to the study. The number of services received for each family ranged from one service to 135 services, with an average of 2.3 services per family. The adequacy of this

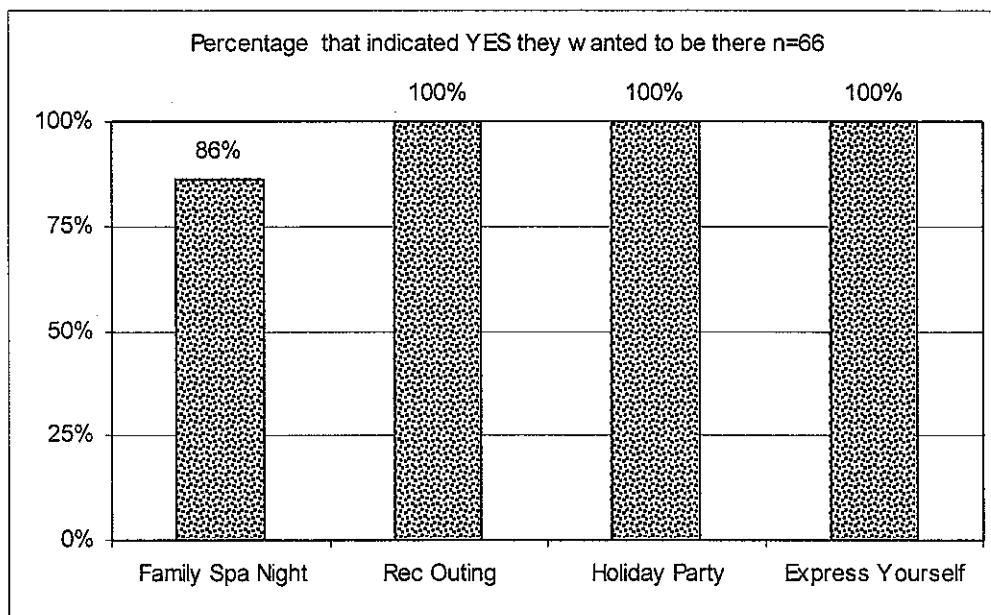
information needs to be refined, because in its current state, if a family attended a weekly support group for one year, the data appear as though the family received 52 services.

Satisfaction with Services

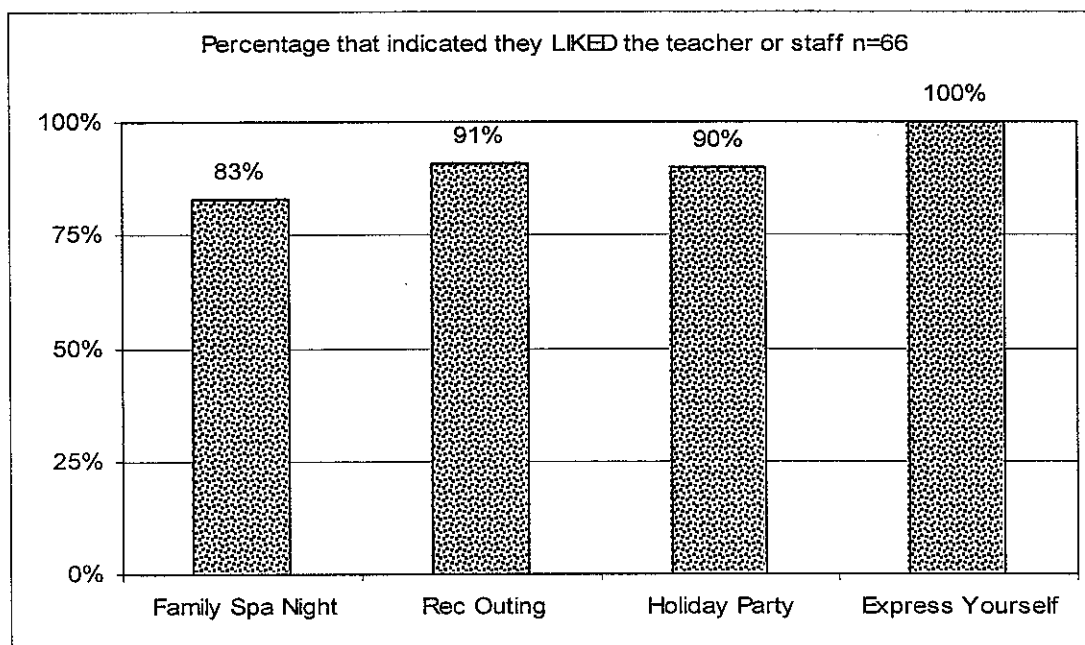
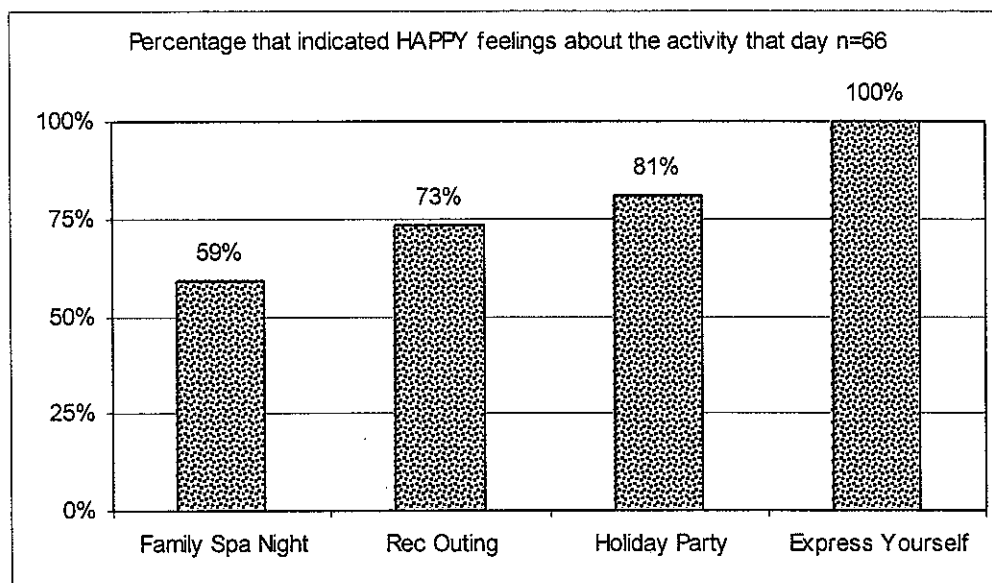
Children's satisfaction, educational/training, clinical perception of care, and adult perception of care surveys were collected for all services provided by the KARE center. Two hundred and thirty-seven surveys for KARE Center services were completed during this current reporting period (October 1, 2004 through March 31, 2005), which included 66 children's satisfaction surveys, 71 educational/training surveys (six educational/training sessions), 70 adult perception of care surveys, and 30 clinical perception of care surveys.

Children's Satisfaction Surveys

A total of 66 satisfaction surveys were collected from young children who received KARE services or participated in KARE events such as Express Yourself after school program (n=4), Holiday Party (n=21), Family outings (n=11), and Spa night (n=31). Overall (86%), the children were very satisfied with the services and events. Most of the children indicated they wanted to attend KARE on the day the survey was completed as outlined in the following graph.

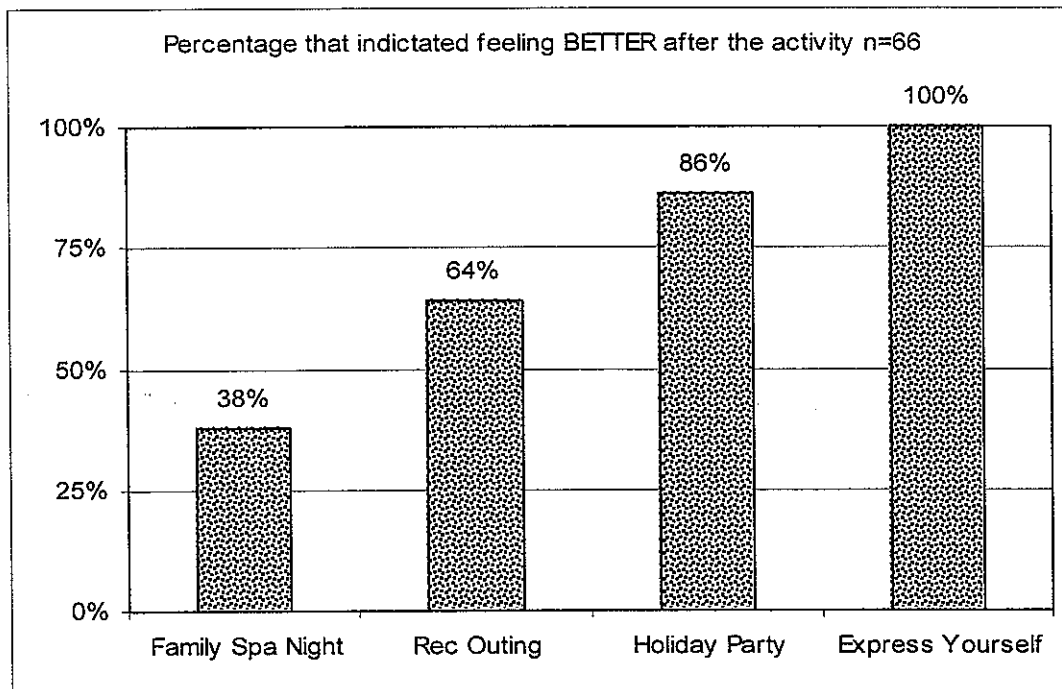


In addition, most were happy about the activity and enjoyed the teacher or activity leader as demonstrated by the following two graphs.



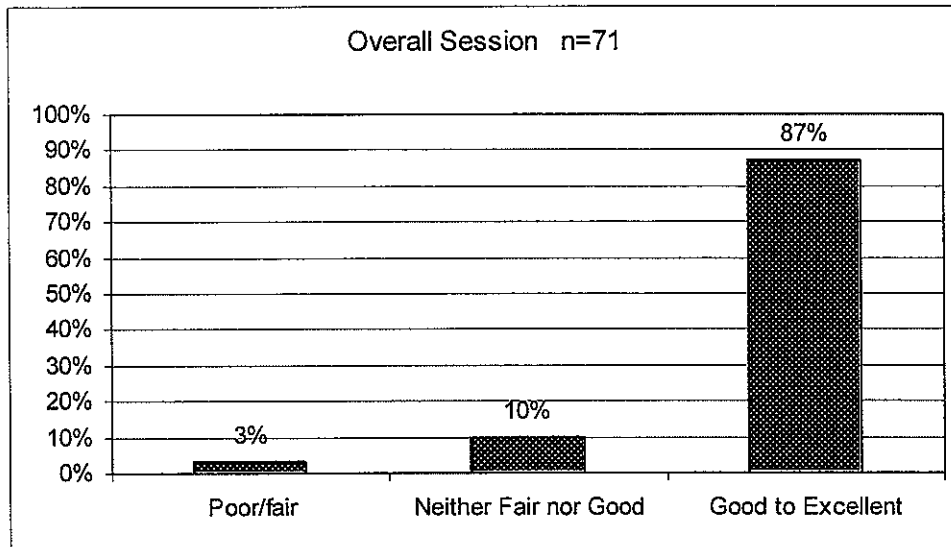
When asked if they felt better after attending the KARE Center on the day in question, 100% who participated in the Express Yourself program, 86% who participated in Holiday Party, 64%

who participated in the recreational outings and 38% who attended the Family Spa nights responded positively. The graph below outlines the responses.

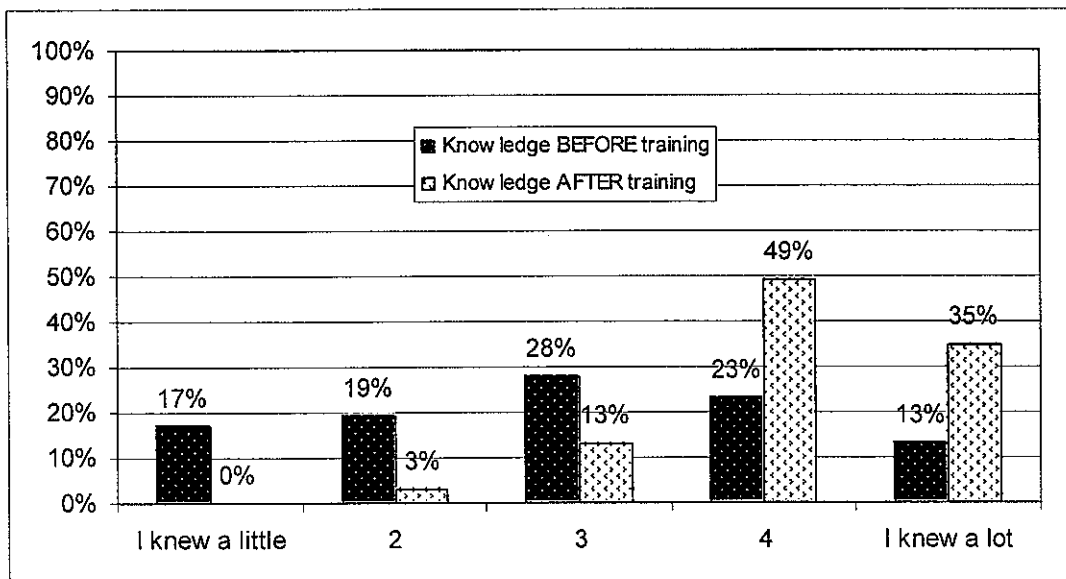


Educational/Training Surveys

Educational/training surveys were collected for six training sessions throughout this current reporting period (October 1, 2004 through March 31, 2005). Fourteen participants attended a session about Bonding and Attachment, One attended a session on Oppositional Behavior, twelve attended a session on Sexual issues with children, twenty attended a session on Simple Gifts, sixteen attended a session on Talking and listening to kids about anger and eight attended a session on Utilizing the behavioral health network. As illustrated in the following graph, 87% of the respondents indicated the sessions were good to excellent.

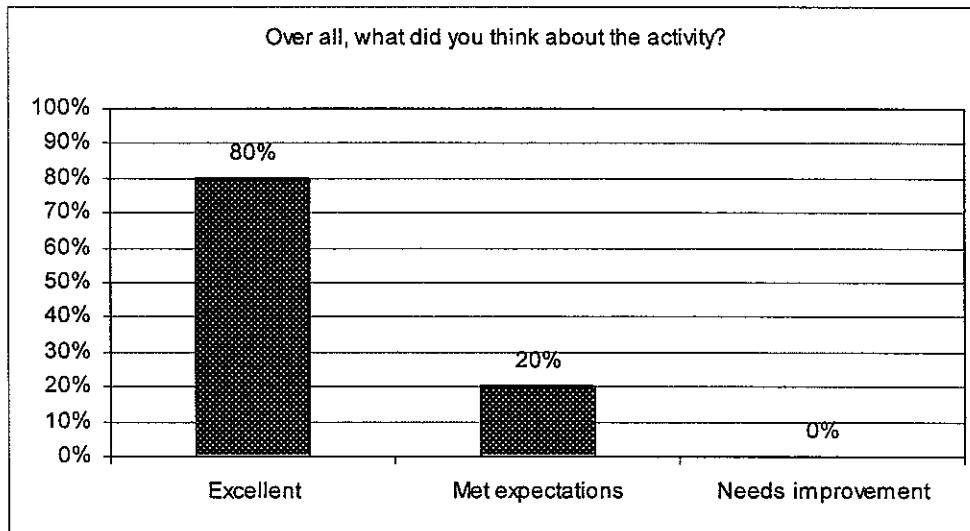


Over three-fourths of the respondents indicated the training session and instructors' performances were excellent. In addition, participants indicated obtaining some new information during the training session. The following graph outlines the reported knowledge of participants before and after the training session. Before the training sessions, only 13% reported knowing a lot about the topics, compared to 35% who made this claim after the trainings.

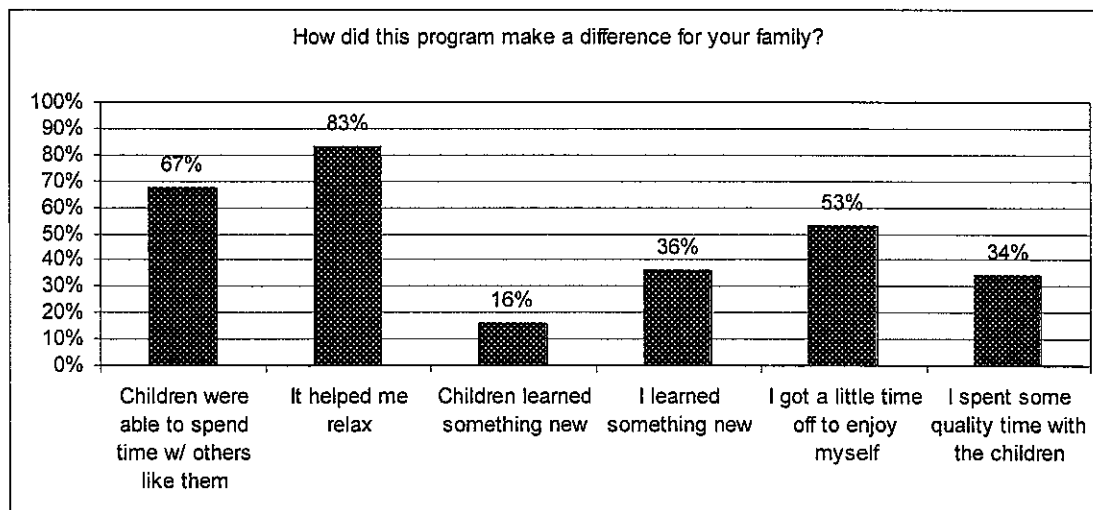


Adult Perception of Care Surveys

Seventy respondents completed the adult perception of care surveys. The surveys were completed for the holiday party (n=19), family outings (n=8), and multiple spa nights (n=43). As illustrated in the following graph, most respondents indicated the activities were excellent, and only a small percentage suggested that the activities needed improvement.



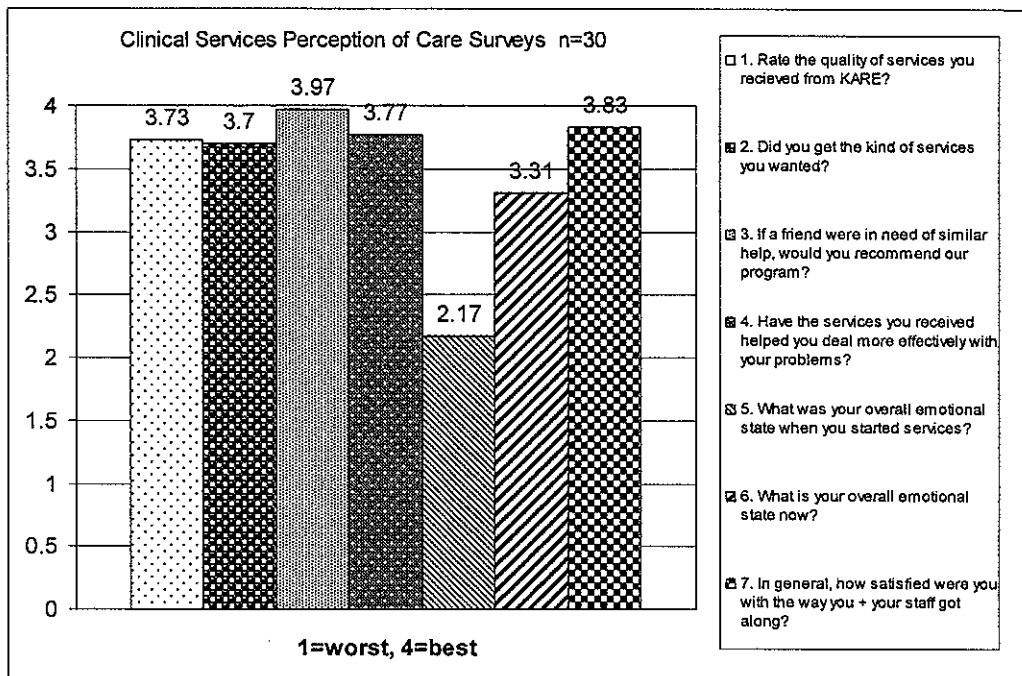
In addition, over half the respondents (67%) reported the programs made a difference for their families by providing the opportunities for the children to spend time with other children in similar situations. In addition, 83% of the respondents indicated the programs helped them relax and relieve stress. The participants' responses are outlined in graph below.



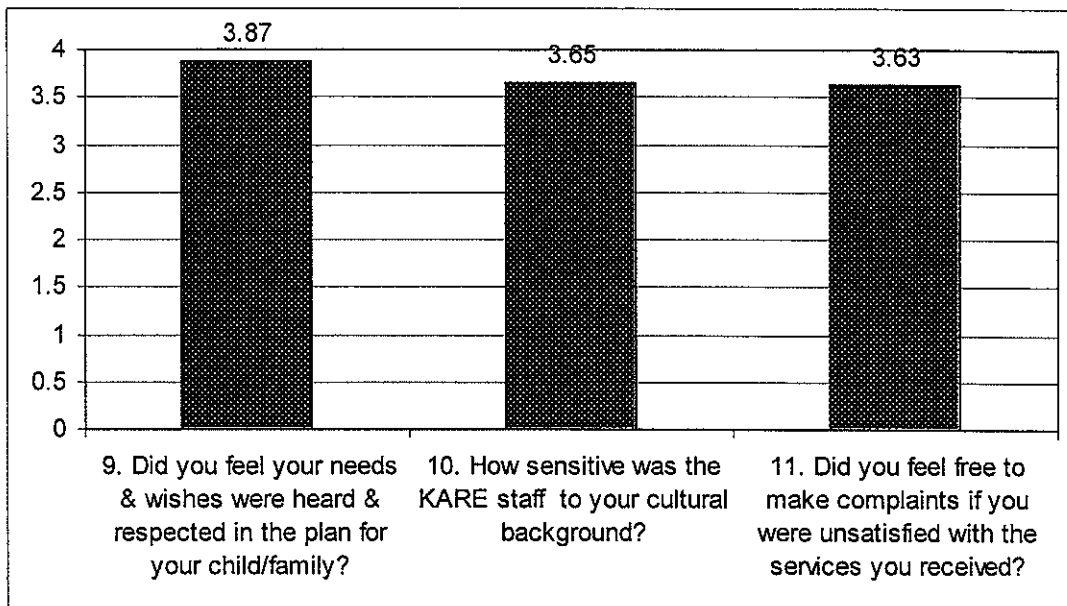
Clinical Perception of Care Surveys

Thirty clinical perception of care surveys were completed by participants who received child/family therapy (n=13), and group therapy (n=17). The participants provided opinions about the adequacy and relevance of services, their satisfaction with services received, cultural sensitivity of KARE staff members, and suggestions for improvements.

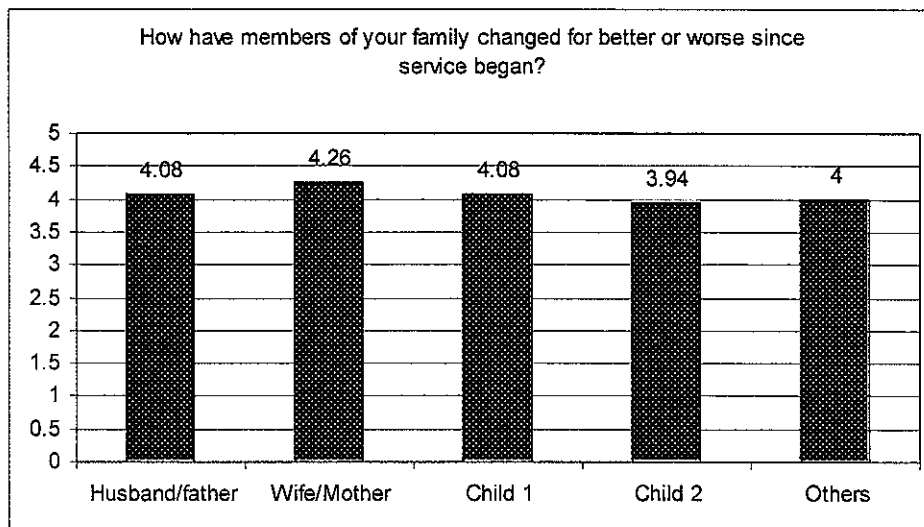
As illustrated by the following graph, most of the responses provided by participants were positive. Participants indicated they would recommend the services to friends who had similar needs.



Furthermore, participants indicated their emotional states before receiving services were, on average, fairly poor, but after receiving services their emotional states were quite good. In general, participants were mostly to very satisfied with the services received from the KARE Center, as is outlined in the graph below.



Participants indicated that all members of their families were somewhat to much better in behaviors, attitudes, feelings, or handling of problems since the services began. The improvement for each family member is outlined in the following graph.



Conclusions and Recommendations

The satisfaction surveys reveal that the majority of individuals who participate in the mental health services find them to be beneficial and help to improve their quality of life. In addition, the kinship trainings are also well received and provide useful information to professionals.

Although many of the CHQ-PF50 subscale scores were lower for the target children than the scores for the representative sample, the results suggest that the target children are improving over time. The children who participated in the mental health services evidenced significant increases in their mental health status from the baseline to three-month interviews. While no significant changes were noted on the PSI, the children in the mental health group demonstrated reductions in the number of difficult interactions and general difficulty with the caregivers across the 12-month period. The results obtained from the WHO QAL suggested that the caregivers' quality of life is remaining relatively stable over time.

Hence, the results obtained thus far suggest that the children in the mental health group are improving over time, although they appear to be worse at baseline than those who did not participate in the mental health services. While not statistically significant, the caregivers who participated in the mental health services indicated a reduction in parental distress with a relatively stable quality of life over time.

The results obtained thus far suggest that the target children are improving over time, and the caregivers are experiencing decreased parental distress with a relatively stable quality of life over time. These outcomes indicate that the programs and services offered to the children and caregivers participating in the study appear to be effective at increasing well being over time.

Appendix I. Reasons for Missing Data

Baseline: status of completion

	CODES																Total
	1=Removed-rel	2=Removed-non-rel	3=Moved out-on own	4=Moved out-rel	5=Moved out-nonrel	6=Runaway	7=With Bio Parents	8=Foster care	9=No change still at home	10=Other	11=In home	12=Incarcerated	13= Mental Health Fac.	14=Refused	15=Missing/lost	16=too young	
CHQ	0	0	0	0	0	0	0	0	0	0	76	0	0	0	1	35	112
PSI	0	0	0	0	0	0	0	0	0	0	111	0	0	0	1	0	112
Conners - 48	0	0	0	0	0	0	0	0	0	0	77	0	0	0	0	17	94

	CODES						
	1=Completed	2=Refused	3=Not completed	4=Lost/Missing	5=Completed Conners 48		
Who Qual	112	0	0	0	0		112
HH Roster	106	0	6	0	0		112
FNA	111	0	1	0	0		112
Conners - R	18	0	0	0	0		18

3 Month: status of completion

	1=Removed-rel	2=Removed-non-rel	3=Moved out on own	4=Moved out-rel	5=Moved out-nonrel	6=Ran away	7=With Bio Parents	8=Foster care	9=No change - still at home	10=Other	11=In home	12=Incarcerated	13=Menat Health Fac	14=Refused	15=Missing/lost	16=too young	Total
CHQ	0	0	0	0	0	0	4	1	55	1	7	1	0	1	6	22	98
PSI	0	0	0	0	0	0	4	1	71	1	14	1	0	1	5	0	98
Conners - 48	0	0	0	0	0	0	4	1	49	1	10	1	0	1	3	10	80

	1=Completed	2=Refused	3=Not completed	4=Lost/Missing	5=Completed Conners 48	
Who Qual	91	1	6	0	0	98
HH Roster	90	1	7	0	0	98
FNA	92	1	5	0	0	98
Conners-R	15	0	0	3	0	18

6 Month: status of completion

CODES																	Total
	1=Removed-rel	2=Removed non-rel	3=Moved out-on own	4=Moved out-rel	5=Moved out-nonrel	6=Run away	7=With Bio Parents	8=Foster care	9=No change, still at home	10=Other	11=In home	12=Incarcerated	13=Menal/Health fac	14=Refused	15=Missing/lost	16=too young	
CHQ	0	0	0	0	0	0	7	2	41	1	7	2	1	1	7	19	88
PSI	0	0	0	0	0	0	7	2	56	1	10	2	1	1	7	0	88
Conners - 48	0	0	0	0	0	0	7	2	40	0	8	1	1	1	3	7	70

CODES						
	1=Completed	2=Refused	3=Not completed	4=Lost/Missing	5=Completed Conners 48	
Who Qual	79	1	8	0	0	88
HH Roster	67	1	20	0	0	88
FNA	79	1	8	0	0	88
Conners - R	9	0	0	7	2	18

12 Month: status of completion

CODES															
1=Removed-rel	2=Removed-non-rel	3=Moved out-on own	4=Moved out-rel	5=Moved out-nonrel	6=Ran away	7=With Bio/Parents	8=Foster care	9=No change, still at home	10=Other	11=In home	12=Incarcerated	13=Menatl Health/Fac	14=Refused	15=Missing/lost	16=Too Young

																	Total
CHQ	0	0	0	0	1	0	4	1	17	1	5	2	0	1	16	12	60
PSI	0	0	0	0	1	0	5	1	24	1	10	2	0	1	15	0	60
Conners - 48	0	0	0	0	1	0	4	1	15	1	6	2	0	1	5	6	42

CODES				
1=Completed	2=Refused	3=Not completed	4=Lost/Missing	5=Completed Conners-48

Who Qual	43	1	16	0	0		60
HH Roster	42	1	17	0	0		60
FNA	40	4	16	0	0		60
Conners - R	7	0	0	8	3		18

Appendix II. Description of the CHQ Scales

Physical Functioning (PF)

The Physical Functioning scale measures the presence and extent of physical limitations due to health related problems. The three important dimensions of physical abilities, as identified in the literature, are captured in this scale; self-care, mobility, and activities varying in severity of strenuousness. Items were constructed to be relevant for girls and boys varying in ethnicity and socioeconomic backgrounds. The presence and degree of the limitation is assessed along a four-level continuum that ranges from “yes, limited a lot” to “no, not limited.”

General Health (GH)

The General Health scale is a subjective assessment of overall health and illness. Caregivers are asked to respond to statements that best describe their child’s past, future, and current health and resistance/susceptibility to sickness using a five-level continuum that ranges from “definitely true” to definitely false.”

Bodily Pain/Discomfort (BP)

Bodily pain is included as an indicator of physical health. The scale is comprised of items designed to tap both the intensity and frequency of general pain and discomfort. The degree of bodily pain or discomfort is assessed along a six-level response continuum that ranges from “none” to “very severe”. Frequency of bodily pain is also measured along a six-level continuum that ranges from “none of the time” to “every day or almost every day.”

Parental Impact-Time (PT)

The Parental Impact Time scale was constructed to capture the amount of limitations in personal time experienced by the caregiver due to each of the following areas: child’s physical health, emotional well-being, attention or learning abilities, child’s ability to get along with others, and general behavior. The degree of limitation experienced by the caregiver is assessed along a four-level response continuum that ranges from “yes, limited a lot” to “no, not limited.”

Appendix II. Description of the CHQ Scales Continued

Parental Impact-Emotional (PE)

The Emotional Impact scale was constructed to capture the amount of distress experienced by the caregiver/guardian for each of the following areas: child's physical health, emotional well-being, attention or learning abilities, child's ability to get along with others, and general behavior. The degree of distress and worry is assessed along a five-level response continuum that ranges from "none at all" to "a lot."

Role/Social Limitations-Emotional-Behavioral (REB)

The Role Emotional Behavioral scale was constructed to measure limitations in the kind, amount, and performance of school work and activities with friends due to emotional or behavioral difficulties. A four-level response continuum is used to capture both the presence and the extent of limitations. Response options range from "yes, limited a lot" to "no, not limited."

Self Esteem (SE)

The Self Esteem scale was constructed to capture the following dimensions of self-esteem; satisfaction with school and athletic ability, looks/appearance, ability to get along with others and family, and life overall. Responses are measured along a five-level response continuum that ranges from "very satisfied" to "very dissatisfied."

Mental Health

The current Mental Health scale measures the frequency of both negative and positive states. Frequency is captured using a five-level continuum that ranges from "all of the time" to "none of the time." There are items to capture anxiety, depression, and positive affect.

Appendix II. Description of the CHQ Scales Continued

General Behavior (BE)

The Behavior scale was designed to measure overt behavior as a component of mental health. The frequency of behavior problems and ability to get along with others are measured using a five-level response continuum that ranges from “very often” to “never”. The four dimensions of behavior shown to discriminate among children (aggression, delinquency, hyperactivity/impulsivity, and social withdrawal) are represented by these items. In addition to the items shown to best represent the unique subdimensions of observable behaviors, the respondent is asked to rate the child’s behavior overall. This global item utilizes a five-level response continuum that ranges from “excellent” to “poor”.

Family Limitations in Activities (FA)

The limitations in family activities scale was constructed using information compiled from a dozen comprehensive home interviews with parents and their children and over 25 hours of observation at a family-based clinic. The scale was designed to assess the frequency of disruption in “usual” family activities over a four-week recall period using a five-level response continuum that ranged from “very often” to “never”.

Family Cohesion (FC)

The global family cohesion item as constructed to capture family relationships in general. The respondent is asked to rate how well his/her family “gets along with one another” using a five-level continuum that ranges from “excellent” to “poor”.

Change In Health (CH)

Change in Health is captured using a global item and a five-level response continuum that ranges from “much better now” to “much worse now”.

Appendix III. Family Needs Assessment Tables

Table A. Needs and Status Codes at Baseline (n=111)

Need	Have Need at Baseline n (%)	Baseline Status											
		Referred to Service	Refusal	Resolved by Service	Service Not Available	Ineligible	Logistical Barriers	Provider Barrier	Sent to KARE	Other	Service In Progress	No Progress	No Longer Problem
Guardianship Assistance	53 (47.3)	1	0	34	0	0	0	0	6	0	9	0	3
Other Legal Information	33 (29.4)	0	0	0	0	0	0	0	28	0	5	0	0
Adoption Information	10 (8.9)	0	0	0	0	0	0	0	9	0	1	0	0
Money to Buy Necessities/Pay Bills	62 (55.3)	3	0	14	0	1	1	0	34	0	8	1	0
Money to Buy Food	17 (15.2)	0	0	2	0	0	0	0	15	0	0	0	0
Access to Telephone	2 (1.8)	0	0	0	0	0	0	0	2	0	0	0	0
Getting a Place to Live	6 (5.4)	0	0	0	0	0	0	0	6	0	0	0	0
Plumbing, Lighting, or Heating/Cooling	16 (14.3)	1	0	1	0	0	0	0	13	0	0	0	0
Clothing, Furniture, or Toys	36 (32.5)	2	0	0	0	0	0	0	34	0	0	0	0
Chores, Repairs, or Home Improvement	19(16.9)	0	0	0	0	0	0	0	19	0	0	0	0
Budgeting Money	7 (6.3)	0	0	0	0	0	0	0	7	0	0	0	0
Adapting House to Meet Child's Special Needs	3 (2.7)	0	0	0	0	0	0	0	3	0	0	0	0
Transportation for Self	8 (7.1)	0	0	0	0	0	0	0	8	0	0	0	0
Transportation for Child	11 (9.9)	0	0	0	0	0	0	0	11	0	0	0	0
Travel Equipment for Child	10 (8.9)	0	0	1	0	0	0	0	9	0	0	0	0
Someone to Talk to About Child	57(50.9)	0	0	1	0	0	1	0	39	0	15	0	1

Need	Have Need at Baseline N (%)	Baseline Status											
		Referred to Service	Refusal	Resolved by Service	Service Not Available	Ineligible	Logistical Barriers	Provider Barrier	Sent to KARE	Other	Service In Progress	No Progress	No Longer Problem
Someone to Talk to About Self	58 (51.8)	1	0	1	0	0	1	0	41	0	13	0	1
Time for Self	38 (33.9)	0	0	0	1	0	1	0	35	0	1	0	0
Addiction Problems for Family	7 (6.3)	0	0	0	0	0	0	0	6	0	1	0	0
Managing Extended Family Issues	23 (20.5)	0	0	0	0	0	0	0	21	0	2	0	0
Counseling or Support Group	60 (53.5)	0	0	2	0	0	1	2	36	0	18	0	1
Addiction Problems for Child	4 (3.6)	0	0	0	0	0	0	0	3	0	1	0	0
Managing Daily Needs of Child	6(5.3)	0	0	0	1	0	0	0	5	0	0	0	0
Emergency Child Care	9 (8.0)	0	0	0	1	0	0	0	8	0	0	0	0
Medical Care for Child	32 (27.6)	3	0	12	0	0	2	0	11	0	3	1	0
Dental Care for Child	32 (27.6)	2	0	11	0	0	2	0	13	0	3	1	0
Medical Care for Self	12 (10.7)	0	0	0	0	0	0	0	11	0	0	1	0
Dental Care for Self	13 (11.6)	0	0	0	0	0	0	0	11	0	1	1	0
Emergency Health Care for Family	9 (8.0)	0	0	0	0	0	0	0	9	0	0	0	0
Planning Own Future Health Needs	5 (4.5)	0	0	0	0	0	0	0	5	0	0	0	0
Job for Self	12 (10.7)	0	0	0	0	0	0	0	12	0	0	0	0
Vocational Skills for Self	9 (8.0)	0	0	0	0	0	0	0	9	0	0	0	0
Educational Assistance/Tutor for Child	27 (24.1)	0	0	1	0	0	1	0	21	0	4	0	0

Need	Have Need at Baseline N (%)	Baseline Status											
		Referred to Service	Refusal	Resolved by Service	Service Not Available	Ineligible	Logistical Barriers	Provider Barrier	Sent to KARE	Other	Service In Progress	No Progress	No Longer Problem
Vocational Skills for Child	2 (1.8)	0	0	0	0	0	0	0	2	0	0	0	0
Job for Child	3 (2.7)	0	0	0	0	0	0	0	3	0	0	0	0
Self-sufficiency Training	6 (5.3)	1	0	0	0	0	0	0	5	0	0	0	0
Social Skills Development	19 (16.9)	0	0	0	0	0	0	0	16	0	3	0	0
Scholarship Incentives for Education	24 (21.4)	0	0	0	0	0	0	0	24	0	0	0	0
Effective Parenting Training	40 (35.7)	1		1	0	0	0	0	36	0	2	0	0
Sex Education	8 (7.1)	0	0	0	0	0	0	0	8	0	0	0	0
Cooking Instruction	13 (11.6)	0	0	0	0	0	0	0	13	0	0	0	0
Grooming and Personal Hygiene Training	4 (3.6)	0	0	0	0	0	0	0	4	0	0	0	0
Child Development Information	21 (18.7)	1	0	0	0	0	0	0	19	0	1	0	0
Alternative Healing Services	62 (55.3)	0	0	0	0	0	0	0	61	0	1	0	0
Spiritual and Religious Needs	4 (3.6)	0	0	0	0	0	0	0	4	0	0	0	0
Fun Time	43 (38.4)	0	0	0	0	0	0	0	41	0	2	0	0
Self-Advocacy Information	24 (21.4)	0	0	1	0	0	0	0	22	0	1	0	0
Protection from Neighborhood Violence	5 (4.5)	0	0	0	0	0	0	0	5	0	0	0	0
Protection from Home Violence	3 (2.7)	0	0	0	0	0	0	0	3	0	0	0	0
Developing Family Rituals	4 (3.6)	0	0	0	0	0	0	0	43	0	0	0	0
Other Needs	54(48.2)	0	0	0	0	0	0	0	53	0	2	0	0

Appendix III. Family Needs Assessment Tables Cont'd.

Table B. Unresolved Needs of Participants: (n=111), Three Months (n=92), Six Months (n=79), and Twelve-Months (n=60)

Need	Have Need at Baseline n (%)	New Need at 3-Months n (%)	Unresolved Needs at 3-Months n (%)	New Need at 6-Months n (%)	Unresolved Needs at 6-Months n (%)	New Need at 12-Months n (%)	Unresolved Needs at 12-Months n (%)
Guardianship Assistance	53 (47.3)	0 (0.0)	4 (3.5)	0 (0.0)	3 (2.7)	0 (0.0)	1 (1.2)
Other Legal Information	33 (29.4)	0 (0.0)	10 (8.9)	0 (0.0)	6 (5.4)	0 (0.0)	2 (2.4)
Adoption Information	10 (8.9)	0 (0.0)	8 (7.1)	0 (0.0)	6 (5.4)	0 (0.0)	1 (1.2)
Money to Buy Necessities/Pay Bills	62 (55.3)	3 (2.6)	14 (12.5)	0 (0.0)	9 (8.2)	0 (0.0)	1 (1.2)
Money to Buy Food	17 (15.2)	1 (.89)	2 (1.8)	0 (0.0)	3 (2.7)	0 (0.0)	1 (1.2)
Access to Telephone	2 (1.8)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Getting a Place to Live	6 (5.4)	0 (0.0)	2 (1.8)	0 (0.0)	2 (1.8)	0 (0.0)	0 (0.0)
Plumbing, Lighting, or Heating/Cooling	16 (14.3)	3 (2.6)	4 (3.5)	0 (0.0)	4 (3.6)	0 (0.0)	2 (2.4)
Clothing, Furniture, or Toys	36 (31.1)	1 (.89)	12 (10.4)	2 (1.8)	8 (7.2)	0 (0.0)	4 (4.6)
Chores, Repairs, or Home Improvement	19 (16.9)	0 (0.0)	10 (8.9)	1 (.89)	8 (7.2)	0 (0.0)	3 (3.4)
Budgeting Money	7 (6.3)	0 (0.0)	2 (1.8)	0 (0.0)	2 (1.8)	0 (0.0)	0 (0.0)
Adapting House to Meet Child's Special Needs	3 (2.7)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Transportation for Self	8 (7.1)	0 (0.0)	5 (4.5)	0 (0.0)	1 (.90)	0 (0.0)	0 (0.0)
Transportation for Child	11 (9.8)	0 (0.0)	4 (3.6)	0 (0.0)	2 (1.8)	0 (0.0)	1 (1.2)
Travel Equipment for Child	10 (8.9)	0 (0.0)	5 (4.5)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Someone to Talk to About Child	57 (50.9)	1 (.89)	24 (21.4)	0 (0.0)	15 (13.6)	0 (0.0)	5 (5.7)
Someone to Talk to About Self	58 (51.8)	1 (.89)	24 (21.4)	0 (0.0)	13 (11.8)	0 (0.0)	4 (4.6)
Time for Self	38 (33.9)	4 (3.6)	19 (16.9)	0 (0.0)	9 (8.2)	0 (0.0)	3 (3.4)
Addiction Problems for Family	7 (6.3)	0 (0.0)	5 (4.5)	0 (0.0)	2 (1.8)	0 (0.0)	0 (0.0)
Managing Extended Family Issues	23 (20.5)	1 (.89)	12 (10.4)	1 (.89)	4 (3.6)	0 (0.0)	0 (0.0)
Counseling or Support Group	60 (53.5)	0 (0.0)	19 (16.9)	0 (0.0)	10 (9.1)	0 (0.0)	1 (1.2)
Addiction Problems for Child	4 (3.6)	0 (0.0)	1 (.89)	0 (0.0)	0 (0.0)	0 (0.0)	3 (3.4)
Managing Daily Needs of Child	6 (5.3)	0 (0.0)	1 (.89)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Emergency Child Care	9 (8.0)	1 (.89)	3 (2.6)	0 (0.0)	1 (.90)	0 (0.0)	0 (0.0)
Medical Care for Child	32 (27.6)	0 (0.0)	2 (1.8)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Dental Care for Child	32 (27.6)	0 (0.0)	3 (2.6)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Medical Care for Self	12 (10.7)	2 (1.8)	5 (4.5)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Dental Care for Self	13 (11.6)	2 (1.8)	5 (4.5)	0 (0.0)	3 (2.7)	0 (0.0)	1 (1.2)
Emergency Health Care for Family	9 (8.0)	1 (.89)	5 (4.5)	0 (0.0)	1 (.90)	0 (0.0)	0 (0.0)
Planning Own Future Health Needs	5 (4.5)	0 (0.0)	2 (1.8)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)

Need	Have Need at Baseline n (%)	New Need at 3-Months n (%)	Unresolved Needs at 3-Months n (%)	New Need at 6-Months n (%)	Unresolved Needs at 6-Months n (%)	New Need At 12-Months n (%)	Unresolved Needs at 12-Months n (%)
Job for Self	12 (10.7)	0 (0.0)	5 (4.5)	0 (0.0)	5 (4.5)	0 (0.0)	1 (1.2)
Vocational Skills for Self	9 (8.0)	0 (0.0)	5 (4.5)	0 (0.0)	2 (1.8)	0 (0.0)	1 (1.2)
Educational Assistance/Tutor for Child	27 (24.1)	0 (0.0)	6 (5.3)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Vocational Skills for Child	2 (1.8)	0 (0.0)	1 (.89)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Job for Child	3 (2.7)	0 (0.0)	2 (1.8)	0 (0.0)	1 (.90)	0 (0.0)	0 (0.0)
Self-sufficiency Training	6 (5.3)	1 (.89)	1 (.89)	0 (0.0)	1 (.90)	0 (0.0)	0 (0.0)
Social Skills Development	19 (16.9)	1 (.89)	9 (8.0)	0 (0.0)	4 (3.6)	0 (0.0)	0 (0.0)
Scholarship Incentives for Education	24 (21.4)	0 (0.0)	10 (8.9)	0 (0.0)	1 (.90)	0 (0.0)	0 (0.0)
Effective Parenting Training	40 (35.7)	2 (1.8)	20 (17.8)	0 (0.0)	13 (11.8)	0 (0.0)	2 (2.4)
Sex Education	8 (7.1)	0 (0.0)	8 (7.1)	0 (0.0)	2 (1.8)	0 (0.0)	0 (0.0)
Cooking Instruction	13 (11.6)	0 (0.0)	6 (5.3)	0 (0.0)	4 (3.6)	0 (0.0)	1 (1.2)
Grooming and Personal Hygiene Training	4 (3.6)	0 (0.0)	1 (.89)	0 (0.0)	1 (.90)	0 (0.0)	0 (0.0)
Child Development Information	21 (18.7)	2 (1.8)	7 (6.3)	0 (0.0)	8 (7.3)	0 (0.0)	0 (0.0)
Alternative Healing Services	62 (55.3)	3 (2.7)	42 (35.7)	0 (0.0)	24 (21.8)	0 (0.0)	6 (6.9)
Spiritual and Religious Needs	4 (3.6)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Fun Time	43 (38.4)	3 (2.7)	17 (15.2)	0 (0.0)	8 (7.3)	0 (0.0)	2 (2.4)
Self-Advocacy Information	24 (21.4)	0 (0.0)	4 (3.6)	0 (0.0)	1 (.90)	0 (0.0)	0 (0.0)
Protection from Neighborhood Violence	5 (4.5)	0 (0.0)	3 (2.7)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Protection from Home Violence	3 (2.7)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Developing Family Rituals	4 (3.6)	1 (.89)	1 (.89)	0 (0.0)	1 (.90)	0 (0.0)	0 (0.0)
Other Needs	54 (48.2)	0 (0.0)	24 (21.4)	1 (.89)	8 (7.3)	0 (0.0)	3 (3.4)

Appendix III. Family Needs Assessment Tables Cont'd.

Table C. Needs at 3-Months (n=92)

Need	Unresolved Need from Baseline n	New Need at 3-Months n (%)	3 Month Status												
			No longer has youth	Referred to Service	Refusal	Resolved by Service	Service Not Available	Ineligible	Logistical Barriers	Provider Barrier	Sent to KARE	Other	Service In Progress	No Progress	No Longer Problem
Other Legal Information	28	0 (0.0)	1	0	0	2	0	0	1	1	0	1	3	8	12
Time for Self	35	4 (4.3)	0	0	0	3	0	0	0	1	4	0	2	18	9
Managing Extended Family Issues	21	1 (1.0)	1	0	0	1	0	0	0	0	1	1	3	12	2
Counseling or Support Group	39	1 (10.8)	3	0	0	1	0	0	3	1	1	3	18	20	6
Alternative Healing Services	61	3 (3.2)	1	0	3	1	0	0	1	1	3	0	5	38	4

Appendix III. Family Needs Assessment Tables Cont'd.

Table D. Needs at 6-Months (n=79)

Need	Unresolved Need from Baseline and 3-Months n	New Need at 6-Months n (%)	6 Month Status											
			Referred to Service	Refusal	Resolved by Service	Service Not Available	Ineligible	Logistical Barriers	Provider Barrier	Sent to KARE	Other	Service In Progress	No Progress	No Longer Problem
Other Legal Information	17	2 (2.5)	0	0	0	0	0	3	1	0	0	1	2	11
Time for Self	15	1 (1.3)	0	0	1	0	0	0	1	0	0	1	7	6
Managing Extended Family Issues	8	1 (1.3)	0	1	3	0	0	1	0	2	0	1	1	1
Counseling or Support Group	22	5 (6.3)	0	1	0	0	0	2	0	1	1	12	2	7
Alternative Healing Services	4	6 (7.6)	0	2	0	0	0	1	0	1	0	3	17	6

Appendix III. Family Needs Assessment Tables Cont'd.

Table D. Needs at 12-Months (n=60)

Need	Unresolved Need from Baseline and 6-Months n	New Need at 12-Months n (%)	12 Month Status											
			No longer has youth	Referred to Service	Refusal	Resolved by Service	Service Not Available	Ineligible	Logistical Barriers	Provider Barrier	Sent to KARE	Other	Service In Progress	No Progress
Other Legal Information	3	0	0	0	0	0	0	0	0	0	0	0	2	1
Time for Self	8	0	2	0	0	1	0	0	0	1	0	0	2	3
Managing Extended Family Issues	1	0	2	0	0	0	0	0	0	0	0	0	0	2
Counseling or Support Group	20	0	3	0	2	0	0	0	0	0	0	0	3	4
Alternative Healing Services	22	0	1	0	0	0	0	00	0	0	0	0	2	5

Abstract