Developing Sustainable Infrastructure in Support of Quality Field-Based Practice

A collaborative effort of:
The Children's Board of Hillsborough County
USF Department of Child and Family Studies
Family and School Support Teams (FASST)

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Research Team:
Sharon Hodges, PhD ■ Kathleen Ferreira, MSE
Karen Blase, PhD ■ Richard Briscoe, PhD ■ Mario Hernandez, PhD
Jessica Mazza, BA ■ Debra Mowery, PhD
Melissa Van Dyke, MSW ■ Bobbie Vaughn, PhD ■ Frances Wallace, MA

Department of Child and Family Studies
Louis de la Parte Florida Mental Health Institute
Department of Child and Family Studies
University of South Florida

USF University of South Florida
Louis de la Parte Florida Mental Health Institute

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Principal Investigator: Sharon Hodges, PhD
Co-PI and Project Director: Kathleen Ferreira, MSE

Department of Child and Family Studies,
Louis de la Parte Florida Mental Health Institute
13301 Bruce B. Downs Blvd., Tampa, FL 33612
813-974-4651 (phone) 813-974-7563 (fax)
hodges@fmhi.usf.edu
kferreira@fmhi.usf.edu

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Executive Summary

The Children's Board of Hillsborough County (CBHC) funds a wide range of services and supports designed to meet the specific needs of local children and families. Though not developed through rigorous service testing, many established community programs and practices are built on sound intervention principles and have demonstrated their ability to successfully meet local need. However, communities are faced with the challenge of incorporating evidence-based practices into established programs. *Developing Sustainable Infrastructure in Support of Quality Field-Based Practice (SIP)* investigates how the Children's Board of Hillsborough County can maximize investment in these programs and promote, implement, and sustain best practice for positive child and family outcomes.

This document reports on Phase I of SIP. The purpose of Phase I was twofold: 1) to examine the community context and infrastructure in which FASST operates; and 2) to define the FASST community-based model through the identification of core intervention components. The goal of Phase I was to determine what core intervention components establish the FASST model and contribute to its success.

Phase I findings related to core components of FASST intervention are presented in three sections:

- FASST System Context – This section includes information about the FASST Document Library that is being established as a special collection at the CBHC; a summary of key points in FASST historical development; and a comparative profile of FASST provider agencies.

- FASST Intervention Theory – This section describes FASST intervention in terms of the FASST **Recorded** Theory of Intervention, which uses FASST documents as the primary data source; the FASST **Expressed** Theory of Intervention, which uses FASST Oversight members as the primary data source; and the initial findings related to the FASST **Active** Theory of Intervention, which is being developed using service-level interviews and observations as the primary data source.

- FASST Intervention Literature – This section provides preliminary insight into ongoing work that will link FASST's core intervention components to the literature on promising and evidence-based practices.

Phase I findings related to the recorded, expressed, and active theories of intervention suggest that FASST intervention component guidelines should include the following:

- Alignment of FASST intervention strategies with system of care and wraparound values and principles;

- Early intervention as a key determinant of the FASST identified population;

- Team role and responsibilities as a facilitators of positive change for children and families;
- Linkage to services and supports as a catalyst of positive change for children and families;
- Family lead role as critical to creating positive change for children and families.

In addition Phase I findings indicate that there are potential challenges related to the congruence of FASST's active theory of intervention with the core components identified in the recorded and expressed theories. Although data collection related to active intervention components are expected to continue though May 2008, FASST planners and implementers can begin discussion of key similarities and differences between the recorded, expressed, and active theories of intervention, with the goal of ensuring that program interventions as experienced by children, families, and direct service providers on a day-to-day-basis (active theory) are congruent with the intent of the program. The FASST intervention component guidelines can be used to guide discussion of FASST intervention components.

Phase I Evaluation Design Matrix Benchmarks

Developing Sustainable Infrastructure in Support of Quality Field Based Practice
(From Phase I Project and Evaluation Design Matrix)

Process Objective	Program Activities	Activity Detail
Describe FASST core intervention components, community context, infrastructures and examine the FASST service system.	Collect, review, and catalog FASST documents.	✓ More than 100 documents reviewed in total. ✓ Document review used to establish FASST Recorded Theory of Intervention. ✓ Cataloging of key historical documents ongoing as additional documents are included.
	Engage key stakeholders and the FASST Oversight Committee in order to identify core intervention components of FASST.	✓ 2 Presentations to FASST Oversight regarding purpose, goals, progress of study ✓ 5 Presentations to FASST Agencies regarding purpose and goals of study ✓ Interviews and concept mapping with FASST Oversight Committee to establish FASST Expressed and Active Theories of Intervention
	Conduct a minimum of 20 interviews with administrators, service providers, and consumers of FASST services.	✓ 9 Interviews conducted for FASST historical context. ✓ 11 Interviews conducted for FASST system and organizational context. ✓ 7 Interviews for FASST Oversight concept mapping brainstorming. ✓ Case-level interviews including those with families will be continued in Phase II. ✓ Administrator and provider interviews will be continued in Phase II.
	Conduct process observations (i.e. meetings, treatments, interagency planning).	✓ 15 System and service level observations. ✓ Observations are ongoing.
	Analyze system-level documents and data collected from interviews and observations.	✓ Analyses are iterative and ongoing. Initial findings presented in Phase I Report.
	Formulate findings.	✓ Detailed in Phase I Report (November 30, 2007).
	Identify members of Children's Board programs to form an Advisory Board for the research project.	✓ Identification of SIP Advisory Board in process through CBHC. Recommendations to be made by Chamain Torres-Moss and Don Dixon.
	Submit Final Report to the CBHC.	✓ Phase I Report submitted November 30, 2007. ✓ Next steps and transition to Phase II detailed in Phase I Report.

Expected Outcome: Phase I Analysis Report (November 30, 2007) examines FASST service system including intervention component guidelines, FASST theory of change, FASST infrastructure, and provides FASST document library.

Indicator Measurements:

- ✓ Phase I Analysis Report submitted November 30, 2007.
- ✓ CD containing relevant FASST documents.

Acronyms

The following terms are used in this report.

ASO—Administrative Services Organization

CBHC – Children's Board of Hillsborough County

CFARS – Children's Functional Assessment Rating Scale

CQI – Continuous Quality Improvement

CRC – Case Review Committee

DSM – Diagnostic and Statistical Manual of Mental Disorders

E-B – Evidence-Based

EH – Emotionally Handicapped

ELL – English Language Learners

ESE – Exceptional Student Education

FAD – Family Assessment Device

FASST – Family and School Support Team

FSPT – Family Services Planning Team

HCPS—Hillsborough County Public Schools

HSC – Hispanic Services Council

IEP – Individual Education Plan

MHC – Mental Health Care, Inc.

MSO – Management Support Organization

PBS – Positive Behavioral Support

QI – Quality Improvement

RAICES – Research, Advocacy, Integration, Collaboration, Empowerment, and Services (RAICES=Roots)

RFP – Request for Proposals

SCS – Service Coordination Scale

SED – Serious Emotional Disturbance

SEDNET – SED Network

SIP – Sustainable Infrastructure in Support of Quality Field-Based Practice

SOC – System of Care

SSI – Supplemental Security Income

THINK – Tampa Hillsborough Integrated Network for Kids

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Introduction

Description of Study

The Children's Board of Hillsborough County has funded a wide range of services and supports designed to meet the specific needs of local children and families. Though not developed through rigorous service testing, many established community programs and practices are built on sound intervention principles and have demonstrated their ability to successfully meet local need. However, communities are faced with the challenge of incorporating evidence-based practices into established programs. It is critical that communities continue to support already established effective interventions while maintaining their commitment to evidence-based best practice. This study, ***Developing Sustainable Infrastructure in Support of Quality Field-Based Practice (SIP)***, investigates how the Children's Board of Hillsborough County can maximize investment in these programs and promote, implement, and sustain best practice for positive child and family outcomes.

> Building and maintaining infrastructure requires ensuring that current investments continue to be implemented as intended, are sustainable, and that lessons learned can be applied to other projects.

A key aspect of building and maintaining infrastructure is ensuring that current investments continue to be implemented as intended, are sustainable, and that lessons learned can be applied to other projects. The identification of key program and quality management activities in established programs is an important strategy for maximizing community investment in both fidelity and sustainability and for developing evidence-based practices from the field. Accomplishing this requires learning what it takes to put a community service model into practice in such a way that an evidence base is established for that practice. It requires identifying the components of both intervention and implementation that prepare a community-based program to function with fidelity and learning how to apply those to other programs.

The overall goal of this project is to develop strategies that support, improve and sustain best practice in local programs. For Family and School Support Teams (FASST), this translates into articulating elements of best practice for the purpose of clearly defining and improving fidelity to the FASST model. For the Children's Board of Hillsborough County (CBHC) this includes developing strategies to maximize infrastructure investment by building the evidence base around successful local practice.

> The overall goal of this project is to develop strategies that support, improve and sustain best practice in local programs.

SIP is designed to be conducted in three Phases:

Phase I – Examine FASST Theory of Intervention (May 2007 – November 2007)

Phase II – Examine FASST Theory of Implementation (October 2007 – September 2008)

Phase III – Develop guidelines and tools to support fidelity in field-based practice (October 2008 – March 2009).

The objectives of this project across all three phases are: a) to validate and provide evidence to strengthen the current FASST program through the application of current evidence related to children's mental health services and community-based interventions; b) to develop, define, integrate and utilize implementation best practices to improve practitioner skills and judgment in FASST program implementation; c) to analyze FASST implementation in the context of the broader agency and system infrastructure; and d) to document the process, outcomes, and lessons learned in creating program development guidelines and tools that will assist the CBHC in their efforts to develop research-grounded field-based practices within a framework that will maintain fidelity.

Goals and Activities of Phase I

The purpose of Phase I of this study was to define the FASST community-based model through the identification of core intervention components and to examine the community context and infrastructure in which FASST operates. The goal of this phase was to determine what core intervention components establish the FASST model and contribute to its success.

Understanding what makes a community-based model successful requires the measurement of both the existence of the core intervention components and their reliable use as intended as well as the outcomes achieved relative to the population of focus. Phase I used a theory of change approach (add citations) to examine the FASST theory of intervention by reviewing its populations of focus, intended goals and outcomes for that population, and strategies used to achieve these outcomes.

Phase I activities included:

- Engaging community stakeholders, including the four agencies providing FASST services, the FASST Oversight Committee, FASST administrative staff, and CBHC staff.
- Gathering information about FASST historical development and timeline.
- Establishing a library of FASST documents, cataloged by the Tampa-Hillsborough County Library System and housed at the CBHC.
- Identification of the FASST core intervention components and linking those components to a literature base of "known to be effective" interventions.

In addition, the research team is establishing a SIP Advisory Board, comprised of representatives from three other CBHC case management programs, to function as a mechanism for communication and feedback in the learning community. These programs will be well positioned to participate in the replication of the process following this project.

Research Methods

The qualitative research design of SIP uses a team-based approach that triangulates researchers, data, and methods. Across the three phases of this study:

- Multi-disciplinary team composition is used to achieve diversity of perception and understanding in data collection and analysis;
- Multiple data sources are used to produce comprehensive assessment;
- Data collection and analysis are considered ongoing rather than discrete events, each process continuously informing the other;
- Additional data collection (e.g. observations, interviews, document reviews) is employed as questions arise during the research process;
- Purposive sampling is used to access multiple perspectives;
- Repetition of questions, discussions, observations is used to seek information from multiple perspectives.

In Phase I, the above strategies have placed emphasis on the use of an extensive review of FASST documents, review of literature related to FASST intervention strategies, semi-structured interviews with administrators, managers, direct service staff and families; direct observation of FASST meetings and processes, concept mapping (Concept Systems, Inc., 2006) with the FASST Oversight Committee, and review of documented aggregate outcome information including regularly collected FASST program data.

As part of Phase I, the research team:

- Reviewed more than 100 documents;
- Conducted more than 27 interviews;
- Made more than 15 Observations;
- Conducted Concept Mapping with 16 members of the FASST Oversight Committee, 100% participation (Hodges, Ferreira, Mazza, Mowery, & Wallace, 2007).

Additional description of methods will be provided in the Findings sections of this report.

FASST System Context

Context Introduction

SIP's overall goal of developing strategies that support, improve and sustain best practice in local programs requires the examination of FASST system context and infrastructure across all three phases of the project. Phase I of this project was used to establish a broad understanding of FASST program administration across Hillsborough County. Data collection began with a thorough document review, but was expanded to include direct observation and key informant interviews. Initial document review yielded little historical information and indicated the need to understand the historical context of FASST as the program developed in Hillsborough County. Therefore the SIP team extracted data from the document review and combined this with data from key informant interviews to develop a summary of FASST's developmental history.

The overall goal of developing strategies that support, improve and sustain best practice in local programs requires the examination of FASST system context and infrastructure.

The results of the document review indicated that there was little descriptive data available to summarize FASST's organizational and administrative context at the system level. In addition the document review yielded little specific information relating the four FASST provider agencies to the FASST program. As a result, the SIP team conducted key informant interviews with agency administrators in order to develop understanding of the FASST system context and infrastructure. Detailed information regarding the emerging FASST document library as well as the FASST historical context and organization and agency profiles is presented below.

FASST Document Library

Family and School Support Teams (FASST), albeit with a variety of names and iterations, have been providers of case management services in Hillsborough County since the 1990s. Over the years, a variety of documents have been developed around the overall program as well as for specific services and supports provided by FASST. An important methodological component of the Sustainable Infrastructure Project (SIP) is the collection and review of documents related to FASST. These various documents include descriptions of FASST system and organizational context, evaluation data and reports, research projects, and training manuals.

As the SIP project began and the review of documents commenced, the Children's Board of Hillsborough County (CBHC) requested that an institutional library be developed for FASST. The library was intended to catalog the various FASST documents that have been created over the years by faculty and staff of the Florida Mental Health Institute (FMHI) as well as community stakeholders —either individually or in collaboration with FASST and/or CBHC personnel. The collection of documents will be housed in a central location, shelved at the library of the CBHC.

The development of this library included contributions from personnel at the CBHC library and FMHI library personnel in addition to efforts of the SIP research team. The development of this library is an ongoing process, and it should be noted that the current list of documents reflects library contents as of the end of Phase I.

Literature search

The collection of FASST documents began with requests from current CBHC, Children's Future Hillsborough, Achieve Tampa Bay, and FASST agency administrators and program managers. In addition, FMHI faculty with a history of collaborative work with FASST and the Children's Board were consulted regarding documents that originated from FMHI. Many of these faculty maintained original copies of the documents, which were added to the library. A snowballing technique was utilized with each of these sources to gather the names of additional FMHI faculty engaged in activities with FASST (either past or present). Each stakeholder was consulted to for additional documents.

Finally, the USF Library system was used to conduct an additional literature search for documents related to FASST. This yielded a dissertation and several journal articles.

Literature cataloging and classification

As mentioned previously, the development of the institutional library has been a joint effort of the CBHC library (specifically Marci Krekorian), the FMHI Library personnel, and the SIP team, with the goal of cataloging and classifying materials that document the Family and School Support Teams (FASST) program in Hillsborough County for the library at the Children's Board of Hillsborough County. It was determined that the FASST institutional library would be housed within the library at the CBHC, with a unique collection title "Family and School Support Teams (FASST)."

Materials were classified using the Dewey Decimal Classification (DDC) schedules for inclusion into the Tampa-Hillsborough County Public Library system's online catalog, the de facto catalog for public access to the Children's Board Library. ProCite (a bibliographic citation management program) was used to process and catalog items prior to their importation into MARC. To document name changes to the FASST program, an authority record was created that tracked and documented the change of name of the Family and School Support Teams (FASST) program.

Classified materials included reports, historical documents, training/trainee manuals, ephemera (brochures, flyers, etc.) that show the history and activity of the FASST program since the 1990s. Items were cataloged as fully as possible. This included table of contents, subject headings, abstracts, keywords, and descriptions. Subject headings were assigned from the Library of Congress Subject Headings (LCSH).

Keywords were developed to use as search terms for the FASST library collection. Key words are used to support access to documents that will not be identified using document title or abstract

alone. Keywords for the FASST library collection were identified along specific parameters including:

- identified population of children and families;
- document type (such as guide, manual, year-end report, training curriculum);
- service models discussed in the document;
- content related to implementation, intervention, and evaluation.

To date, the SIP and library teams have processed and cataloged an impressive total of 21 items, with a list of documents and abstracts included in Appendix C. This collection will continue to expand as additional items are included. A compact disc containing the 21 documents as well as citations and abstracts for each document was developed as part of Phase I and is available upon request. File names are included for each document in Appendix C, so that titles and abstracts can be easily cross referenced with the documents on the CD. The FASST documents will be shelved at the CBHC library in January, 2008 and available for public use as a non-circulating collection.

FASST Historical Context

Understanding the historical context of FASST is important in understanding the programs development over time as well as its current structure and processes. Although aspects of FASST history are referenced in a variety of documents, including those in Appendix C, the SIP research team could not construct a summary of FASST development through document review alone. As a result, key informant interviews with individuals who had long involvement with FASST or participated in key aspects of FASST development were used to provide a more complete description of FASST historical context. Nine individuals were interviewed for this purpose: Kaia Elam, Clinical Supervisor at MHC; Norin Dollard, Research Assistant Professor at USF; Kenneth Gaughn, Supervisor of School Social Work at HCPS; Steven Martaus, Project Director at Children's Future Hillsborough; Luanne Panacek, Executive Director of CBHC; Amy Petrila, Director of Public Policy and Advocacy at CBHC; Clara Reynolds, Project Director of SED Network; Robert Sleczkowski, Executive Director at MHC; and Tammy Sumner, FASST Program Manager at MHC .

FASST as it exists today is the result of various efforts which span almost 40 years. After the deinstitutionalization movement of the 1970s, youth were returning from residential placements, and mental health workers in Hillsborough County began to explore the provision of community-based services (Children's Future Hillsborough, n.d.; Department of Child and Family Studies, n.d.). The goal of these efforts was to keep children and youth in their community by increasing the local capacity for agencies and organizations to serve youth and their families with the appropriate community-based services and supports (Stroul & Friedman, 1986; 1994). FASST is an outgrowth of these early efforts and is supported by the continual

integration of these core system of care values and wraparound principles and practices into a sustainable network of care founded on family and community partnerships.

One of the first major stages of development was the formation of the Case Review Committee (CRC) by Department of Children and Families and contracted to Northside Mental Health Center in the 1970s (Children's Future Hillsborough, n.d.). This effort was part of a Florida Department of Children and Families' state-wide system of care initiative, the SED Network (SEDNET). The CRCs were teams comprised of multiple agencies, including the school system, community mental health centers, and families (Panacek-Howell, Lazear, Struchen, Nyberg, & Boyd, 1991). This was the beginning of case management and wraparound services for children and youth. The goal of intensive case management and wraparound was to coordinate community-based services and supports to 'wrap around' the youth and family. Mental Health Care, Inc. (MHC) was contracted by DCF to provide similar services through multidisciplinary teams, called Family Services Planning Teams (FSPTs). The FSPT model was similar to the CRCs, was also created by the SEDNET initiative. This multi-disciplinary concept was soon applied to a neighborhood community center in East Tampa, Lee Davis FASST. The FASST concept officially began in Hillsborough County when a full service school (Sylvia Kimball) in East Tampa began in an effort to serve younger children in urban neighborhoods who had less severe needs. Soon thereafter, several FASST and FSPT teams began to take root in schools and centers around the county (Department of Child and Family Studies, n.d.).

> The CRC was a multi-system approach to "look objectively with the family at what services had been rendered to see if anymore community brainstorming could occur to prevent residential placement" for children and youth.

In 1991, the Children's Board of Hillsborough County and Hillsborough County Public Schools fortified these expanding efforts by creating a financial Joint Venture to help explore creative and efficient ways to serve youth with severe emotional disturbance (SED) and those at-risk of SED classification (Carroccio & Associates, 1995). Both the Children's Board and the public school system contributed funds to develop a new service delivery framework for youth and families in Hillsborough County (Carroccio & Associates, 1995).

> "The Family Services Planning Team concept was implemented…we had different professionals gathering around the table to take a look at what's going on for a child…a holistic viewpoint. The Children's Board and the School District recognized the benefit of that."

Joint Venture efforts included the establishment of a steering committee to guide the development and implementation of initiative. The committee included staff from the Children's Board and Hillsborough County Public Schools as well as a representative from the SEDNET State Advisory Committee. Technical assistance and evaluation was also provided by the Florida Mental Health Institute (FMHI). The committee members examined demographic data and facilitated focus groups to determine needed services and supports for children and families. Focus group participants included stakeholders

> "The [Joint Venture] model was working well."
>
> FASST Historical

such as principals, teachers, social workers, guidance counselors, and school psychologists. Information gathered reflected a universal desire for early intervention services. In addition, the Children's Board expressed continued support of prevention services and supports (Carroccio & Associates, 1995).

> "And there was a lot of respect in these meetings – that we could differ, but we were going to try to model something that would help kids."
>
> FASST Historical

The steering committee identified four important areas of intervention: case management, school-based mental health services, parent education/support, and psychiatric consultation. The Community Oversight Committee, created to plan and budget for Joint Venture, included parents of students with Emotional Handicaps (EH) or SED, the Hillsborough County Health Department, the United Way, the University of South Florida, the University of Tampa, and other community organizations. The result of these efforts was the development of the Joint Venture proposal—a foundational report that became the guiding document of the initiative and formally united the school system with mental health services. *Prevention and Therapeutic Services Joint Venture: A Framework for Building a Comprehensive System of Community Based Preventative and Therapeutic Services for Children and their Families* (Panacek-Howell, 1992), outlined the structure of FASST teams and described the foundational system of care principles to be used in the implementation of the Joint Venture project.

Defining the target population was a significant challenge during the early development of Joint Venture. The decision was made to have 75% of the caseloads to include at-risk children and youth, and 25% of the caseloads to include youth who were already diagnosed with EH/SED. The framework met the approval of both the Children's Board and the board of the Hillsborough County Public Schools (Carroccio & Associates, 1995).

> "It was the first time they [Northside and MHC] had tried to work together."
>
> FASST Historical

In 1992, the Children's Board of Hillsborough County (in conjunction with the school system) issued a Request for Proposals (RFP) for a mental health services contract. The contract was awarded to Northside and MHC, who had collaborated on the proposal. This collaborative effort merged FASST teams into Joint Venture. While FSPT and CRC teams were intended to serve those already diagnosed with EH/SED, the FASST teams were designed for intervention with at-risk children and their families. The *FSPT & FASST Implementation Guide* was to be used to guide service provision (Adelson, 1998).

The Joint Venture Family and School Support Team began providing services in the summer of 1993 (Children's Future Hillsborough, n.d.). When Joint Venture was launched, MHC and Northside had FASST teams that served three schools each (Department of Child and Family Studies, n.d.). The school-based teams provided case management and parent advocates. FASST teams expanded quickly throughout the county, and by 1996 there were 23 FASST and FSPT teams located throughout Hillsborough County. The same year witnessed the introduction

of the Medicaid mental health waiver (Dollard, 1997). Until that point, a fee-for-service model governed FASST teams. The Medicaid mental health waiver granted the provision of managed behavioral health care benefits to Medicaid recipients but interview data indicate it had a deleterious impact on service delivery. Managed behavioral health care often reduces length of service, and this practice was identified as contradictory to the Wraparound principle related to unconditional care. The waiver also placed limitations on less structured services, such as home-visits and respite care. The Children's Board was considered instrumental in its efforts to provide the funding needed to serve youth and families supported by FASST teams by providing funding to serve families ineligible for Medicaid, bridging this gap.

> "When the waiver came in, services really froze."
> FASST Historical

Described as a rather turbulent period of program development, "[FASST] teams were springing up and there was a lot of inconsistency." An effort to streamline the teams was quickly launched. The Pro-Family Integrated Services Assessment, conducted by an FMHI research team, provided a thorough evaluation of program implementation, parent satisfaction, and outcome data (Children's Future Hillsborough, n.d.). The assessment provided FASST with an implementation report, recommendations, and a training guide to increase uniformity of services across multidisciplinary mental health providers in the county. The Pro-Family assessment also brought a shift to more preventive services. Recommendations included in the assessment contributed to the development of FASST2, a collaborative effort that connected Joint Venture, Children's Home (not previously a FASST provider), and a number of Full Service School FASST teams.

> "The Children's Board really started pushing the envelope for people to get what they needed."
> FASST Historical

A major milestone in development came in 1998 when the Children's Board received a federal system of care grant through the federal Center for Mental Health Services of the Substance Abuse and Mental Health Services Administration (SAMHSA). The *Tampa-Hillsborough Integrated Network for Kids* (THINK) grant provided federal dollars to match state and local money for the creation of a community-based system of care in Hillsborough County (Children's Board of Hillsborough County, 1998). The THINK project proved critical to FASST development, as it brought much needed sustainability to the children's mental health infrastructure and reinforced system of care values and principles into FASST. Funding from the grant also allowed expansion of the service population, as the THINK project was aimed towards serving children and youth with SED, up to the age of 18. As a result, FASST teams began to serve youth with SED in middle and high schools. Services were also expanded to youth in Alternative to Out of School Suspension Programs and their families. THINKFASST also increased capacity to provide services in the eastern parts of

> "Because of our understanding of communities and how we want to support kids in their communities and neighborhoods, we [want] every child in Hillsborough County to have access to a FASST team."
> FASST Historical

Hillsborough County, which had previously had very sparse services for children and youth. The program, called THINK FASST, grew out of the larger system of care effort in the county.

> "While I think FASST was always about system of care, THINK formalized it and engrained it in us and in the program. It infused system of care language in almost everything we did."
>
> FASST Historical

The next major addition to FASST came with the RAICES/Promotoras FASST model. Established with the help of FMHI and implemented by a new FASST partner (Catholic Charities and shortly thereafter Hispanic Services Council), these FASST teams were designed specifically to work with Latino and migrant families. The program provided much-needed services to the growing Spanish-speaking population. Further, the addition of this program also provided FASST with an overall increased level of cultural competency and awareness.

The Children's Board 10-year strategic plan, *The 2012 Plan*, called for a FASST team in every Hillsborough County school by 2012 (Children's Board of Hillsborough County, 2007). This plan was recently amended to reflect that every child will have *access* to a FASST team. Many stakeholders anticipate that this expansion of services will allow FASST to serve more children and families in the county.

In 2004, all of the FASST programs merged with community providers to form an early childhood system of care, Children's Future Hillsborough (Callejas, Mayo, Monsalve-Serna & Hernandez, 2006). Currently, the Children's Board and the FASST Oversight committee are exploring expansion in which access to FASST Teams will be expanded to Family Support and Resource Centers (FSRCs). At present there are approximately 80 FASST schools in the county, with 60% of all elementary schools utilizing a FASST team.

The current organizational structure of FASST includes four FASST provider agencies (MHC, Northside, Children's Home, and Hispanic Services Council). The FASST Oversight Committee provides governance over the FASST program. Children's Future Hillsborough is a collaborative of a large network of providers which includes FASST, which is administered by Achieve Management Inc., the management services organization (MSO). Funding for FASST is provided by the Children's Board of Hillsborough County with additional funding from Medicaid and the Hillsborough County Public Schools.

FASST Organization and Agency Profiles

Among the initial activities of this project, the research team met individually with the four FASST provider agencies to provide an overview of the study and answer questions about the research process. At this time, the FASST provider agencies invited the research team to observe several FASST team processes and review FASST team intake packets. Through these initial meetings and interactions, the research team realized the importance of gaining greater understanding of the individual structure and context of FASST provider agencies and their

teams. A total of six FASST Clinical Supervisors or Program Managers were interviewed as representatives of the five FASST agency sites:

- The Children's Home
- Hispanic Services Council (HSC)
- Mental Health Care(MHC) – Tampa
- Mental Health Care (MHC)– Plant City
- Northside Mental Health Center

A semi-structured interview protocol was designed to capture information about the following topics:

- **Context** (How the FASST program fits into the larger organizational structure, how long the agency has been a part of FASST, how long each clinical supervisor or program manager has been a part of the FASST program)
- **Staffing** (The number of staff within each FASST program, the roles of FASST team members, caseload sizes)
- **Services** (The types of services the team provides and the typical services provision process)
- **Funding for Services**

Data from interviews and observations reflected notable similarities and differences across agencies. The table on page 13 illustrates FASST program staffing patterns and caseloads by agency. It should be noted that the information within this table reflects data collected in July of 2007, at the beginning of the research project. These numbers change depending upon issues such as position vacancies, expansion of services into new schools, and the intensity of families' needs. Detailed information about the FASST program within each provider agency is provided below.

Context

FASST program services are provided under the umbrella of Children's Future Hillsborough; however, the structure and processes of FASST differ somewhat across each of the 4 FASST provider agencies. The length of time that the provider agencies have been involved with FASST varies from 2 years to more than 15 years. This is noteworthy, as some programs may have more familiarity with established FASST procedures. In addition, data indicate that there is a wide range of supervisory experience among FASST Clinical Supervisors or Program Managers.

FASST Program Staffing by Agency (as of July, 2007)

Agency	*Total Staff*	*Family Support Coordinators/ Case Managers*	*Family Advocates/ Promotoras*	*Additional Staff Roles*	*Schools Served*	*Family Support Team Structure*	*Teams Serving Families*	*Caseload Per Team*
Children's Home	7	4	1	Clinical Supervisor Learning Specialist Administrative staff	14	1 Family Support Coordinator	4 FSC; FA meets with wait list families	20
HSC	9	3	5	Supervisor; Administrative staff	5	1 Family Support Coordinator 1 Promotora	5 teams	CM = 16 - 20
MHC – Plant City	12	4	7	Clinical Supervisor Administrative staff	15	1 Family Support Coordinator 2 Family Advocate	4 teams	CM = 20 (+ 5 targeted case management cases) FA = 10
MHC – Tampa	14	6	4	Clinical Supervisors/ Therapists Administrative staff	24	1 Family Support Coordinator 1 Family Advocate	6 teams	18 - 20
Northside	26	9	9	Program Manager Supervisors Therapists Administrative staff	18	1 Family Support Coordinator 1 Family Advocate	9 teams	15

Staffing

Phase I data indicate that the number of FASST team members across provider agencies ranged from seven to 26, including support staff. The majority of the FASST teams were comprised of a Family Support Coordinator (FSC)/Case Manager and a Family Advocate (FA)/Promotora, as well as family members and additional external team members (such as school personnel). However, data reflected variations on this structure, such as a team comprised of a FSC working without the assistance of a FA, and a FSC working with two FAs (enabling the FSC to carry a slightly higher caseload). Depending upon staff numbers and the configuration of the teams, there was an average of 5 FASST teams at each site (Northside with the largest number at 9), and caseloads of approximately 15 to 20 families per FSC.

Interview and observation data reflect general consistency on the role of Family Support Coordinators within FASST. FSCs were described as working directly with the families (providing services and supports within the Family Support Plan, linking the family to additional services, navigating the family through the case process), coordinating services (following-up on referrals, coordinating meetings/events), and managing the case (creating services plans, documenting services, billing Medicaid for services). In contrast, data indicated little consistency in the perceived role of Family Advocates. The description of the FA function ranged from providing the same services as the FSC (a central role in serving families) to performing administrative and support staff functions.

Additional differences across provider agencies include the availability of therapists to assess and provide clinical services to children and the utilization of a learning specialist to conduct assessments and additional consultation related to the child's academic challenges.

Services

Data indicate that each provider agency follows the same general process for referral and intake of for children and families. The majority of referrals are initiated by a child's school. The school social worker or guidance counselor generally informs the family of FASST services and completes the referral. During the initiation of a case, the Family Support Coordinator may conduct an observation of the child in the school or home setting to assist in determining appropriateness of FASST services. An intake process (which may be an intake meeting, pre-assessment meeting, or clinical staffing depending upon the provider agency) occurs and Family Support Plans and Individualized Treatment Plans are developed (depending upon whether or not therapy services will be provided). This process initiates the provisions of FASST services and supports. School meetings for the child will occur at various times throughout this process, and data indicate that school personnel are involved in each FASST case, even when unable to attend meetings. School personnel have regular communication with FSCs and FAs related to the individual child.

Interview and observation data suggest that services provided within the FASST programs vary across agencies. Agencies consistently reported that case management services are an integral component of the supports provided to families. However, not all agencies provide therapy or

medication management and instead link to outside provider agencies for these types of services. Across FASST provider agencies, families are generally contacted weekly. This contact may consist of a home visit, a school visit, office visit, or telephone contact.

Data indicate that the types of services, supports and linkages to outside providers vary across FASST provider agencies and appear to be based on the typical needs of the families. These services include counseling (for the child, parent, or couple), medical services (basic physical, dental, or psychiatric), basic needs (food, clothing, or financial), educational (child study team, tutoring, occupational, physical, or speech therapy), legal (immigration issues), mentoring, community supports, recreational, child care, and respite.

The average length of enrollment in the FASST program varies across provider agencies, with the length of enrollment ranging from six months to one year. However, data indicate that stability of the child is the primary goal for exiting the program. Discharge planning includes ensuring that the client is linked to necessary services and supports to improve opportunity for success.

Funding for Services

The interview and observation data suggest similarities across agencies regarding access to funds for services. External funding, such as Medicaid or private insurance, is utilized when available for mental health services (in particular for families receiving mental health services through MHC and Northside). Although the ASO is referenced as the payor of last resort, it is utilized to access additional services and supports and to assist families with basic needs such as insurance co-payments, utility bill payments, school supplies, and food.

Agency profile data indicate several differences in structure and composition of the FASST program across provider agencies. These differences suggest areas for further exploration during Phase II of this project, in which implementation of the FASST model will be the primary research focus.

FASST Intervention Theory

Intervention Theory Introduction

Phase I of this study used a theory of change approach to examine the FASST theory of intervention. A theory of change is the articulation of the underlying beliefs and assumptions that guide a service delivery strategy and are believed to be critical for producing change and improvement in children and families (Hernandez & Hodges, 2001; 2005). In the case of a service intervention such as FASST, the theory of change for intervention should make explicit the goals and values of service delivery as well as describe the infrastructure, procedures, services, and supports used to accomplish those goals and implement the values.

The theory of change for intervention should make explicit the goals and values of service delivery as well as describe the infrastructure, procedures, services, and supports used to accomplish those goals and implement the values.

Three types of theories of change were investigated for the purpose of establishing the FASST Theory of Intervention: the **Recorded** Theory of Intervention, which captures the intended intervention as described in formal FASST documents; the **Expressed** Theory of Intervention, which captures the intended intervention as described by the FASST Oversight Committee; and the **Active** theory of Intervention, which captures the implementation of FASST at the level of the child and family and is documented though program evaluation. An important goal of program fidelity and achieving adherence to a model of intervention is the ability to achieve unity across recorded, expressed, and active theories of change. Program fidelity ensures that different perspectives that exist across stakeholders are clarified and integrated to create consistency in day-to-day practice.

Recorded Theory – conceptualizes the program from written materials and describes program intent. Data source: FASST documents.

Expressed Theory – operationalizes the program and describes expected action. Data source: FASST Oversight Concept Mapping.

Active Theory – reflects program implementation and the experience of families and direct service staff . Can be documented through evaluation. Data source: Interviews and Observations.

The FASST Theory of Intervention – recorded, expressed, and active – should incorporate shared values and guiding principles that that are foundational to the FASST service delivery model; a clear description of the population of children that FASST intends to serve; goals and outcomes FASST intends to accomplish for the identified population of children; FASST service strategies used to achieve these outcomes; and evaluation strategies that provide information about whether FASST service strategies are successful in achieving intended outcomes for the identified population of children.

The components of a theory of intervention can be clearly presented in a logic model format that provides an overview

of the program's intent, what service delivery and infrastructure supports will be necessary to accomplish the intended goals and outcomes, and how stakeholders will know if the intent of the program is being met. The logic model can be used to make explicit the goals and values of a program and describe the services and supports that are believed necessary to achieve those goals within the value system of the program.

The details associated with the FASST Recorded, Expressed, and Active theories of intervention are presented in the sections that follow. Below is a guide to reading the content of the FASST theory of intervention logic models.

Reading FASST Theory of Intervention Logic Models

Vision and Mission: The vision and mission statements recorded in FASST documents can be found at the top left of the logic model. They should make explicit the intended purpose of the program.

Theory of Change: This statement captures stakeholder assumptions about how and why they expect to affect change for FASST children and families.

Values and Principles: Documented statements of FASST values and principles can be found at the top right of the logic model. They should capture the shared foundation upon which service strategies are designed and carried out.

Identified Population: Documented statements describing the FASST population of focus are found on the left side of the logic model. They should provide a description of the needs and strengths of the population to be served.

Intervention Strategies: Service strategies recorded in FASST documents are found in the center of the logic model. They should provide a detailed description of the FASST intervention strategies that stakeholders believe will accomplish desired goals and outcomes.

Goals/Outcomes: Documented statements of FASST goals and outcomes are found at the far right of the logic model. They should provide a description of the goals and intended outcomes of FASST, including the desired outcomes for the identified population.

Evaluation:: Tools and processes used to monitor goal and outcome achievement are found across the bottom of the logic model.

FASST Recorded Theory of Intervention

Recorded theories of intervention represent the formal conceptualization of a program. These theories of intervention are found in written documents and represent the official or public descriptions of a program. Recorded theories tend to be oriented toward the future because they focus on intended action and results.

> **Recorded Theory** – conceptualizes the program from written materials and describes program intent. Data source: FASST documents.

The FASST Recorded Theory of Intervention (see page 21) captures intervention strategies contained in formal FASST documents. Components of the FASST Recorded Theory of Intervention are displayed using a logic model format. The logic model format allows program components to be displayed concisely and allow readers to make logical connections across a population's needs, the intended services and the expected outcomes.

To develop the FASST Recorded Theory of Intervention, data were collected directly from FASST documents. More than 60 documents were reviewed specifically for the purpose of capturing the FASST Recorded Theory of Intervention. The primary documents used were the FASST Orientation Manual (Children's Future Hillsborough, Children's Board of Hillsborough County, & Hillsborough County Public Schools, 2007) and the RAICES Training Manual (Callejas, L., Mayo, Monsalve-Serna, & Hernandez, 2006) because they offered the most comprehensive descriptions of FASST. Additional documents were reviewed for the purpose of confirming and disconfirming the information found in the training and orientation manuals. The presentation of the theory of intervention was consistent across recorded documents.

Key points included in the FASST **Recorded** Theory of Intervention logic model should be noted:

- The theory of change statement shown at the top left of the logic model articulate specific ways FASST intends to produce change at both the system and individual levels. These statements were taken from the FASST Orientation Manual (Children's Future Hillsborough, Children's Board of Hillsborough County, & Hillsborough County Public Schools, 2007) and the RAICES Training Manual (Callejas, L., Mayo, Monsalve-Serna, & Hernandez, 2006). Both of these documents are intended to orient new FASST employees to FASST values, structures and processes. The research team identified the statements as theories of change because they summarized the intent of the FASST program as recorded in FASST documents.

- Statements of values and principles, particularly those values associated with systems of care and wraparound processes, are strongly featured in FASST documents. According to the orientation and training manuals reviewed for Phase I, values and principles are a significant point of reference in FASST training efforts.

- Descriptions of the identified population focus on early intervention through the inclusion of children "at risk" of system involvement and by targeting on a young (K-5th grade) population of children and their families. A sub-population of Spanish-speaking children and families is also identified.

- Goals and outcomes found in FASST documents focus on student, family, and the system levels.

- Intervention strategies identified through FASST documents describe both system and service level strategies.

    - System-level strategies that depict FASST organizational relationships and funding support

    - Service-level strategies that can be organized according to strategies related to FASST team role and responsibilities, strategies related to linkages and services, and strategies related to family role and the Family Support Plan

    - Service process outlining the steps from referral to monitoring

- Evaluation lists specific assessments identified in FASST documents.

FASST Recorded Theory of Intervention Logic Model

(Sources: FASST Orientation Manual and Raices Training Manual, additional FASST documents)

Vision: To be a model of excellence that sets the standard for collaboration and efficiency, resulting in stronger families and communities

Mission: Meeting the needs of children through a network of care founded on family and community partnerships

Theories of Change: Implementation of wraparound values and principles can improve human services (p18); Working to individualize services for FASST families can make the entire system of care more responsive to the needs of all children and families; Completing a family plan will lead to specified outcomes

Values: Voluntary program; SOC core values: child-centered and family-focused, community-based, culturally competent; SOC guiding principles; Wraparound values and principles; Ethical balance between individual and family needs (p18); Respect for family configuration; Confidentiality; Balance compassion and professional boundaries; Evaluation is important to demonstrate E-B Outcomes and shape overall quality improvement

Principles: Early identification; school plays a vital role; home/school/community-based support, prevention and intervention; strength-based, family centered approach; individualized, flexible services; families as valuable partners; cultural sensitivity and competence; strong collaborative relationships; collect, analyze and report measurable outcomes.

Identified Population

Population of Focus

- Students experiencing or at risk of behavioral, social/emotional, and/or academic difficulties (and their families)
  - **and** are between Kindergarten and 5th grade
  - **and** attend schools identified by FASST Oversight Committee as serving large populations of high-risk students (usually Title I), **or**
  - reside in a geographic area served by FASST

Students exhibiting the following:

- At risk or currently enrolled in ESE programs
- At risk of restrictive academic or out-of-home placement
- At risk or involved with the child welfare, juvenile justice, or other child-serving systems
- Involved with multiple community agencies or systems

Identified Sub Population

- Spanish-speaking students and families in Wimauma/Ruskin

Intervention Strategies

System-Level Strategies

- Children's Board and School Board support FASST
- 4 FASST administrative agencies serve particular geographic regions
- FASST initiatives must pass through Leadership Council
- Strategic Organizational relationships: FASST Teams › FASST Agency › Leadership Council › Children's Future Hillsborough, Inc › Achieve Management, Inc (MSO) › Children's Board and School Board (Funding)

Service Strategies

FASST Team Role and Responsibilities

- FASST Teams include: a Family Support Coordinator who is the primary case manager; Family Advocate, who acts as a peer mentor; Promotora (through HSC); child and/or parents; formal providers; community and natural supports; school personnel; others as family feels necessary
- FASST teams get families to work together in the best interest of child being served by FASST
- Home-based and school visits may be conducted by all members of team and are scheduled around parents' needs and schedules
- Length of service: 6 mo – 1 yr
- Team follows student if student moves to ensure completion of family plan
- Bilingual FASST teams

Linkage to Services and Supports

- FASST services include team meetings, case management, tutoring, family support, various other services including mental health
- FASST teams provide linkage to early childhood programs, school, human/social service agencies
- Linkage services include: developmental screening, counseling, after school recreation, tutoring, therapeutic mentoring, medical services or medication evaluation, parenting education, behavior management, family support groups, grief/divorce groups, school interventions, community resources, pre-school/school-based interventions, agency referrals and additional resources
- Utilization of flex funds for family needs

Family Support Plan and Family Role

- FASST Family Support Plans are outcome focused and can include: categorical services, modified categorical services, unique supports and resources
- Family takes leading role in developing a family plan

Service Process

Referral › Parent Agreement › Assemble Team for Intake Meeting › Student and Family Goal Setting/ Family Plan › Individualized Treatment Plan (as appropriate) › Service Linkage › Monitoring

Goals/Outcomes

Students

- Improved academic achievement (80% maintain or improve academic performance)
- Decreased disruptive behavior

Families

- Increased ability to provide safe/structured environments (80% will use skills)
- Increased involvement in school

System

- Increased responsiveness to families
- Increased continuity of care
- Improved service coordination (SCS goal that 70% of parents will report improvement in service coordination)

Evaluation: Assessments: Family Assessment Device (FAD); Service Coordination Scale (SCS); CFARS; Stakeholder satisfaction surveys; student report cards

FASST Expressed Theory of Intervention

Expressed theories of intervention represent the expected action of a program. These theories are articulated through the verbal descriptions of systems and programs offered by individual stakeholders. Expressed theories provide detail on the operationalization of programs and strategies at the stakeholder level. The descriptions can provide insight into how individual participants believe their program is operationalized. Expressed theories may differ from the descriptions contained in the recorded program documents and may also differ from one stakeholder to another.

Expressed Theory – operationalizes the program and describes expected action. Data source: FASST Oversight Concept Mapping.

The FASST expressed theory of intervention (see page 23) captures intervention strategies as articulated by the FASST Oversight Committee. These data were extracted from the brainstorming portion of the concept mapping process conducted with the FASST Oversight Committee on August 1, 2007 (Hodges, Ferreira, Mazza, Mowery, & Wallace, 2007). FASST Oversight membership includes representatives of Children's Future Hillsborough, FASST provider agencies, the Hillsborough County Public Schools (HCPS), and CBHC. The concept mapping process included 100% of FASST Oversight membership. Seven members of FASST Oversight participated in the brainstorming portion of the exercise including representatives of Children's Future Hillsborough, HCPS, Northside Mental Health Center, Mental Health Care, Hispanic Services Council, and The Children's Home.

During the concept mapping brainstorming activity , participants were asked to generate statements in response to the question: "What are the key features of FASST that create or support positive change for children and families?" Ninety statements were generated as a result of the brainstorming session. Brainstormed statements are shown on the logic model followed by a parenthetical number. These numbers range from 1-90 and indicate the order in which the statements were generated.

For the purpose of establishing the FASST expressed theory of intervention, the 90 brainstorming statements were sorted by three independent coders according to the 6 categories of a theory of intervention logic model: Vision and Mission, Values and Principles, Identified Population, Intervention Strategies, Goals and Outcomes, and Evaluation. Of the 90 statements, 84 statements were sorted into the 6 categories by the independent coders. The research team identified 6 statements that were not included in the expressed theory of intervention because they appeared to have a strong implementation focus. These statements were: FASST team members are supportive of each other (49); Support through training for FASST team members (50); Support of FASST team members through supervision (51); Focus on team building within FASST staff (52); Focus on team building across FASST programs (53); and Yearly faculty presentations to all FASST schools (57). Although these statements were identified by the research team as related to implementation, brainstorming participants indicated that these activities are important to day-to-day interaction with families.

As part of the concept mapping exercise, FASST Oversight members rated each of the 90 statements with respect to their Importance, Effectiveness, and Difficulty. The range of possible ratings was from 1-5, with 1 indicating the least possible and 5 indicating highest possible rating. The tables below summarize provide the statements rated the "most" or "least" important, effective, or difficult based on averages of these ratings. Variability in the average ratings was somewhat limited across all 90 statements (particularly in category of importance). The differentiation between "most" and "least" should be interpreted with caution. A complete list of ratings by statement is provided in Appendix D of this report.

Average Importance Ratings

Most Important:

Statement #	Statement	Rating Average
23	focusing on family strengths	4.88
5	strong relationships between FASST teams and families	4.75
33	informing parents of their rights	4.75
14	addressing needs on multiple domains (mental health, recreation, housing, education, safety)	4.75
54	team strategizing around family needs	4.75
35	instilling hope in children and families	4.75
20	families' choice in services	4.73

Least Important:

Statement #	Statement	Rating Average
29	provides tutoring	3.38
32	linking students to tutoring services	3.69
2	family support activities (picnics, support groups)	3.69
36	instilling hope in teachers	3.81
4	connecting families to other families	3.93
81	Serving children with medical needs	3.94
47	providing services beyond the target population	3.94

Average Effectiveness Ratings

Most Effective:

Statement #	Statement	Rating Average
71	heartfelt commitment to families	4.29
15	providing a case manager to a family	4.27
16	use of a team approach, providing both a case manager and an advocate	4.14
85	serve families regardless of insurance	4.13
24	creation of family support plan	4.13
23	focusing on family strengths	4.07
33	informing parents of their rights	4.07
35	instilling hope in children and families	4.07
17	team work within the FASST team	4.07

Least Effective:

Statement #	Statement	Rating Average
36	instilling hope in teachers	3.07
4	connecting families to other families	3.07
2	family support activities (picnics, support groups)	3.20
81	serving children with medical needs	3.21
29	provides tutoring	3.27
63	seamless continuum of care for families	3.27
38	transition families from their own culture to broader US culture	3.29

Average Difficulty Ratings

Most Difficult:

Statement #	Statement	Rating Average
39	educating families about the broader US culture	3.67
38	transition families from their own culture to broader US culture	3.67
84	addressing immigration issues with families	3.63
41	encourage families to sustain what they have gained	3.50
4	connecting families to other families	3.47
63	seamless continuum of care for families	3.44
40	connecting parents to schools	3.31
11	empowering parents to advocate for their children	3.31

Least Difficult:

Statement #	Statement	Rating Average
15	providing a case manager to a family	1.50
33	informing parents of their rights	1.69
51	support of FASST team members through supervision	1.73
16	use of a team approach, providing both a case manager and an advocate	1.87
28	access to flexible funding	1.94
34	informing parents of their responsibilities	2.13
22	facilitation of a family support plan	2.19

FASST Expressed Theory of Intervention Logic Model

Source: FASST Oversight Concept Mapping Exercise: "What are the key features of FASST that create or support positive change for children and families?"

<table>
<tr><th>Identified Population</th><th>Intervention Strategies</th><th>Goals/Outcomes</th></tr>
<tr>
<td>

Population of Focus

Identified Sub Population
- serving children in the ELL (English language learners) program (83)
- serve families regardless of citizenship (86)

Additional Populations
- providing services beyond the target population (47)
- serving children without the need of a DSM diagnosis (82)
- serving children beyond academic and behavior referral criteria (80)
- serving children with medical needs (81)
- serve families regardless of insurance (85)

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<td>

System-Level Strategies
- FASST oversight committee provides direction and planning (62)
- access to flexible funding (28)
- translation of the FASST forms to Spanish (61)
- lenient policies that are family friendly (45)
- services that are inclusive of the entire family (46)

Service Strategies

FASST Team Role and Responsibilities
- facilitation of a family support plan (22)
- team strategizing around family needs (54)
- thinking outside the box for services and supports (3)
- FASST teams connection with the schools (9)
- working hand in hand with the schools (10)
- meeting families where they need to be met in terms of location (home visits, community visits, etc.) (13)
- FASST teams communicate regularly with schools (56)
- stay with families when families relocate (66)
- addressing needs on multiple domains (mental health, recreation, housing, education, safety) (14)
- providing a case manager to a family (15)
- use of a team approach, providing both a case manager and an advocate (16)
- team work within the FASST team (17)
- FASST team includes the parents (18)
- FASST team connection with the community (19)
- creation of family support plan (24)
- informing parents of their rights (33)
- informing parents of their responsibilities (34)
- continual follow-up with families (43)
- positive disengagement with families (44)

Team Role and Responsibilities cont.
- encouraging families to sustain what they have gained (41)
- understanding family culture (1)
- strong relationships between FASST teams and families (5)
- focusing on family strengths (23)
- instilling hope in children and families (35)
- instilling hope in teachers (36)
- heartfelt commitment to families (71)
- it's not an 8-5 job (72)
- being part of a system that starts early with children (88)
- focus on relationship building within our schools (55)
- transition families from their own culture to broader US culture (38)
- educating families from their own culture to broader US culture (39)

Family Support Plan and Family Role
- families' choice in service providers (21)
- empowering parents to advocate for their children (11)
- families' choice in services (20)
- inclusion of natural supports in the support plan (25)
- family team meeting pulls in other community resources for collaboration (26)
- support plan includes all relevant family members (48)

Linkage to Services and Supports
- family support activities (picnics, support groups) (2)
- connecting families to other families (4)
- locating services for families (6)
- navigating the service system for/with families (7)
- educating families about our education system (8)
- flexibility in service delivery (12)
- it's not a cookie-cutter approach (73)
- provides tutoring (29)
- providing fluent interpreters (30)
- providing mentoring for the students (social skills, self-esteem, role model) (31)
- linking students to tutoring services (32)
- connecting parents to schools (40)
- services follow the family (70)
- individualizing services (69)
- addressing immigration issues with families (84)
- being part of an integrated service array (89)

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Students
- early childhood intervention and prevention (64)
- getting to the child before they're labeled (87)
- we help children do better in schools (75)
- FASST provides services to families so kids can do better in schools (76)
- FASST provides services to help kids do well academically (77)
- FASST provides services to support better behavior (78)
- FASST provides services to improve attendance (79)
- improve child's sense of safety (67)
- improve child's self-esteem (68)
- preventing children from going into the child welfare system (90)

Families
- helping families stabilize through crisis intervention (37)
- Family Team collaboration creates positive synergy (27)
- we help families do better in the community (74)

System
- timely response to family needs (42)
- seamless continuum of care for families (63)
- strive for smooth transition of families between FASST teams/programs (65)

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</tr>
<tr>
<td colspan="3">Evaluation:
having a CQI process (continuous quality improvement) (58), utilizing data to improve the program (59), using the CQI process to bring consistency across programs (60)</td>
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</table>

FASST Active Theory of Intervention

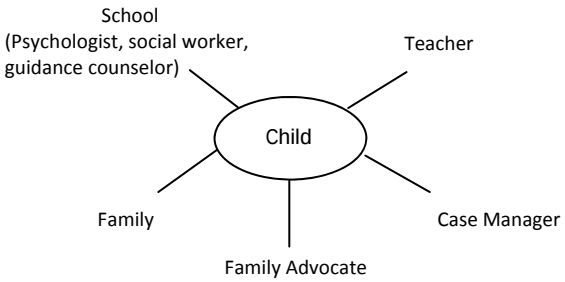
Active theories of intervention describe the implementation of a program at the level of the child and family as it is experienced by children, families, and direct service staff. For FASST, the active theory of intervention represents actual activities taking place in the program rather than the written summaries of program intent found in the recorded theory of change or stakeholder descriptions of program intent found in the expressed theory of change. Because active theories of intervention describe what is actually happening at a given point in time, they are anchored in the present.

Active Theory – reflects program implementation and the experience of families and direct service staff. Can be documented through evaluation. Data source: Interviews and Observations.

To develop the FASST active theory of intervention, the research team is using case-based interviews and observations. Members of the research team follow cases identified in collaboration with each FASST agency from the point of referral to the closing of the case. For each identified case, the research team will conduct interviews with team members and observations of team activities.

This case-based approach was initiated at the beginning of the 2007-2008 school year and is expected to extend into Phase II by following cases through May 2008. The total number of cases followed will depend on the duration of each case, the specific focus of interventions, and case intensity. It is anticipated that the team will follow 2-3 cases per agency and conduct at least 5 interviews and observations per case. The goal is to maximize the differences across cases so that a variety of FASST implementation efforts and experiences may be observed. These data will be triangulated with system-level interviews and observations occurring during the same time period. At this time, 8 cases are being followed, and additional cases are expected to be added in January 2008. To date, 16 observations specific to the FASST active theory of intervention have been completed.

Case-Based Approach to Interviews and Observations



Because data collection related to the FASST active theory of intervention is in its early stages, the findings provided in this report are considered preliminary. As a result, a full logic model for the FASST active theory of intervention has not been completed. Instead, initial findings are organized into four categories: Alignment with Values; FASST Team Role and Responsibilities; Family Support Plan and Family Role; and Linkage to Services and Supports. These categories represent themes that have arisen from the data to date. It should be noted that they correspond to specific sections of the logic models presented for the recorded and expressed theories of intervention.

Strengths and potential challenges are identified within each category. It is important to keep in mind that findings related to the FASST active theory of intervention will be more conclusive when data collection is complete. At this point in time findings relate only to the initial interactions with children and families.

Categories for Active Theory of Intervention

- Alignment with Values
- FASST Team Role and Responsibilities
- Family Support Plan and Family Role
- Linkage to Services

Alignment with Values

Case-specific data highlight four values closely associated with systems of care: child-centered, family-focused, family-driven, and culturally competent. The identification of intervention characteristics related to systems of care is somewhat expected and quite appropriate given that the FASST historical development and recorded theory of intervention specifically articulate the importance of systems of care approaches to service planning and delivery.

Child-Centered:

Observations reflect a strong focus on child-centered services in which services revolve around the cognitive/academic, behavioral, and affective/emotional needs of the child. This included planning for various behavioral and therapeutic interventions such as homework strategies and discussions of therapy and medication management as well as focusing on strengths, using positive and supportive affirmations with children, and planning extra-curricular activities around children's interests.

Potential Challenges

- Observations indicate need to develop the concept of individualized care to counter tendencies to fit children into existing services
- Concept of strengths-based should be reinforced so that child's issues are not discussed critically in his/her presence

Family-Focused:

Observations indicate teams interactions are often family-focused, with services linked to the entire family rather than exclusively focusing on the needs of the identified child. Examples include providing support and encouragement for parents, identification of supports for multiple children in the family, assistance with food banks, utility bills, SSI services.

Potential Challenges

- Observations indicate some instances of over-reliance on forms creating situations in which discussions with family become rote and parents are asked to respond repeatedly to the same questions appearing on different forms

Family-Driven:

Observations of family-driven care were many but are difficult to assess at this early point of data collection. Multiple instances were observed in which the voluntary nature of the program was stressed, family members were encouraged to consider who they would like to invite to the team meeting and family members were introduced to more than one provider so that they could choose someone they thought would best meet their needs.

Potential Challenges

- Data indicate that the concepts of strengths-based and family-driven are not uniformly understood across direct service staff. There is evidence that families are included in development of the Family Support Plan, but there is inconsistency around what it means to empower families to drive care.
- Data indicate that staff are sometimes unclear regarding the role of the Family Advocate in family-driven care and are challenged to balance their role of facilitating linkages and services with an expectation that families must be willing to help themselves before FASST can effectively provide services and supports.

Culturally-Competent

Data indicate that the availability of bilingual services and supports for Spanish speaking families is the most visible marker of cultural competence in FASST. This includes linkage to immigration and health services, translation of documents into Spanish, and educating Latino families about local culture.

Potential Challenges

- Data suggest there is a need to differentiate between courtesy and respect toward a family's behavior, attitudes, values, and customs.
- Data indicate that translation of documents into Spanish could be formalized and more fully supported.

FASST Team Role and Responsibilities

Team role and responsibilities are identified as key aspects of FASST intervention strategies in both the recorded and expressed theories of intervention. The expressed theory of intervention includes 31 statements related to team role and responsibility, considerably more than the other intervention strategies that were identified by stakeholders. Child and family level data related to the active theory of change indicate two aspects of team role and responsibilities are highlighted through interviews and observations: FASST team composition and FASST team activity.

FASST Team Composition

The recorded theory of intervention describes FASST team composition as including a Family Support Coordinator, Family Advocate, formal providers, school personnel, family, and natural supports. Initial observations indicate that, at a minimum, FASST teams include the FASST Support Coordinator and a family member.

Potential Challenges

- Data indicate the need for clearer understanding FASST team roles and responsibilities. Although team composition might vary considerably depending on the needs of the child and family, data indicate that team composition varies most notably according to FASST provider agency resources and service emphasis. Depending upon the FASST provider agency, agency team members may or may not include a family advocate, a therapist, a learning consultant, a mental health specialist, a behavior tech, etc.
- Data suggest a need to build clarity and shared understanding about the role of the family advocate as their inclusion and role vary considerably across FASST provider agencies.
- School members cannot attend meetings off campus.

FASST Team Activity

Team activity refers to actions of team members who represent FASST provider agencies. It is early in the data collection process to assess intervention strategies related to FASST team activity either within or across the FASST provider agencies. However, data indicate that FASST teams follow children and families if they change schools and geographic catchment areas.

Potential Challenges

- Data indicate that intervention strategies vary according to FASST provider agencies and that certain agency-provided services are unique to particular FASST provider agencies. This suggests the potential for variation in services to be determined by the resources of the provider agency rather than the needs of the child and family.
- Data indicate that agency business hours sometimes inhibit the flexibility of team meeting times. This flexibility varies across FASST provider agencies.

Family Support Plan and Family Role

Family Support Plan and Family Role are identified as key aspects of FASST intervention strategies in both the recorded and expressed theories of intervention. The recorded theory of intervention specifies that FASST family support plans can include categorical, modified, and unique services and supports for children and families. It also states that families take the lead role in developing a family support plan. The expressed theory of intervention includes 6 statements related to family support plans and family role. These include supporting family choice in determining services and service providers and empowering families to advocate for their children. Initial findings through

child and family level data indicate a focus on the role of the family in implementing the family support plan.

Role of Family

Data indicate that family members are always present at planning meetings. Observations suggest that families are encouraged to take an active role in service planning and are frequently asked their preferences for services and service providers as well as their needs for individualized services and supports.

Potential Challenges

- Data indicate that FASST staff are sometimes challenged in balancing the need to provide child and family support with expectations that families take responsibility for driving care. This sets up potential conflict between meeting child's immediate needs and supporting parents to be more empowered and responsible.

Linkage to Services and Supports

Linkage to Services and Supports is identified as a key aspect of FASST intervention strategies in both the recorded and expressed theories of intervention. The recorded theory of intervention specifies the kinds of linkages that FASST teams are expected to provide. The expressed theory of intervention includes 16 statements related to FASST linkage to services and supports including linking to services and navigating the system for and with families. Initial findings through child and family level data indicate three aspects of linkage to services and supports were identified: services provided within FASST provider agencies, linking to community services, and flexible funding utilization. These findings should be considered preliminary because they are based on cases in the earliest stages of development.

FASST Program Services

Data indicate that there is a broad array of services provided by FASST provider agencies within the FASST program. These services range from therapy and medication management to tutoring and learning assessments.

Potential Challenges

- Data indicate that there is variation across provider agencies regarding the services available to children and families. This variation may inhibit the ability of an agency to individualize care.

Linking to Community Services

Data indicate a broad array of community linkages are being suggested for children and families. These go beyond the behavioral, social/emotional, and academic needs of the identified child and include services such as assistance with establishing church affiliation, respite care, Family Resource

Centers, United Way, Metropolitan Ministries, dental and medical care, holiday food and gift assistance, and access to emergency psychiatric care.

Potential Challenges

- Data indicate that system navigation, for example facilitating access to school-based developmental screening, is sometimes challenging to FASST staff. This suggests the need to develop strategies to make this more effective.

Flexible Funding Utilization

Data suggesting patterns of flexible fund utilization are very preliminary. Observations indicate the ASO will be used to assist with co-pays for therapy, purchase of books, additional tutoring, after school programs, respite, mentoring, and emergency funds to cover unexpected but critical family expenses.

FASST Active Theory of Intervention Summary

Active theories of intervention should reflect program implementation from the perspectives of children, families, and direct service providers. The data presented above are considered preliminary because they represent observations and interviews in the early stages of FASST intervention with specific children and families and because they do not reflect on all of the core components of the FASST theory of intervention. It is expected that data collected for the remainder of the school year will more fully capture the theory of intervention as it relates to all of the core components and will allow a comparison of the recorded, expressed, and active theories of intervention.

Linking FASST Intervention Strategies to the Literature

The FASST recorded, expressed, active theories of intervention describe core intervention components of FASST. The purpose of the literature review is to link the components FASST intervention theory to existing literature on promising and established evidence-based practices. Phase I data provide the initial parameters for linking FASST to intervention literature. Because data collection related to the FASST **active** theory of intervention is in its early stages, the work of linking FASST intervention to established literature must continue into Phase II in order to support FASST intervention practice. As a result, the FASST intervention literature review will be completed during Phase II as the case-based analysis of FASST active theory of intervention is completed.

To date, data indicate several core components of FASST intervention theory that will be developed in the literature review. These include:

- Alignment of FASST intervention strategies with system of care and wraparound values and principles;
- Early intervention as a key determinant of the FASST identified population;
- Team role and responsibilities as a facilitators of positive change for children and families;
- Linkage to services and supports as a catalyst of positive change for children and families;
- Family lead role as critical to creating positive change for children and families.

Initial research linking FASST intervention theory to existing literature is described below. This literature review will be expanded as better understanding of FASST active theory of intervention is developed and as the relationship between the recorded, expressed, and active components of FASST intervention theory is discussed by FASST stakeholders.

Alignment to Values

System of care values and principles can be found in various components of the FASST intervention model. This includes case management, coordinated service planning, and the wraparound approach. System of care values and principles also guide the various family, school, and community interventions that are linked to families by FASST teams. This stems from the SOC guiding principles that state children should receive individualized services that meet their physical, emotional, social, and educational needs in all domains (home, school, and community) (Stroul & Friedman, 1986, 1994).

System of care (SOC) is an organizational philosophy that articulates the importance of collaboration across agencies, families, and youth for the purpose of improving access to the array of coordinated

community-based services and supports for children with serious emotional disturbance (SED) and their families (Stroul & Friedman, 1986, 1994). In a system of care, services are child-centered and family-focused, all interventions are based in the community, and services and support are delivered in a culturally-competent manner.

Systems of care values and principles establish a philosophy for system implementation. The family-driven service process known as Wraparound (Burchard, Bruns, & Burchard, 2002) operationalizes system of care values and principles in provision of services and supports to children and families. Wraparound provides a broad array of available coordinated services to meet the ongoing needs of children and youth with severe emotional disturbances and their caregivers (Stroul & Friedman, 1986; 1994). It is an individualized process based on family strengths that combines a family-driven process where families decide on the services and supports. This presumes that Wraparound services and interventions vary according to the unique needs of each family or caregiver at a given point in time.

Wraparound is a family-centered approach (Burchard, Bruns, & Burchard, 2002) that evolved from the System of Care, a philosophy about providing a broad array of coordinated services to meet the ongoing needs of children and youth with severe emotional disturbances and their caregivers (Stroul & Friedman, 1986; 1994). Wraparound is an individualized process based on family strengths that combines a family-driven process where families decide on the services and supports they require with the available range of services and supports. This presumes that Wraparound interventions vary according to the unique needs of each family or caregiver and child. The ultimate goal is to supplant professional services with natural supports. The positive outcomes include successful moves from residential settings to home with concomitant improvements at school and in the community, prevention of children from being moved from their homes, and family satisfaction with their involvement in decision-making and their child's improved "adaptability" (Eber, Rolf, & Schreiber, 1996; Hyde, Burchard, & Woodworth, 1996; Yoe, Santarcangelo, Atkins, & Burchard, 1996).

Early Intervention

Data indicate that a strong belief in the value of early intervention has been used to shape the identified population of children and families served by FASST. Goals linked to the FASST program include positive child level outcomes such as improved academic achievement as well a decrease in disruptive behaviors. There is an extensive literature base surrounding the positive effects of early intervention services and supports, including research that shows outcomes such as improved school performance and higher educational attainment (Barnett, 1995; Reynolds, Temple, Roberson, & Mann, 2002). In addition, research indicates that the postponement of the provisions of services has a deleterious effect on children (Campbell, 2002; Moffitt, 1993).

Data collection is continuing on the early intervention practices of FASST teams. This literature review will expanded to reflect the practices identified through observations and interviews.

Team Role and Responsibility

The Family and School Support Teams provide a local example of a program that promotes comprehensive, coordinated service integration. Data collection on FASST Teams and Family Support Plan development is in its early stages. This portion of the literature review will be developed as these aspects of FASST intervention are more fully understood.

Linkage to Services and Supports

Central to a system of care model is case management or service coordination, an approach that funnels services through a single point of entry in a manner that addresses changes in family and child functioning (Stroul & Friedman, 1986). Although researchers speculate whether service coordination is an intervention or a model that facilitates service utilization (Evans & Armstrong, 2002; Winters & Terrell, 2003), inarguably they agreed that it results in positive outcomes for families and children (Evans, Banks, Huz, & McNulty, 1994; Huz, Evans, Rahn, & McNulty, 2003).

Service coordination places the family and child at the center of uniquely tailored efforts that fit the ongoing and ever changing family needs. Aside from demonstrating that service coordination must fit the family and child, researchers have identified several common features. In the seminal Fort Bragg Evaluation Project, researchers highlighted treatment planning, linking, monitoring, and advocacy as components of service coordination (Bryant & Bickman, 1996); although some collapse monitoring and advocacy. Planning implies that coordinators and families work in partnership to assess needs and develop a plan. Linking refers to the execution of the plan with the coordinator connecting the family and child to the agencies and service providers that can address their individual and combined needs and troubleshooting obstacles to service provision. In addition, linkages also mean bolstering informal supports for and maintaining regular contact with the family and child. Monitoring involves the continuous assessment of the adequacy of service provision.

Because data collection on the FASST active theory of change is in its early stages, this portion of the literature review will be developed as interviews and observations related to linkage to services and supports are completed.

Family Role

Data indicate that family support groups and parental education are important aspects of FASST intervention theory. Parental involvement has a positive effect on behavioral health outcomes for children (Amato & Rivera, 1999). Family support groups help to strengthen the family by providing social support and resource education. These groups have been found to be beneficial for parents and caregivers of children with behavioral problems (Bentelspacher, DeSilva, Goh, & LaRowe, 1996). These support activities, along with parental education can reduce stress on the entire family, and have been associated with behavioral wellness in children (Bentelspacher, DeSilva, Goh, & LaRowe, 1996). Strengthening families by giving them to knowledge and tools to care for their children is just one component of FASST's multifaceted approach.

The role of families in the FASST theory of intervention will be more fully explored though the case-based interviews and observations that are currently in progress. The linkage of family role in the FASST intervention process will be developed in Phase II of this study.

Discussion

FASST is a long-established local program that has undergone considerable growth and change since its inception. One of the most effective strategies for managing the complexity of program development over time is for stakeholders to share a clear understanding of the link between the intended goals and outcomes of a program and the intervention components they have put in place to achieve those goals and outcomes.

FASST core intervention components can be expressed in terms of the recorded, expressed, and active theories of intervention. Fidelity to a model of intervention is accomplished when written descriptions of how a program intends to accomplish change (recorded theory) are consistent with stakeholder descriptions of how change is expected to occur (expressed theory) and these are both consistent with how the program interventions are experienced by children, families, and direct service providers on a day-to-day-basis (active theory).

Fidelity to a model of intervention is accomplished when written descriptions of how a program intends to accomplish change are consistent with stakeholder descriptions of how change is expected to occur and these are both consistent with how program interventions are experienced by children, families, and direct service providers on a day-to-day-basis.

The challenge that planners and implementers face with regard to building program fidelity is that there may not be congruence across the recorded, expressed and active theories of implementation. Such inconsistencies across theories of intervention are not uncommon. For example, program development and expansion over time may cause changes in stakeholder understanding of how a program is operationalized and implemented. The problem of inconsistency can also be compounded when staff turnover occurs. In addition, divergent and conflicting theories of intervention may exist because individual stakeholders or groups of stakeholders do not share the same beliefs or ideas for what will best accomplish change for children and families.

Phase I findings related to the recorded, expressed, and active theories of intervention suggest that FASST intervention component guidelines should include the following:

FASST Intervention Component Guidelines include:

- Value and Principles
- Identified Population
- Intervention Strategies

- Alignment of FASST intervention strategies with system of care and wraparound values and principles;
- Early intervention as a key determinant of the FASST identified population;
- Team role and responsibilities as a facilitators of positive change for children and families;

- Linkage to services and supports as a catalyst of positive change for children and families;
- Family lead role as critical to creating positive change for children and families.

Data related to the active theory of intervention will be collected throughout the 2007-2008 academic year, so the analysis of FASST intervention theory is preliminary at this time. Phase I findings do, however, suggest that there are potential challenges related to the congruence of FASST's active theory of intervention with the core components identified in the recorded and expressed theories.

As Phase II of this study begins, FASST planners and implementers can begin discussion of key similarities and differences between the recorded, expressed, and active theories of intervention, with the goal of ensuring that program interventions as experienced by children, families, and direct service providers on a day-to-day-basis (active theory) are congruent with the intent of the program. These discussions should can be organized around the FASST intervention component guidelines.

Phase II of this study will focus on FASST implementation, and this will include an increased emphasis on FASST's Evaluation/Feedback Cycle. Issues of program fidelity are neither static nor linear. It will be important to consider opportunities for incremental change and adaptation as FASST planners and implementers consider strategies to better integrate FASST's recorded, expressed, and active theories of intervention. This will include opportunities to incorporate concepts of internal evaluation, quality improvement, adaptation, and accountability into understanding the FASST active theory of intervention and providing FASST stakeholders with information that helps them understand the degree to which their ideas for FASST intervention active in practice.

Next Steps

SIP Phase II

Phase II of this project began on October 1, 2007 and will continue through September 30, 2008. In Phase II, the focus of research shifts from FASST intervention strategies to FASST implementation. The purpose of Phase II is to determine what is needed to maintain program fidelity through the identification of core implementation components and examination of community context and infrastructure.

The goals of Phase II include:

- Determining what is required to developed fidelity to the FASST model
- Identifying the existing core implementation components of FASST including staff selection, training, coaching, staff evaluation, fidelity, and administrative supports that assist in maintaining fidelity (Fixsen, Naoom, Blase, Friedman, & Wallace, 2005)
- Identifying system level structures, processes and relationships that support fidelity to the FASST model (Hodges, Ferreira, Israel, & Mazza, 2007)
- Establishing what is required to support structures and processes of fidelity in terms of time and cost.

In Phase II the research methods continue to encompass a team-based approach that triangulates researchers, data, and methods. The research strategies for accomplishing Phase II goals will place an emphasis on document review, interviews, and observations. In addition, the team will place an emphasis on the review of documented aggregate outcome data to better understand system level relationships and how data are used to support FASST planning and decision making.

Specific research activities planned for Phase II include:

- Review FASST documents to identify core FASST implementation components.
- Conduct concept mapping with FASST Oversight to identify core FASST implementation components.
- Conduct key informant interviews with family members, school personnel, and FASST workers and administrators to identify supports needed to carry out FASST activities and accomplish FASST goals and outcomes.
- Utilize existing literature base to enhance and refine understanding of core implementation components within the FASST model.

- Assessment of investment required to support implementation infrastructure to achieve fidelity (time, money, other resources)

In addition, the following research activities will be continued in Phase II:

- Ongoing case-based approach to understanding FASST active theory of intervention.
- Continued examination of service system infrastructure and community context focusing on structures, processes, and relationships that impact interventions as well as the implementation of the program.

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Appendices

Appendix A: Study Description

Sustainable Infrastructure Project
A collaborative effort of:
The Children's Board of Hillsborough County
USF Department of Child and Family Studies
Family and School Support Teams (FASST)

PURPOSE AND GOALS:
A key aspect of building and maintaining infrastructure is ensuring that programs are implemented as intended, are sustainable, and that lessons learned can be applied to other projects. The identification of key program and quality management activities in established programs is an important strategy for ensuring both fidelity and sustainability and for developing evidence-based practices from the field.

The overall goal of this two year project is to develop strategies that support, improve, and sustain best practice in local programs. For Family and School Support Teams (FASST), this translates into articulating elements of best practice for the purpose of clearly defining and improving fidelity to the FASST model. For the Children's Board, this includes maximizing its infrastructure investment by developing strategies for building the evidence base around successful local practice.

Objectives of this project are:

1) To validate and provide evidence to strengthen the current FASST program through the application of current evidence related to children's mental health services and community-based interventions;
2) To develop, define, integrate, and utilize implementation best practices to improve practitioner skills and judgment in FASST program implementation;
3) To analyze FASST implementation in the context of the broader agency and system infrastructure; and
4) To document the process, outcomes, and lessons learned in creating program development guidelines and tools that will assist the Children's Board in their efforts to develop research-grounded field-based practices within a framework that will maintain fidelity.

METHODS:
The qualitative research design of this project will utilize a variety of data collection techniques, including concept mapping activities and semi-structured interviews with administrators, managers, direct service staff and families; direct observation; extensive document and literature review; and documented aggregate outcome data.

PARTICIPATION:
The Children's Board of Hillsborough County, the Family and School Support Teams (FASST) program, and its provider agencies (the Children's Home, Northside Mental Health Center, Mental Health Care and the Hispanic Services Council) will participate in this research project. Participation of organizations, as well as individuals, will be entirely voluntary.

RESULTS AND BENEFITS:
Capacity building and strengthening of FASST's infrastructure will improve access, availability, and quality of FASST services for children and families in Hillsborough County. A broad group of stakeholders will benefit from the project. These stakeholders include the Children's Board and its various programs, schools within Hillsborough County, the learning community as a whole, and the children and families these groups aim to serve. Some products to be developed throughout this project include an institutional library of FASST products, intervention and implementation fidelity measures, and toolkits for assessing and developing an evidence base for community practice.

PRINCIPAL INVESTIGATOR: Sharon Hodges, Ph.D.
CO-PRINCIPAL INVESTIGATOR: Kathleen Ferreira, M.S.E.
FOR INFORMATION CONTACT: Department of Child and Family Studies,
Louis de la Parte Florida Mental Health Institute, 13301 Bruce B. Downs Blvd., Tampa, FL 33612
813-974-4651 (phone) 813-974-7563 (fax)
hodges@fmhi.usf.edu
kferreira@fmhi.usf.edu

USF University of South Florida
Louis de la Parte Florida Mental Health Institute

Appendix B: Interview Protocols

Semi-Structured Historical Information Interview Guide
Sustainable Infrastructure Project

Name of Interviewer: _____ Date and time of interview: _____

Participant: _____ Agency/Program: _____

Position: _____ Address: _____
_____

Phone: _____ _____
Fax: _____
Email: _____

***Please attach respondent's business card if available*.**

Introduction
We are in the initial months of a 2-year research project titled "The Sustainable Infrastructure Project" that is a collaboration between the Department of Child and Family Studies (FMHI, USF), the Children's Board of Hillsborough County, and Family and School Support Teams (FASST). The overall goal of this project is to develop strategies that support, improve, and sustain best practice in local programs. For FASST, this translates into articulating elements of best practice for the purpose of clearly defining and improving fidelity to the FASST model. For the Children's Board, this includes maximizing its infrastructure investment by developing strategies for building the evidence base around successful local practice.

We are interested in hearing your perspective of the historical development of FASST. This includes gathering information about things such as what and who triggered the implementation of FASST, the description of the Vision, Mission and Goals of FASST, a description of the population served, and how some of these things have changed over time. In order to identify the specifics that are related to FASST's historical development, all of the questions in this interview relate to ***your experience.*** *Do you have any questions before we begin?*

Informed Consent
As part of the University process, we must have the consent of each participant before we conduct an interview. Although your system of care has consented to participating, we need your individual consent.

Before the interview begins, provide the participant with a written description of the study and explain the purpose of the study. Review the informed consent process and ask the participant to sign the consent (or to provide verbal consent for telephone interviews). Be sure:

1. The participant understands the voluntary nature of participation
2. The participant understands that we would like to tape record interview
3. Ask Respondent: "Are you willing to participate in this interview and have it taped?"

Interview questions appear on the back of this page.

Questions: ***(Interviewer to take notes on separate paper)***

1) Please tell me a little bit about the history of FASST and your role in the process of developing or implementing it.
    - Initial context (e.g., what was the political context and funding context at the time?)
    - Triggering conditions (What were the needs of Hillsborough County when FASST began?)
    - Who was involved in FASST's implementation—who were the developers? Supporters?
    - Foundational strategies

2) Describe any turning points within FASST's developmental history
    - Mid-course changes or realignments? If so, why?

3) How would you describe the population of children and youth served within FASST?
    - Clear identification of who the FASST is intended to serve
    - Issues of context or need specific to this community
    - Has this population of focus changed over time? How? Why?

4) How would you describe the Vision, Mission, and Goals of FASST? Have these changed over time? How? Why?

5) Describe the expansion/growth of FASST.
    - How has FASST expanded over time?
    - What prompted the change?

Provider Interview Protocol

Introduction

FASST and the Children's Board of Hillsborough County are participating in a research project with a team from the Florida Mental Health Institute at the University of South Florida. We are in the initial months of a 2-year study titled "Developing Sustainable Infrastructure in Support of Quality Field-Based Research." The study is focused on developing strategies that support, improve, and sustain best practice in local programs. For FASST, this includes articulating elements of best practice for the purpose of clearly defining and improving fidelity to the FASST model.

We are interested in hearing your perspective on the different components of FASST and how FASST impacts children and families within Hillsborough County. The interview will last approximately 45 minutes. Please remember that answers to the interview questions relate to your experience with FASST. There are no right or wrong answers. Do you have any questions before we begin?

Informed Consent

As part of the University process, we must have the consent of each participant before we conduct an interview. Although the FASST agencies have consented to participating, we need your individual consent.

Before the interview begins, provide the participant with a written description of the study and explain the purpose of the study. Review the informed consent process and ask the participant to sign the consent (or to provide verbal consent for telephone interviews). Be sure:

1. The participant understands the voluntary nature of participation
2. The participant understands that we would like to audio record interview
3. Ask Respondent: "Are you willing to participate in this interview and have it recorded?"

Interview questions appear on the back of this page.

Population

1) How does a child become part of FASST?
   Prompts:
   - Referral source (who)
   - Referral process (and what prompts the referral)
   - Ask for a specific example or parent's story
   - Probe professionals about eligibility

2) Describe the children and families that FASST is supposed to serve.
   Listen for:
   - Specific issues and challenges
   - Ethnic group or geographic area

Interventions

3) A. Tell me about the services that FASST provides to children and families.

   Listen for: service strategies
   Prompt: Story of a child/family

   B. Why do you feel these things help?

4) Which of these things do you think are most helpful (make the most difference) to children and families? Why?

Outcomes

5) From your perspective, what are the outcomes or expected results that FASST is supposed to achieve for children and families?

   Listen for:
   - Academic challenges
   - Behavioral challenges
   - Family involvement and support

6) How well does FASST accomplish (answers to #5 above) with children and families?
   Listen for:
   - Academic challenges
   - Behavioral challenges
   - Family involvement and support

7) How do you personally know when FASST is doing what it intends to do? What activities help to communicate these outcomes?
   Prompts:
   - Outcome measures
   - Formal information (communicating/disseminating reports, etc.)
   - Informal information
   - Goals in family plan (esp. when interviewing parents)

8) A. How do you know when a child is ready to exit the FASST program?

   B. What happens to prepare a case for closure?

C. What happens after a case is closed?

Prompts:

- Procedure
- Follow-up supports

Benefits/Challenges

9) What challenges do you see with the FASST program?

Listen for:

- Child level
- Program level
- Agency level
- Community level

10) On a broader level, what benefits do you see with the FASST program?

11) Is there anything else you would like to tell me about FASST that I didn't ask?

Family Interview Protocol-English

Introduction

Your FASST team and the Children's Board of Hillsborough County are interested to learn what FASST does that makes a difference for children and their families, and we would like to hear your perspective because you and your child are involved with FASST.

Your FASST team is participating in a research project with a research team from the Florida Mental Health Institute of the University of South Florida. Your FASST team and the research team want to learn how FASST teams help children and families. In learning this, they can offer even better support for children and families.

To help us learn about how FASST helps children and families, all of the questions in this interview relate to your experience with FASST. Do you have any questions before we begin?

Informed Consent
As part of the University process, we must have the consent of each participant before we conduct an interview. Although the FASST agencies have consented to participating, we need your individual consent.

Before the interview begins, provide the participant with a written description of the study and explain the purpose of the study. Review the informed consent process and ask the participant to sign the consent (or to provide verbal consent for telephone interviews). Be sure:

1. The participant understands the voluntary nature of participation
2. The participant understands that we would like to audio record interview
3. Ask Respondent: "Are you willing to participate in this interview and have it recorded?"

Interview questions appear on the back of this page.

Questions: ***(Interviewer to take notes on separate paper)***

Population

12) Tell me how you and your child got involved with FASST. What happened first?
Prompts:
- Who thought FASST would help? (Referral source)
- What lead up to your involvement with FASST, and how did you get started with FASST? (Referral process and what prompted the referral)
- Ask for a specific example or parent's story

Interventions

13) From your perspective, what kinds of problems does FASST help families with?
Listen for:
- Problems with school work
- Problems with behavior (school or home)
- Problems at home

14) What are some of the challenges (problems) FASST has been helping your child/family with?

15) A. Tell me about the kinds of things that FASST does to help your child and your family with those challenges.

Listen for: service strategies

B. Why do you feel these things help?

5) Which of these things do you think are most helpful (make the most difference) for your child and your family? Why?

Outcomes

6) How well does FASST help with the kinds of problems you mentioned?
Listen for:
- Problems with school work
- Problems with behavior (school or home)
- Problems at home

7) How do you know when FASST is helping your child and your family?
Prompts:
- What will look different? What will be different?
  - Attendance
  - School Work
  - Behavior
- Outcome measures
- Formal information (communicating/disseminating reports, etc.)
- Informal information
- Goals in family plan (esp. when interviewing parents)

8) How will you know when your child no longer needs FASST? When you exit the program, what kinds of things (supports) do you expect to be in place for you and your family?
Prompts:
- Follow-up supports

Benefits/Challenges

9) What are the things about FASST that don't work so well?
   Listen for:
   - Child level
   - Program level
   - Agency level
   - Community level

10) We've talked some about your child and family's experiences with FASST, but beyond what you experience in your own family, do you see other benefits of FASST? (If yes) Please explain.

11) Is there anything else you would like to tell me about FASST that I didn't ask?

Entrevista de Protocolo Versión de Familia, Español

Introducción

Su equipo de FASST y el Children's Board (La Junta de Niños) del Condado de Hillsborough están interesados en conocer que es lo que FASST hace que marca la diferencia para los niños y sus familias, y nos gustaría oír su perspectiva de porque usted y su niño están implicados con FASST.

Su equipo de FASST participa en un proyecto de investigación con un equipo de investigativo del Instituto de Salud Mental de la Universidad del Sur de la Florida. Su equipo de FASST y el equipo de investigación quieren saber como los equipos de FASST ayudan a los niños y sus familias. Conociendo esto, ellos pueden ofrecer aún mejor apoyo a los niños y sus familias.

Para ayudarnos a aprender sobre como FASST ayuda a los niños y sus familias, todas las preguntas en esta entrevista están relacionadas con su experiencia con FASST. ¿Tiene usted alguna pregunta antes de que comencemos?

Consentimiento Informado

Como parte del proceso de la Universidad, debemos tener el consentimiento de cada participante antes de que conduzcamos una entrevista. Aunque las agencias de FASST hayan consentido en la participación, necesitamos su consentimiento individual.

Antes de que la entrevista comience, provea al participante una descripción escrita del estudio y explique el objetivo del estudio. Examine el proceso de consentimiento informado y pida al participante firmar el consentimiento (o proporcionar el consentimiento verbal para entrevistas telefónicas). Esté seguro:

1. El participante entiende la naturaleza voluntaria de la participación
2. El participante entiende que nos gustaría audio grabar la entrevista
3. Preguntar al encuestado: ¿"quiere usted participar en esta entrevista y acepta usted que la entrevista sea grabada?"

Las preguntas de la entrevista aparecen al dorso de esta página.

Preguntas: ***(Entrevistador toma notas en papel separado)***

Población
1) Digame como usted y su nino tomaron parte de FASST. ¿Qué pasó primero?

Notas:
- ¿Quién pensó que FASST le ayudaría? (Fuente de remisión)
- ¿Qué lo estimulo a su participación con FASST, y como comenzó usted con FASST? (Proceso de remisión y lo que impulso la remisión)
- Pida un ejemplo específico o la historia de los padres

Intervenciones
2) Desde su perspectiva, ¿con qué clases de problemas ayuda FASST a las familias?

Escuche por:
- Problemas con trabajo escolar
- Problemas con comportamiento (escuela o a casa)
- Problemas en la casa

3) ¿Cuáles son algunos desafíos (problemas) con los cuales FASST ha estado ayudando a su niño/familia?

4) A. Dígame las clases de cosas que FASST hace para ayudar a su niño y su familia con aquellos desafíos.

Escuche por: estrategias de servicio

B. ¿Por qué siente usted que estas cosas le ayudan?

5) ¿Cuáles de estas cosas piensa usted son las que más ayudan (hacen la máxima diferencia) para su niño y su familia? ¿Por qué?

Resultados
6) ¿Qué tan buena es la ayuda de FASST con las clases de problemas que usted mencionó?

Escuche por:
- Problemas con trabajo escolar
- Problemas con comportamiento (escuela o a casa)
- Problemas en casa

7) ¿Cómo sabe usted cuando FASST esta ayudando a su niño y su familia?

Notas:
- ¿Qué parecerá diferente? ¿Qué será diferente?
  - Asistencia a la escuela
  - Trabajo escolar
  - Comportamiento
- Medidas de resultado
- La información formal (se comunican/reparten informes, etc.)
- Información informal

- Objetivos en el plan de familia (esp. entrevistando a padres)

8) ¿Cómo sabrá usted cuando su niño ya no necesita FASST? ¿Cuándo usted salga del programa, que clases de cosas (apoyos) espera usted estén disponibles para usted y su familia?

Notas:
- Apoyos de seguimiento

Ventajas/Desafíos

9) ¿Cuáles son las cosas sobre FASST que no trabajan tan bien?

Escuche por:
- Nivel del niño
- Nivel del programa
- Nivel de la agencia
- Nivel de la comunidad

10) ¿Hemos hablado un poco acerca de las experiencias de su niño y de la familia con FASST, pero más allá de lo que usted experimenta en su propia familia, ve usted otras ventajas de FASST? (Si la respuesta es sí) Por favor explique.

11) ¿Hay algo más que le gustaría decirme sobre FASST que no pregunté?

Appendix C: FASST Document Abstracts

Filename: Adelson (1998) – Implementation Guide

Adelson, V.S. (1998). *Implementation guide for FASST, FSPT, and CRC teams*. Clearwater, FL: The Phoenix Group.

The implementation guide gives an introduction and background of FASST, FSPT, and CRC teams. The main goal of FASST, FSPT, and CRC is to provide support for at-risk children and their families so that these children can function better at home, in school and in the community. Referral and screening processes for the programs are discussed. This guide also gives details about the role in which each staff team member plays in serving these children and families. A staffing team includes parents/guardians, referral source, school administrator, Department of Child and Families representative, mental health professional, representative of a family support agency, family support coordinator/case manager, and a family advocate. Each team member has a role in assisting the child and family by creating a family support plan. Information is given on how the family support plan is set into motion in order to achieve the goals of the families. The guide ends with a discussion on monitoring the effectiveness of the family support plan, as well as the process of being discharged from the programs.

Call #	371.9 A231 1998
Subject Headings	Case Review Committee (CRC) Family and School Support Teams (FASST) Family Service Planning team (FSPT)
Keywords	children & families; family support plan; interagency planning; school support team; service coordination; strength-based planning

Filename: Callejas (2006) - Orientation to RAICES_Promotoras

Callejas, L., Mayo, J., Monsalve-Serna, M., & Hernandez, M. (2006). *Addressing disparities in access to mental health services - Linking community helpers & services with schools serving Latino families: An orientation to the RAICES/Promotoras model and associated training curriculum.* Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, Department of Child and Family Studies.

An introduction and description of the RAICES/Promotoras Model and the related training curriculum are provided in this manual. The purpose of this orientation guide is to introduce and support communities in their efforts to strengthen links between Latino children and their families. It is comprised of the discussion of how these areas strengthen the connection of Latino children and families with school staff and service providers. RAICES/Promotoras gives support to Latinos, who are amongst those who are underserved by health care in the U.S. Based on this fact, Latinos struggle with many areas in life, including achievement in school. Because of this, many Latinos are considered to be at-risk.

RAICES/Promotoras provides educational, behavioral, and mental health supports to aid with these children, families, and communities. Goals of the Family and School Support Teams (FASST) and the RAICES program are discussed and compared. The curriculum overview gives participants an awareness of the services available to Latinos in the Hillsborough communities, and informs participants on the goals of RAICES and FASST. Concluding this manual are the top ten community start-up needs in order to implement the RAICES/Promotoras model in surrounding communities.

Call #	371.9 C157
Subject Headings	Family and School Support Teams (FASST) RAICES (Resources, Advocacy, Collaboration, Empowerment and Services) Promotoras project
Keywords	Latino children & families; orientation guide; Promotoras; RAICES; rural

Filename: Callejas (2006) – RAICES_Promotoras Trainee Manual

Callejas, L., Mayo, J., Monsalve-Serna, M., & Hernandez, M. (2006). *Addressing disparities in access to mental health services - RAICES/Promotoras model: Trainee manual.* Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, Department of Child and Family Studies.

This document is a trainee manual for the RAICES/Promotoras model. The goal of this project is to help families in need to access mental health services. FASST (Family and School Support Teams) is a community project that incorporates a System of Care philosophy and a process called Wraparound. These areas focus on a range of services offered to help children and families with multiple needs. A background of each area is discussed within the manual. Culture is another subject matter discussed. Maintaining cultural competence within service delivery is of importance when working with children and their families. Another area which is important in serving children and families is understanding the school system and the programs they have available, such as ESE (Exceptional Student Education) and ESOL (English for Speakers of Other Languages). Understanding children's mental health, such as developmental domains and milestones is of importance to the trainees. This is important in order to help build healthy relationships and supportive environments for the children who may be at-risk. Trainees are given information on home visits--knowledge you must know before, during, and after visiting a family's home. Of most importance, ethics and confidentiality are discussed within this document. All areas tie together when working with children and families who are in need of mental health care.

Call #	371.9 C157a
Subject Headings	Family and School Support Teams (FASST) RAICES (Resources, Advocacy, Collaboration,

	Empowerment and Services) Promotoras project
Keywords	FASST; Promotoras model; SOC; training manual for trainee; wraparound

Filename: Callejas (2006) – RAICES_Promotoras Training Manual

Callejas, L., Mayo, J., Monsalve-Serna, M., & Hernandez, M. (2006). *Addressing disparities in access to mental health services - RAICES/Promotoras model: Training manual.* Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, Department of Child and Family Studies.

The RAICES/Promotoras model, training manual was designed to cover topics for eight workshops, covering chapters on the following: An introduction to the FASST program and the core values, culture and cultural competence, understanding elementary school system and the programs available to children with needs, the framework for children's mental health, essential components of the Wraparound process, case management and collaboration, home visitations, and ways to access System of Care and Wraparound. The training manual begins with ways to strengthen group leadership skills, and leads into the activities and chapter topics of the training program. It focuses on ways for trainers to conduct the RAICES/Promotoras training. Ways to help participants feel comfortable, and ways to guide group discussions and ideas for group activities are all included within the training section.

Call #	371.9 C157b
Subject Headings	Family and School Support Teams (FASST) RAICES (Resources, Advocacy, Collaboration, Empowerment and Services) Promotoras project
Keywords	FASST; Promotoras model; SOC; training manual; wraparound

Filename: Carrocio (1995) - 1st Joint Venture Report

Carroccio, D.F. and Associates (1995). *The joint venture FASST: 1st annual status report.* Tallahassee, FL: Mental Health Care, Inc. and Northside Mental Health Center, Inc.

The Joint Venture FASST status report was conducted by Mental Health Care, Inc. and Northside Mental Health Center. The purpose of Joint Venture FASST report was to assess the progress and status of the program after one year. Joint Venture FASST is a "screening, prevention, and early intervention program," funded by the Children's Board of Hillsborough Country and the Hillsborough County Public Schools. The main goal of the program is to assist children and their families who are considered to be at-risk emotionally. This program aims to attend to these problem areas before mental health care problems arise, and to assist in dealing with already existing mental health care problems so they do not decline. The report is broken into six chapters. Chapter one gives and introduction to the program, along with a brief discussion on process and outcome evaluation. This first

chapter gives the main focus of the first year's evaluation process. Chapter two goes into more detail about the Joint Venture FASST program. It discusses the zone in which the schools are located and the Who, What, Whom, Cost, and Effect of the program. Chapter three approaches the implementation progress to Joint Venture FASST, describing the objectives and workload of the first year. Challenges and solutions to those challenges are provided within Chapter four of the report. Chapter five provides suggested strategies for the total outcome measures for the second year of the program, while the last chapter approaches the future of the Joint Venture FASST program. Program recommendations and recommendations for further study conclude the report.

Call #	371.9 C319 1995
Subject Headings	Family and School Support Teams (FASST) Joint Venture FASST
Keywords	FASST2; program summary; school age children

Filename: CBHC (1998) – THINK Grant Proposal (Word)

Children's Board of Hillsborough County (1998). ***Tampa-Hillsborough Integrated Network for Kids (THINK) System: Comprehensive community mental health services for children and their families program [Grant proposal] (GA no. SM-98-006).*** **Tampa, FL: Children's Board of Hillsborough County.**

The Tampa-Hillsborough County Integrated Network for Kids (THINK) System, is requesting federal funds from the Center for Mental Health Services to combing them with state and local dollars and establish an organized, community-based system of care in Hillsborough County, Florida. The program provides integrated services and supports for children and adolescents with serious emotional disturbance and their families. The Children's Board of Hillsborough County, an independent taxing authority and unit of local, county government, is the lead agency for this program which is located in the fourth largest county of Florida. The Children's Board, District VI Florida Department of Children and Families, Hillsborough County School Board, District VI Department of Juvenile Justice and the Agency for Health Care Administration are partners in this project which has the support of the Governor of Florida. The Children's Board has committed $500,000 in local cash match for the first year of the project. THINK expands the service capacity of the existing system of care, closes service gaps, and reaches out to underserved populations and areas of the county through directed outreach and specialized services.

The THINK System involves family members in all aspects and at all levels of the system of care, ensuring the cultural competency of the system by providing meaningful opportunities for participation by representatives of minority and rural communities. A THINK TANK will be established to provide a place where consumers, family members, and community volunteers to acquire the skills needed to become effective leaders and advocates for children's mental health services. THINK creates interagency structures to facilitate the integration of children's mental health services across funding systems. A Strategic Planning Committee composed of primary stakeholders is formed to manage and

integrate the planning and service delivery processes. A Purchasing Alliance that includes local funding sources, is established to provide a structure and process for blended funding, complementary contracting and a reinvestment plan. Providers are encouraged to form a service delivery network to provide direct service and client management functions required by the system of care. Data is collected for a national multi-site evaluation by Macro International for the Center for Mental Health Services. Several site-specific studies will be designed to guide the projects future direction and an independent evaluation will be conducted by the Florida Mental Health Institute's Department of Child and Family Studies at the University of South Florida.

Call #	371.9 C536 1998
Subject Headings	Tampa-Hillsborough Integrated Network for Kids (THINK) System
Keywords	children & adolescents; CMH; Grant; School; SED; THINK

Filename: Children's Future Hillsborough (2007) – FASST Manual

Children's Future Hillsborough, Children's Board of Hillsborough County, & Hillsborough County Public Schools (2007). ***Family and school support teams (FASST) orientation manual.*** **Tampa, FL: Author.**

The Family and School Support Teams orientation manual provides a background of the FASST program and basic information for FASST team members. FASST is a voluntary school-based community project sponsored by the Children's Board of Hillsborough County. Services provided by the FASST program incorporate after-school recreation, mentoring, group/family counseling, case management, tutoring, family support, and other services, which include mental health and other supports to school-aged children and their families. The goal of FASST is to strengthen performance of children, families, and communities by increasing protective factors and reducing risk factors. For a child to be eligible for FASST, they must be considered "at-risk," which, for the purpose of FASST is described as being enrolled in a Title 1 school within Hillsborough County. The target age group for FASST includes school-aged children ranging from Kindergarten to 5th grade. Different types of referrals and procedures implemented in the program are listed within the manual as well as the criteria for completing the program's services.

This document provides an overview of the System of Care philosophy as well as the wraparound process, which is utilized within FASST. The SOC philosophy focuses on providing a range of services that help serve children who have multiple needs and their families. These services include mental health, education, child welfare, and juvenile justice as well as various other services and supports for children with specific needs.

A section related to Ethics and Confidentiality is also provided in the FASST manual. In addition to ethics and confidentiality issues discussed in the section, the manual also provides information regarding professional limits and mandated reporting. Circumstances

could include reporting cases of abuse or neglect. Following Ethics and Confidentiality is a section related to Culturally Competent Practice within FASST. This detailed section provides definitions, principles, and a description of elements of culturally competent practice.

This manual gives a background of the collaboration between school staff and FASST team members. Each member in the administrative staff has a role in the elementary school setting that plays a part in supporting the children and keeping the lines of communication open with the families. Individual Education Plans (IEPs) helps educators recognize current levels of performance in students and aid in setting both short and long-term goals. The FASST manual explains parental involvement in the IEP process, as well as details of the components involved. Both IEPs and English for Speakers of Other Languages (ESOL) programs are used in order to help place children in the FASST program.

A detailed description of the developmental, individual, relational and environmental factors that influence a child's function are provided within the "Understanding Child Development and Mental Health/Well-being" section of the manual. This section includes a discussion of healthy relationships and nurturing environments and includes how to identify and coordinate strengths of the child and family and ways to identify and coordinate resources for the child and family.

The manual concludes with a description of Early Childhood FASST (i.e., "Baby FASST.") Early Childhood FASST is an early intervention/prevention program that consists of behavioral and social/emotional interventions, home visitations, family support plans, screening for developmental status, crisis intervention, mental health counseling, positive behavior support, and child care placement. This program is for pre-school-aged children, zero to five years of age. Early Childhood FASST focuses on children with development delays, behavioral/social challenges, at-risk children, or children who have already been placed in specialized educational programs. The goal of this program is to assist these children and families in building stronger relationships while children are at an early age.

Call #	371.9 C536 2007
Subject Headings	Family and school support teams (FASST)
Keywords	FASST; Guide; Manual; Model; Orientation to program; Promotoras; RAICES; Regulations; Rules; SOC; Wraparound

Filename: Clark (2004) – Promoting Access

Clark, A.G. (2004). *Promoting access to mental health care for rural Latino children and families: Perspectives of community stakeholders.* Unpublished manuscript, Tampa, FL: Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, Department of Child and Family Studies.

This document is a study on the challenges facing Latino individuals and families in the United States in regards to mental health. The fact that Latinos are being underserved in terms of mental health needs is addressed, along with poverty in Latino families, and school dropouts. The focus of this study is to understand/investigate the impact that the lack of mental health services has on Latino communities within Hillsborough County. One of the barriers discussed is the language barrier many Latinos face. Language barriers prevent Latinos from receiving important information on resources that could help them get the services they seek. In addition to this, economic barriers also add to the challenges they face in receiving the desired help they need.

The author touches on a current study, which is part of an ongoing effort to address mental health issues for Latino children and families in Hillsborough County. "This effort is called the RAICES (Resources, Advocacy, Collaboration, Empowerment and Services) Promotoras project and targets limited English speaking and Spanish monolingual Latino children who are at risk for or are experiencing serious emotional disturbance." FASST (Family and School Support Teams) is also highlighted. Based on this knowledge, the author writes about a project conducted with a target population of Latino families within Hillsborough County. The method of the study is given in detail, along with the data, results, and summary on the findings. The document concludes with tables comparing the services of three different agencies in which the families in the study received.

Call #	371.9 C592 2004
Subject Headings	Family and school support teams (FASST) RAICES (Resources, Advocacy, Collaboration, Empowerment and Services) Promotoras project
Keywords	access to mental health services; at risk Latino children; barriers to mental health care; implementation of FASST/RAICES; limited English; Promotoras; rural; school aged Latino children & families; SED; Spanish monolingual

Filename: Child & Family Studies (n.d) - Pro-Family Report

Department of Child and Family Studies. (n.d.). ***Pro-family integrated services assessment: Final report.*** **Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, Department of Child and Family Studies.**

This report on the Pro-family integrated services is an assessment on child serving agencies within Hillsborough County. The agencies assessed provide assistance to children who are at-risk of developing emotional and behavioral disabilities. Due to the growing number of agencies, it has become more difficult to keep track and provide information to those administrators and practitioners who seek help from these agencies. The goal of the Pro-family integrated services assessment was to gather information through interviews,

record reviews, and existing reports in order to help provide necessary, convenient information/contact information for those making recommendations within the county. This project was conducted by a group referred to as the Steering Committee. The report gives a detailed description of the methodology and findings of the assessment done by the Steering Committee. A detailed summary and list of future recommendations conclude the report.

Call #	371.9 D419
Subject Headings	Family and School Support Teams (FASST)
Keywords	case management model; enhanced case management model; evaluation; models of care; surveys; therapy model

Filename: Child & Family Studies (1997) - Pro-Family Report Phase 2

Department of Child and Family Studies. (1997). *Pro-family integrated services project, phase II: Final report.* Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, Department of Child and Family Studies.

The pro-family integrated services project was created in order to evaluate the mental health teams located in the schools of Hillsborough County. A Steering Committee was created in order to interpret the findings of the teams and make that information more available to the public. Other jobs of the Steering Committee were to provide help with analyzing the outcomes of services and to give recommendations to the mental health teams for future reference. A background of the Pro-family integration services project is discussed in detail. The referral process follows, covering recommendations, steps to implementing a referral, and the overall referral process. There is a brief section that gives information on implementing a community staffing team and the functionings that go along with it. Family support planning and family involvement are key areas within this report. Roles are given to family members to assist with whatever mental health concern exists within the family. Outcomes and costs of the project are summarized in the end, with advice on the next steps to be taken.

Call #	371.9 D419 1997
Subject Headings	Family and School Support Teams (FASST)
Keywords	FASST; mental health programs; program evaluation; Regulations; Rules; school-based

Filename: Dollard (1998) - Joint Venture FASST 4th Year Report

Dollard, N. (1998). *Building home, school, and community partnerships: Preventative and therapeutic joint venture FASST 4th year report.* Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, Department of Child and Family Studies.

The Preventative and Therapeutic Joint Venture FASST report covers the fourth year of the program. Joint Venture FASST is a "screening, prevention, and early intervention program," funded by the Children's Board of Hillsborough Country and the Hillsborough County Public Schools. The main goal of the program is to assist children and their families who are considered to be at-risk emotionally/behaviorally. The fourth year study has found, as in the previous year that the waiting list for at-risk children to receive services continues to remain timely. Due to this, many families are not connecting with the services they need. One of the goals for this year's program was to address this concern and a proposal for a case manager position to aid in children under five was presented to the Children's Board of Hillsborough County. As in previous years, an improvement in academic, behavioral and developmental functioning areas was present when reviewing the results of the year's program. A summary and recommendations are found at the conclusion of the report.

Call #	371.9 D665 1998
Subject Headings	Family and School Support Teams (FASST) Joint Venture FASST
Keywords	child serving; evaluation; families; family focused; joint venture; prevention; program development & implementation; review of program operations; school aged children; strength based assessment; wraparound

Filename: Dollard (1995) - Joint Venture FASST 2nd Year Report

Dollard, N. (1995). ***Joint venture FASST 2nd year report: Building home, school, and community partnerships.*** **Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, Department of Child and Family Studies.**

This report covers the second year of the Joint Venture FASST project. The program involves early childhood screening and Family and School Support Teams (FASST) for children and families who are considered to be at-risk of mental and behavioral problems. The results of the second year are presented, along with an overview of the first year of Joint Venture FASST. Some of the focus areas within the report include: the child screening program, components of Joint Venture FASST, activities conducted by the variety of service teams, funding and enrollment of the program. Also included is an evaluation of the first two years of the program. This touches on the methodology used and limitations within the data collected. Findings of the program's second year wrap up the report. Members of Joint Venture FASST have found they were successful in reaching the intended target population. Recommendations to improve upon areas of focus and integration of data sources are given for the future assessment involving the Joint Venture FASST program.

Call #	371.9 D665 1995
Subject Headings	Family and School Support Teams (FASST)

	Joint Venture FASST
Keywords	joint venture; wraparound; prevention; school aged children; families; evaluation; program development & implementation; strength based assessment

Filename: Dollard (1997) - Joint Venture FASST 3rd Year Report

Dollard, N. (1997). ***Preventative and therapeutic joint venture 3rd year report: Building home, school, and community partnerships.*** **Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, Department of Child and Family Studies.**

The Preventative and Therapeutic Joint Venture report covers the third year of the Joint Venture FASST program. Joint Venture FASST is a "screening, prevention, and early intervention program," funded by the Children's Board of Hillsborough Country and the Hillsborough County Public Schools. The main goal of the program is to assist children and their families who are considered to be at-risk emotionally/behaviorally. During the third year of the program, team members screened 648 children within the county. Those who did not pass were referred to particular services. Workers of this program became aware of the waiting period to receive service. As a result, the study shows that Hillsborough County needs more assistance in serving at-risk children in a timely manner. They believe this will help avoid families, because of the waiting period, from not seeking the recommended treatment. Recommendations are given within the report. Members of the Joint Venture FASST program are aiming to serve more children and families who need immediate assistance. The efforts of this project seem to be beneficial, as at-risk children in the county are improving in the academic, behavioral, and age functioning areas each year.

Call #	371.9 D665 1997
Subject Headings	Family and School Support Teams (FASST) Joint Venture FASST
Keywords	child serving; evaluation; families; family focused; joint venture; prevention; program development & implementation; school aged children; strength based assessment; wraparound

Filename: Hernandez (2006) – RAICES_Promotoras Curriculum

Hernandez, M. & Callejas, L. (2006). ***Addressing health disparities in mental health services: RAICES/Promotoras Training Curriculum*****. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, Department of Child and Family Studies.**

Promotional flyer for book entitled *Addressing health disparities in mental health services: RAICES/Promotoras Training Curriculum.*

Call #	371.9 H557

Subject Headings	RAICES (Resources, Advocacy, Collaboration, Empowerment and Services) Promotoras project
Keywords	Book promotional flyer; Ephemera; RAICES

Filename: Hernandez (2006) – RAICES_Promotoras Project

Hernandez, M. & Callejas, L. (2006). ***Addressing health disparities in mental health treatment: RAICES/Promotoras field-initiated research project*****. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, Department of Child and Family Studies.**

Flyer provides information regarding the RAICES project. It gives the project's Purpose & Goals, Summary, Participation, and Project Outcomes.

Call #	371.9 H557a
Subject Headings	RAICES (Resources, Advocacy, Collaboration, Empowerment and Services) Promotoras project
Keywords	Ephemera; Program Promotional flyer; RAICES

Filename: Martaus (2001) - FASST 2 Annual Report

Martaus, S., Larkins, M., & Dollard, N. (2001). ***FASST 2: Annual report to the children's board of Hillsborough County*****. Tampa, FL: Children's Future Hillsborough.**

Annual Report for FASST 2, which provides family support and mental health services to children to age 12 years and their families.

Call #	371.9 M375 2001
Subject Headings	Family and School Support Teams (FASST)
Keywords	children & families; evaluation; FASST2; school age program; strength based

Filename: MHC (n.d.) - FASST 2 Project

Mental Health Care, Inc. (n.d.). ***FASST 2: early childhood enrichment project: A pro-family, integrated, and collaborative initiative for pre-school children with developmental delays.*** **Tampa, FL: Mental Health Care, Inc.**

FASST 2, Early Childhood Enrichment Project was designed to complement on-going efforts to build a comprehensive, integrated system of family support services for children and families in Hillsborough County. Both Mental Health Care and Northside Mental Health Center are partners for this project. Overall, the project enhances the early childhood component of the previously funded FASST 2 collaborative, increasing both the number of children served and the types of services provided. The project's services include crisis intervention; family support planning and coordination; developmental, behavioral,

social/emotional interventions; parent group support; and training for parents and child care providers. The project utilizes existing FASST teams in order to ensure that the services families receive are holistic, strengths-based, and family-centered. The project's direct service staff consist of a program supervisor, licensed mental health therapist, four enhanced family support coordinators and one full-time and one part-time parent support advocate.

The project continues the systems development process begun in FASST 2 by meeting needs not addressed in the previous round of grants. The project strengthens linkages between the developmental services system for children 0-5 years and the newly emerging service delivery system for children 6-12 years of age, thus moving Hillsborough County another step closer to developing a comprehensive family support system for all children and families.

The target population for this project are children 5 years of age and under with mild to moderate developmental delays who are experiencing emotional or behavioral problems and are (1) at risk of or already placed in specialized educational settings and/or (2) at risk of or already involved with child welfare and/or another child-serving system.

Call #	371.9 M549
Subject Headings	Family and School Support Teams (FASST)
Keywords	education programs; family support services; FASST2; school age

Filename: Nesman (2006) – RAICES_FASST Evaluation Report

Nesman, T. (2006). *RAICES/FASST evaluation report*. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, Department of Child and Family Studies.

RAICES/FASST (Resources, Advocacy, Integration, Collaboration Empowerment, and Services/Family and School Support Teams) work together to serve children referred by the schools based on need. RAICES targets Latino populations who are underserved in relation to mental health care. Referrals were decided in partnership between the school and the FASST team. Within this report is a logic model for the program teams. The logic model shows the population that was expected to be served. This population was primarily limited English-speaking and Spanish speaking families with school-aged children who are at risk of serious emotional disturbance. The goals of RAICES/FASST teams were to increase coordination of services, increase access to needed services, and to increase cultural competence in service delivery. The services provided by these teams were expected to result in an improvement in the progress of Latino children at specific targeted schools. Who was served, the services received, the program's goals, and the overall outcomes of the services are provided within the RAICES/FASST report. Challenges faced within the program, along with recommendations for revision in the future for the logic model are discussed in detail at the conclusion of the report.

Call #	371.9 N462 2006
Subject Headings	RAICES (Resources, Advocacy, Collaboration, Empowerment and Services) Promotoras project Family and School Support Teams (FASST)
Keywords	children & families; Evaluation; FASST; K-5; limited English speaking; logic model; RAICES; school based; SED; Spanish monolingual

Filename: Nesman (2005) – RAICES Recruitment

Nesman, T. & Pena, K. (2005). ***RAICES recruitment strategy survey summary - Report to the RAICES steering committee.*** **Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, Department of Child and Family Studies.**

This document is a summary report to the RAICES Steering Committee. It discusses the background for recruitment of health advisors for the RAICES Promotoras positions. Certain areas were targeted in the individuals who were interviewed. These individuals needed to display a friendly, outgoing personality with the ability to teach. They needed to be open-minded and non-judgmental. An effective Promotora had to be able to develop relationships with community residents and be able to understand cultural differences. Effective communication skills and knowledge of services was another areas observed. Additional characteristics are discussed as far as what is desired for a RAICES Promotoras health advisor. Most of the skills that are desired are more closely related to knowing the community.

This document also includes information on the development of the RAICES model. Roles and functions of the Steering Committee are discussed in detail. The majority of the document covers the interview team members. Team members were chosen by the FASST project director, RAICES project director, and Steering Committee members. Reasons for choosing these members are listed, followed by: the recruitment process, information about positions, interview protocol, screening and scheduling of interviews, conducting interviews, the decision-making and job offer process, strengths and challenges of the RAICES team, the effectiveness of the recruiting/hiring process, improvements on recruiting/hiring, and recommendations for future recruitment and hiring for RAICES Promotoras positions.

Call #	371.9 N462 2005
Subject Headings	RAICES (Resources, Advocacy, Collaboration, Empowerment and Services) Promotoras project
Keywords	FASST; RAICES; recruitment strategies

Filename: Nesman (2007) – Role of Promotoras

Nesman, T. (2007). ***The role of Promotoras in a school-linked mental health services model.*** **Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, Department of Child and Family Studies.**

The RAICES/Promotoras project developed a model of school-linked mental health services that incorporated bilingual Spanish speaking Promotoras as paraprofessionals. The model was developed in collaboration with two schools in rural Hillsborough County, FL, and expanded to include 5 schools in both rural and urban communities. Researchers assessed the model development process and impact using a participatory approach that included development of a theory-based logic model. Research methods included participant observation at planning meetings and training workshops, pre- and post-tests with Promotoras, interviews with supervisors, partner organizations and families, and satisfaction surveys with caregivers. Findings pointed out the importance of collaborative development of job descriptions, recruitment, and hiring procedures. Findings also indicated the importance of supervision and post-training follow up in skill development for Promotoras, as well as ongoing communication with partners about the role of Promotoras. Pre- and post-test results varied by training topic area, which led to a decision to implement follow-up coaching and supervision activities. Caregiver satisfaction surveys showed highest satisfaction ratings in the areas of child functional improvement, increased quality of family life, and availability of team members. Promotoras were found to fill important gaps in both educational and mental health arenas, but it was important to develop a clear vision for their role to avoid co-optation or program drift. In this project, a participatory approach framed by a theory-based logic model facilitated ongoing role clarification. Funds for the RAICES/Promotoras project were provided by the National Institute on Disability and Rehabilitation Research of the U.S. Department of Education, and the Children's Board of Hillsborough County, Florida.

Call #	371.9 N462
Subject Headings	RAICES (Resources, Advocacy, Collaboration, Empowerment and Services) Promotoras project
Keywords	bilingual case management; bilingual Spanish students; implementation; Promotoras; school based mental health services

Filename: Panacek-Howell (1992) – Joint Venture Framework

Panacek-Howell, L. (1992). ***Prevention and therapeutic services joint venture: A framework for building a comprehensive system of community based preventive and therapeutic services for children and their families.*** **Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, Department of Child and Family Studies.**

The Joint Venture project aims to examine new ways of meeting the preventive and therapeutic needs of children identified as emotionally handicapped and their families. Joint Venture is a collaborative team of the Children's Board of Hillsborough County and the Hillsborough County Public School system. Together their goal is to build a more

comprehensive system of care to children and families in need of preventative and therapeutic services. The framework of services was to take place within a regional area within the county. One area chosen to implement practices was the Hillsborough/Chamberlain region due to a high number of at-risk children. A family-focused, needs-driven, and strength-based approach was taken within the service delivery. Components of the project's framework include: early screening and identification of children and families at risk; referral to school-based teams; referral to community-based teams which include parent advocates and the family of the child being staffed; development of comprehensive, family support plans; case management; flexible funding for the case manager to use to purchase services; and, an array of support services to choose from in meeting the needs of the individual family, child, and classroom teacher.

Implementation of the plan included six chosen schools to incorporate the Joint Venture program's services to at-risk children through a program called FASST (Family and School Support Team). Progress of the teams was reported. Initial goals and the resulting outcomes of this project were reported. Some of the major outcomes included: a reduction in the incidence of abuse and neglect complaints; increases in the number of children being maintained at community-based schools in less restrictive classrooms; increase in school attendance; increases in parent/family participation at school events; improvements in parent and child self-esteem, and several other areas.

Call #	371.9 P187 1992
Subject Headings	Family and School Support Teams (FASST) Joint Venture FASST
Keywords	Children & families; Family support & education; FASST programs

Appendix D: Expressed Theory of Intervention Statement Ratings

	Brainstorming Statements	Importance	Effectiveness	Difficulty
1	understanding family culture	4.69	3.60	2.81
2	family support activities (picnics, support groups	3.69	3.20	2.63
3	thinking outside the box for services and supports	4.63	3.73	3.00
4	connecting families to other families	3.93	3.07	3.47
5	strong relationships between FASST teams and families	4.75	3.87	3.00
6	locating services for families	4.38	3.80	3.06
7	navigating the service system for/with families	4.63	3.80	2.81
8	educating families about our education system	4.28	3.47	2.81
9	FASST teams connection with the schools	4.69	3.80	2.88
10	working hand in hand with the schools	4.56	3.67	3.00
11	empowering parents to advocate for their children	4.69	3.53	3.31
12	flexibility in service delivery	4.63	3.73	2.94
13	meeting families where they need to be met in terms of location (home visits, community visits, etc)	4.63	4.00	2.38
14	addressing needs on multiple domains (mental health, recreation, housing, education, safety)	4.75	3.93	2.69
15	providing a case manager to a family	4.63	4.27	1.50
16	use of a team approach, providing both a case manager and an advocate	4.25	4.14	1.87
17	team work within the FASST team	4.63	4.07	2.38
18	FASST team includes the parents	4.69	3.93	2.50
19	FASST team connection with the community	4.60	3.93	2.47
20	families' choice in service	4.73	3.93	2.20
21	families' choice in service providers	4.47	3.64	2.47
22	facilitation of a family support plan	4.56	3.93	2.19
23	focusing on family strengths	4.88	4.07	2.25
24	creation of family support plan	4.69	4.13	2.50
25	inclusion of natural supports in the support plan	4.69	3.93	2.81

	Brainstorming Statements, *continued*	Importance	Effectiveness	Difficulty
26	family team meeting pulls in other community resources for collaboration	4.31	3.00	3.00
27	family team collaboration creates positive synergy	4.25	3.71	2.67
28	access to flexible funding	4.19	4.00	1.94
29	provides tutoring	3.38	3.27	2.56
30	providing fluent interpreters	4.34	3.93	3.06
31	providing mentoring for the students (social skills, self-esteem, role model)	4.19	3.67	2.56
32	linking students to tutoring services	3.69	3.43	2.88
33	informing parents of their rights	4.75	4.07	1.69
34	informing parents of their responsibilities	4.50	3.80	2.13
35	instilling hope in children and families	4.75	4.07	2.56
36	instilling hope in teachers	3.81	3.07	3.00
37	helping families stabilize through crisis intervention	4.47	3.64	3.13
38	transition families from their own culture to broader US culture	4.07	3.29	3.67
39	educating families about the broader US culture	4.13	3.40	3.67
40	connecting parents to schools	4.44	3.00	3.31
41	encourage families to sustain what they have gained	4.63	3.47	3.50
42	timely response to family needs	4.56	3.00	2.94
43	continual follow-up with families	4.40	3.64	2.53
44	positive disengagement with families	4.56	3.79	2.53
45	lenient policies that are family friendly	4.31	3.73	2.38
46	services that are inclusive of the entire family	4.69	3.80	2.94
47	providing services beyond the target population	3.94	3.73	2.93
48	support plan includes all relevant family members	4.56	3.67	2.81
49	FASST team members are supportive of each other	4.50	3.93	2.31
50	support through training for FASST team members	4.38	3.53	2.38
51	support of FASST team members through supervision	4.50	4.00	1.73
52	focus on team building within FASST staff	4.38	3.71	2.20

	Brainstorming Statements, *continued*	**Importance**	**Effectiveness**	**Difficulty**
53	focus on team building across FASST programs	4.13	3.40	2.56
54	team strategizing around family needs	4.75	3.80	2.31
55	focus on relationship building within our schools	4.56	3.00	3.13
56	FASST teams communicate regularly with schools	4.50	3.53	2.88
57	yearly faculty presentations to all FASST schools	4.06	3.47	2.31
58	having a CQI process (continuous quality improvement)	4.25	3.53	2.44
59	utilizing data to improve the program	4.19	3.40	2.50
60	using the CQI process to bring consistency across programs	4.31	3.40	2.63
61	translation of the FASST forms to Spanish	4.44	3.93	2.75
62	FASST oversight committee provides direction and planning	4.25	3.00	2.31
63	seamless continuum of care for families	4.69	3.27	3.44
64	early childhood intervention and prevention	4.56	3.93	2.63
65	strive for smooth transition of families between FASST teams/programs	4.38	3.53	3.13
66	stay with families when families re-locate	4.31	3.73	3.06
67	improve child's sense of safety	4.56	3.00	3.06
68	improve child's self-esteem	4.44	3.87	2.75
69	individualizing services	4.56	4.00	2.75
70	services follow the family	4.56	3.87	3.00
71	heartfelt commitment to families	4.40	4.29	2.33
72	it's not an 8-5 job	4.20	3.79	2.47
73	it's not a cookie-cutter approach	4.50	3.87	2.44
74	we help families do better in the community	4.25	3.40	3.19
75	we help children do better in schools	4.56	3.80	2.81
76	FASST provides services to families so kids can do better in schools	4.63	3.87	2.69
77	FASST provides services to help kids do well academically	4.69	3.87	2.94
79	FASST provides services to improve attendance	4.63	4.00	3.06

	Brainstorming Statements, *continued*	**Importance**	**Effectiveness**	**Difficulty**
80	serving children beyond academic and behavior referral criteria	4.19	3.53	3.00
81	serving children with medical needs	3.94	3.21	3.00
82	serving children without the need of a DSM diagnosis	4.50	3.93	2.56
83	serving children in the ELL (English language learners) program	4.25	3.93	2.69
84	addressing immigration issues with families	4.00	3.53	3.63
85	serve families regardless of insurance	4.69	4.13	2.38
86	serve families regardless of citizenship	4.40	4.00	2.87
87	getting to the child before they're labeled	4.31	3.53	2.94
88	being part of a system that starts early with children	4.69	4.00	2.81
89	being part of an integrated service array	4.69	3.80	2.88
90	preventing children from going into the child welfare system	4.63	3.57	3.13

Appendix D: