Developing Sustainable Infrastructure in Support of Quality Field-Based Practice

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

Phase II Report

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Acknowledgements

Report Overview

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 CBHC can maximize investment in locally developed programs and promote, implement, and sustain best practice for positive child and family outcomes.

This document reports on Phase II of SIP. The purpose of Phase II was to determine and describe what is needed to maintain program fidelity of a locally developed program through the identification of core implementation components and examination of community context and infrastructure. The goal of this phase was to identify and describe the core implementation components necessary for the success of Hillsborough County's Family and School Support Team (FASST) program. Phase II results are presented as one of three phases of the SIP project:

Phase I: Identify and Describe Core Intervention Components	→	**Phase II: Identify and Describe Core Implementation Components**	→	Phase III: Develop Implementation Toolkit based on Findings of Phases I and II
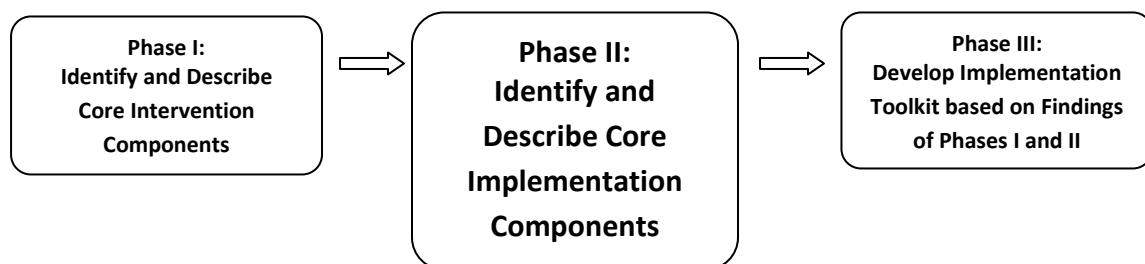
Phase II findings related to core components of FASST Implementation are presented in two sections:

- FASST Implementation Framework – This section defines values, administrative structures, and core implementation domains for FASST implementation and presents a multi-level, multi-agency framework for FASST implementation; and
- FASST Implementation Strategies – This section describes implementation findings and makes recommendations across each of the core implementation domains.

In general, Phase II findings indicate that FASST implementation occurs at three organizational levels: Program; System; and Policy. The **Program** level includes implementation efforts of the FASST Child and Family Teams and the provider agencies that administer the FASST program. The **System** level includes Children's Future Hillsborough (CFH) and Achieve Management, as well as the administrative leadership and oversight bodies that impact FASST implementation. This level also

incorporates the collaborative efforts of the Hillsborough County Public Schools (HCPS). The **Policy** level is comprised of the CBHC and provides funding as well as community-level directives and guidelines related to program implementation. Implementation findings specific to each of these levels are presented in this report.

 The FASST intervention was undergoing changes as Phase II of this study progressed. These changes are profiled in Appendix B of this report. Appendix B describes changes in the FASST theory of intervention that occurred during the Phase II investigation of FASST implementation. These changes were a result of 1) the response of FASST planners and implementers to the Phase I findings that identified a need to strengthen and build congruence of the FASST theory of intervention across provider agencies and program levels; and 2) policy changes that shifted the FASST program emphasis to a model of universal access. These changes are important because program implementation efforts are necessarily linked to a program's theory of intervention. An update of the literature base for the FASST model of intervention is provided in Appendix C.

Phase II Evaluation Design Matrix Benchmarks

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

Process Objective	Program Activities	Activity Detail
Determine and describe what is needed to maintain program fidelity through the identification of core implementation components and examination of community context and infrastructure.	Work collaboratively with key FASST stakeholders and the FASST Oversight Committee to identify core implementation components of FASST.	✓ The research team has investigated implementation strategies at the agency and system (cross-agency) levels for staffing, training/coaching, supervision, evaluation, and quality improvement via agency, school and family interviews, file/chart reviews, observations, and document review. ✓ The research team has completed the development of the FASST program brochure and 2-page stationery with the assistance of a cross-agency social-marketing workgroup (samples are attached). ✓ Phase I findings were presented to the FASST Oversight Committee, with ongoing discussion with the Oversight Committee regarding Phase I recommendations. ✓ Active involvement with the FASST Regionalization/Universal Access workgroup and subgroups (related to defining Regionalization/Universal Access, defining the population, and clarifying roles and responsibilities of agency staff related to Regionalization).
	Conduct a minimum of 20 interviews with service providers and consumers of FASST services to identify core implementation components.	✓ 68 interviews were conducted in Phase II, including family members, school personnel, agency personnel at all levels (program managers, clinical supervisors, FSCs, FAs/Promotoras), and personnel at the system level.
	Conduct process observations related to implementation of the FASST model (i.e., meetings, trainings, and interagency planning).	✓ 61 observations were conducted in Phase II. ✓ 12 chart reviews were conducted in Phase II.
	Analyze system-level documents and data collected from interviews and observations related to implementation.	✓ Analyses of system-level documents, interview data, observation data, and file/chart review data have been conducted.
	Formulate findings related to maintaining FASST program fidelity.	✓ Findings related to FASST Implementation Components are detailed in Phase II Report. ✓ Further findings related to FASST program fidelity and the development of tools to assess FASST program fidelity will be detailed in Phase III of this project.

Phase II Evaluation Design Benchmarks Continued

Process Objective	Program Activities	Activity Detail
Determine and describe what is needed to maintain program fidelity through the identification of core implementation components and examination of community context and infrastructure.	Continue to work collaboratively with the Project Advisory Board.	✓ Organization of and collaboration with a Phase II SIP Research Advisory Board: a) During Phase I and the beginning of Phase II, the FASST Oversight Committee served as the SIP Research Advisory Board. b) During Phase II, a SIP Research Advisory Board was organized so that more time could be devoted to SIP than is typically available during FASST Oversight meetings. c) The SIP Research Advisory Board will meet quarterly, and held its first meeting on September 9, 2008, and its second on December 9, 2008. d) The SIP Research Advisory Board consists of representatives from FASST agencies, Children's Future Hillsborough, Hillsborough County Public Schools, and Family Support and Resource Centers.
	Prepare and submit Phase II report to CBHC.	✓ The research team requested and was granted a no cost extension for Phase II through December 31, 2008 due to the unanticipated impact that the development of Regionalization/Universal Access has had on FASST Implementation. ✓ The Phase II report of findings related to FASST implementation will be submitted to the Children's Board of Hillsborough County by January 31, 2009 after review and feedback from the SIP Research Advisory Board. ✓ The Phase II report will provide an update of the FASST program's Theory of Intervention based on findings from Phase II of this research project. ✓ The report will focus on implementation components of the FASST program. Specifically, it will provide implementation findings and recommendations at the Program/Agency, System, and Policy levels.

Acronyms

The following terms are used in this report.

ASO—Administrative Services Organization

CAFAS—Child and Adolescent Functional Assessment Scale

CBHC – Children's Board of Hillsborough County

CFARS – Children's Functional Assessment Rating Scale

CFH – Children's Future Hillsborough

CHI – Children's Home Inc.

C-STARS—Center for the Study and Teaching of At-Risk Students

DSM – Diagnostic and Statistical Manual of Mental Disorders

EBP – Evidence-Based Practice

EE Matrix—Empowerment Evaluation Matrix

ESD—Education Service Districts

ESE – Exceptional Student Education

FA—Family Advocate

FASST – Family and School Support Team

FSC—Family Support Coordinator

FSP—Family Support Plan

FSRC—Family Support and Resource Center

HCPS—Hillsborough County Public Schools

HSC – Hispanic Services Council

MHC – Mental Health Care, Inc.

PBS – Positive Behavioral Support

PSST—Pinellas School Support Team

RAICES – Research, Advocacy, Integration, Collaboration, Empowerment, and Services

SCS – Service Coordination Scale

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

SOC – System of Care

TCM— Targeted Case Management

TCM-AR—Targeted Case Management-At Risk

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Introduction

Description of Study

Across the United States communities have developed interventions specifically designed to meet local need. 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 effective local 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 (CBHC), which has invested in a wide range of services and supports designed to meet the specific needs of local children and families, can maximize investment in locally-developed programs and promote, implement, and sustain best practice for positive child and family outcomes.

> Building and maintaining infrastructure requires ensuring that interventions are 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 interventions 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 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. This process 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 related to both intervention and implementation for the purpose of clearly defining and improving fidelity to the FASST model. For the CBHC this includes developing intervention and implementation strategies that 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. The timeline for this project was extended to capture program changes that were occurring as the research progressed. The revised timeline for the three phases is:

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

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

Phase III – Develop guidelines and tools to support fidelity in field-based practice (January 2009 – September 2009).

The objectives of this project across all three phases are: a) to validate and provide evidence to strengthen the current FASST intervention 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 II

The purpose of Phase II of this study was to determine and describe what is needed to maintain FASST program fidelity through the identification of core implementation components and examination of community context and infrastructure. The goal of this phase was to determine what core implementation components are evidenced within the FASST model and are necessary for its success.

Attention to program implementation is a strategy for improving the likelihood that a program's model will be carried out as intended (Chen, 2004; Hernandez & Hodges, 2003; Patton, 2008; Weiss, 1995) Program implementation offers a framework by which staff can be supported in their delivery of intervention strategies. Phase II of this research project built upon the theory of intervention developed within Phase I to identify the implementation supports necessary to carry out the FASST model as intended. This report will continue to focus on the theory of intervention logic model components of population of focus, intended goals and outcomes for that population, and strategies used to achieve these outcomes, but will also offer findings and recommendations focused on the implementation of FASST at the program, system, and policy levels. Phase II activities included:

> **Phase II Purpose:** To determine and describe what is needed to maintain FASST program fidelity through the identification of core implementation components and examination of community context and infrastructure.
>
> **Phase II Goal:** To determine what core implementation components are evidenced within the FASST model and are necessary for its success.

- Engaging community stakeholders, including the four FASST provider agencies (The Children's Home Inc., Hispanic Services Council, Mental Health Care, Inc., and Northside Mental Health Center), Hillsborough County Public Schools (HCPS), FASST families, the FASST Oversight Committee, Children's Future Hillsborough (CFH), and CBHC staff;

- Conducting process observations, interviews, chart reviews, and document review in order to clarify FASST intervention components, identify FASST implementation components, and to examine the community context and infrastructure of FASST;

- Gaining further clarification of FASST intervention components through the development of a FASST program brochure and stationery;

- Gathering information about FASST universal access strategies and the Regionalization Pilot as it relates to the evolution of FASST intervention and implementation strategies; and

- Gathering information regarding evaluation methods of FASST through observations, document review, and interviews.

In addition, the research team established a SIP Research Advisory Board, comprised of representatives from the CBHC, CFH, the FASST program, HCPS, the Family Support and Resource Centers (FSRC), and the Early Childhood Council, to function as a mechanism for communication and feedback in the learning community. The purpose of the Research Advisory Board is to review the activities being conducted by the research team, to provide feedback on results, and to offer recommendations to increase validity, dissemination, and utilization of results. During Phase I, the FASST Oversight Committee served in this capacity. However, with a full agenda for each FASST Oversight Committee meeting, it became necessary to convene a separate meeting to address issues specific to the research project. The Research Advisory Board was convened in the fall of 2008 and meets on a quarterly basis. To date, two advisory board meetings have been held.

Research Methods

The qualitative research design of SIP uses a team-based approach that incorporates a variety of methods, triangulates data, and seeks inter-coder agreement across members of the research team. 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; and

- Repetition of questions, discussions, and observations is used to seek information from multiple perspectives.

During Phase II, research team data collection consisted of the following:

- Conducted 68 interviews with FASST agency personnel, FASST administrative personnel, school district personnel, and family members;

- Completed 61 observations;

- Conducted 12 chart reviews of FASST cases;

- Conducted a social marketing workgroup that met 5 times to develop updated FASST stationery and brochure;

- Continued review of relevant documents.

FASST Implementation Framework

Implementation Defined

Phase II of the research project focuses on implementation of the FASST program. There is no sole definition or any one authoritative source for the definition of the term implementation. Webster's Dictionary describes implementation as a means to accomplishing a task (Merriam-Webster Online Dictionary, 2009); dictionary.com defines implementation as "putting into effect according to or by means of a definite plan or procedure" (Dictionary.com Unabridged, n.d.). For the purpose of this review, definitions discussed will be guided by the established literature in the field of social and human sciences.

Fixsen and colleagues (2005) define implementation as "a specified set of activities designed to put into practice an activity or program of known dimensions" (p.5). According to Fixsen and colleagues, implementation also means the efforts to incorporate a program or practice at the community, agency, or practitioner levels. Moseley and Hastings (2005) describe implementation as the process of communicating, piloting, launching, monitoring, and modifying interventions. Its intended outcome is the institutionalization of the planned intervention, resulting in long-term change within the organization. It is commonly agreed that implementation is challenging, complex, and lacks perfection. However, Blase (2008) notes that effective intervention practices and programs plus effective implementation strategies and practices equals good outcomes for children, families, and consumers. Further, she states that this combination produces desirable results, but is very challenging for communities to address. Applying this logic to FASST, it is this combination of effective intervention practices and effective implementation strategies that allows case management programs such as FASST to achieve positive outcomes for children and their families. The following section will introduce components of implementation as they relate to FASST.

FASST Implementation Context

At the program level, the implementation literature suggests that practitioner change is accomplished through using implementation drivers including staff selection, training, coaching, and evaluation (Durlak, 1998; Fixsen et al., 2005; Gottfredson & Gottfredson, 2002; Mihalic & Irwin, 2003). The literature suggests a parallel process to accomplish organizational-level change in which an intervention's purveyor[1] communicates both intervention and implementation components in support of fidelity to the intervention (Fixsen et al., 2005). In some instances of evidence-based practice implementation, the intervention can be purchased as a package that includes both intervention and implementation support by the intervention's purveyor at both the program and organizational levels. Multi-Systemic Therapy is an example of such implementation efforts.

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[1] A person or group representing a program or practice who actively work to implement that practice or program with fidelity and good effect (Fixsen et al., 2005).

For locally-developed interventions such as FASST, however, there is not a single or independent purveyor for the FASST program from whom intervention and implementation support can be purchased. As a community-driven, community-developed intervention, numerous individuals and community groups, including the CBHC, HCPS, CFH, and the agencies delivering FASST services, have been engaged in and responsible for FASST program development and implementation. Although interview and observation data indicate that the involvement of multiple community organizations contributes significantly to the program's adaptability and responsiveness to local need, the resulting implementation context is more complex than a linear relationship in which intervention and implementation information is communicated between a source of and targeted destination. Second, the FASST intervention is, by design, delivered by four independent provider agencies. FASST's implementation context includes not one, but multiple practitioner organizations whose system-wide efforts are overseen by CFH as well as the policy-level involvement of CBHC.

> FASST implementation is best understood using a framework that integrates key aspects of its multi-level, multi-agency, community-wide context. This includes:
> - Implementation Values
> - Implementation Levels
> - Core Implementation Domains

FASST is a community-inspired and community-driven intervention that was developed in response to local needs and strengths. As such, findings related to FASST implementation are best understood using an implementation framework that incorporates this multi-level, multi-agency, community-wide context. Data suggest a framework that describes core implementation domains, organizational levels of implementation, and suggests roles and responsibilities for each implementation domain across these levels. Such a framework will support the development of implementation guidelines and specific suggestions for appropriate implementation roles and responsibilities. There are three components that should be integrated to provide this framework:

1. Implementation Values – lay the foundation for implementation by articulating the purpose and intent of implementation;

2. Key Implementation Levels – describe the key roles of the community organizations with administrative responsibility for FASST implementation;

3. Core Implementation Domains – describe core implementation functions across levels.

As a whole, these components provide a multi-level, multi-agency framework for implementation across key implementation functions and domains. Taken together they provide structure and process for the implementation of FASST as a community-developed, community-driven intervention.

Implementation Values

The implementation values listed below represent stakeholder ideals for FASST implementation. These values were identified through interview and observational data for the purpose of providing a foundation for the FASST implementation framework. These values include the following:

> **Implementation Values**
> - Shared understanding of and commitment to the intervention
> - Fidelity and adaptability across contexts
> - Data-based program decisions
> - Quality assurance within and across provider agencies

1. Implementation activities should support shared understanding of and commitment to the FASST theory of intervention including the intended population of children and families to be served, the intended program outcomes, strategies for providing services and supports, and the values and principles upon which the FASST intervention is based among Policy, System, and Program Level planners and implementers;
2. Implementation activities should support the ability of FASST provider agencies to maintain fidelity to the FASST intervention while adapting to a variety of implementation contexts including geographic location, individualization of services and supports, and differing provider agency contexts;
3. Implementation activities should support the active utilization of evaluation data in decisions related to program planning and service delivery; and
4. Implementation activities should ensure the quality of the FASST intervention within and across FASST provider agencies.

Key Implementation Levels

The administrative structure of FASST is complex in that the program operates across multiple local agencies, each having its own intra-agency administration as well as vision, mission, and goals that potentially differ from each other. In addition, the activities of the FASST agencies are embedded in the administrative structures of CFH as well as CBHC and HCPS. Data indicate that the organizations responsible for FASST implementation constitute three levels of administrative structure: the program level, system level, and policy level. This is a critical consideration in FASST implementation because cross-agency collaboration and support can be a determinant factor in the success of the program or practice being implemented (Adelman & Taylor, 2002; Center for Mental Health in Schools, UCLA, 2004; Fagan & Mihalic, 2003; Mihalic & Irwin, 2003). For example, Ellickson and Petersila (1983) note, "Innovations that require but do not obtain cooperation across different organizations typically attain only low or moderate levels of effectiveness; those that achieve high levels of external support are much more likely to realize their full potential" (p.35). In consideration of this, the FASST implementation framework incorporates these three levels of implementation. The role of each level of administrative structure in FASST implementation is framed below:

Program-Level Implementation includes the activities of FASST provider agencies and Child and Family Teams. The role of the FASST provider agencies and Child and Family Teams in FASST implementation is to provide intra-agency leadership, administration, and management to ensure the delivery of services and supports to children and families with fidelity to the FASST program intent and system of care values and principles.

System-Level Implementation includes the activities of CFH and Achieve Management, Inc. The role of the system level in FASST implementation is to provide the cross-agency leadership, administration, and management necessary to support the consistent implementation of the FASST intervention with fidelity to the program intent and system-of-care values and principles. The implementation of a program across multiple agencies creates a responsibility for managing and supporting implementation across agency settings and contexts. CFH has this role with regard to FASST. This level also incorporates the collaborative efforts of the Hillsborough County Public Schools (HCPS).

FASST Implementation Levels

- **Program-Level Implementation** includes the activities of FASST provider agencies and Child and Family Teams in providing intra-agency leadership, administration, and management to ensure the delivery of services and supports to children and families with fidelity to the FASST program intent and system of care values and principles

- **System-Level Implementation** includes the activities of CFH and Achieve Management, Inc. in providing cross-agency leadership, administration, and management necessary to support the consistent cross-agency implementation of the FASST intervention.

- **Policy-Level Implementation** includes establishing a community-wide definition of the intended FASST program intervention in partnership with FASST stakeholders and providing guidelines necessary to support the community-wide implementation of FASST in accordance with system of care values and principles.

Policy-Level Implementation includes activities of the CBHC. The role of the policy level in FASST implementation is to establish a community-wide definition of the intended FASST program intervention in partnership with FASST stakeholders and to provide guidelines necessary to support the community-wide implementation of FASST in accordance with system of care values and principles.

At the policy level, the CBHC has been the primary funder of FASST and holds the key community responsibility for building and maintaining system infrastructure and linking FASST to system-of-care values and principles. As a funder, CBHC has responsibility for policy decisions that affect community-based services and supports across agencies and programs as well as establishing community-wide funding strategies and community-wide program goals and outcomes. Policy-level responsibilities include maintaining clarity around how policy changes affect program intervention and the ability to accomplish intended outcomes and ensuring that policy changes reflect community needs and strengths. It should be noted that HCPS has provided funding support to FASST since its inception, although to a lesser degree.

> **Intervention-Implementation Link**
> Program implementation strategies are inextricably linked to the intervention. If an intervention changes, this may impact activities within the core implementation domains. Subsequent sections of this report describe the FASST theory of intervention in detail and make recommendations intended to build clarity and shared understanding of FASST intervention strategies across program levels and provider agencies. Implementation efforts should be reconsidered and possibly revised in response to intervention changes.

Core Implementation Domains

Data suggest five core implementation domains across which implementation activities should be carried out. These domains represent essential implementation responsibilities at each level.

- **Intervention Intent Domain** involves activities related to creating specificity and shared understanding around all components of the FASST theory of intervention (vision/mission, values and principles, population of focus, intervention strategies, and goals/outcomes) across all levels of FASST implementation.

- **Communication Domain** involves activities related to communicating aspects of the FASST intervention across all levels of FASST implementation.

- **Administrative Leadership Domain** involves activities related to the provision of administrative and funding support across all levels of FASST implementation.

- **Staff Development and Support Domain** involves activities related to recruitment, hiring, training, coaching, supervision, and evaluation of staff across all levels of FASST implementation.

- **Evaluation Domain** involves activities related to quality improvement and ensuring that FASST achieves intended outcomes across all levels of FASST implementation.

A Framework for Community-Driven Implementation

Core Implementation Domains at Each Level

The integration of the five core implementation domains with the three key levels of implementation makes it possible to specify implementation responsibilities across the levels for each domain. Figure 1 illustrates the relationship between the implementation domains and levels.

Figure 1
Framework for Community-Driven Implementation
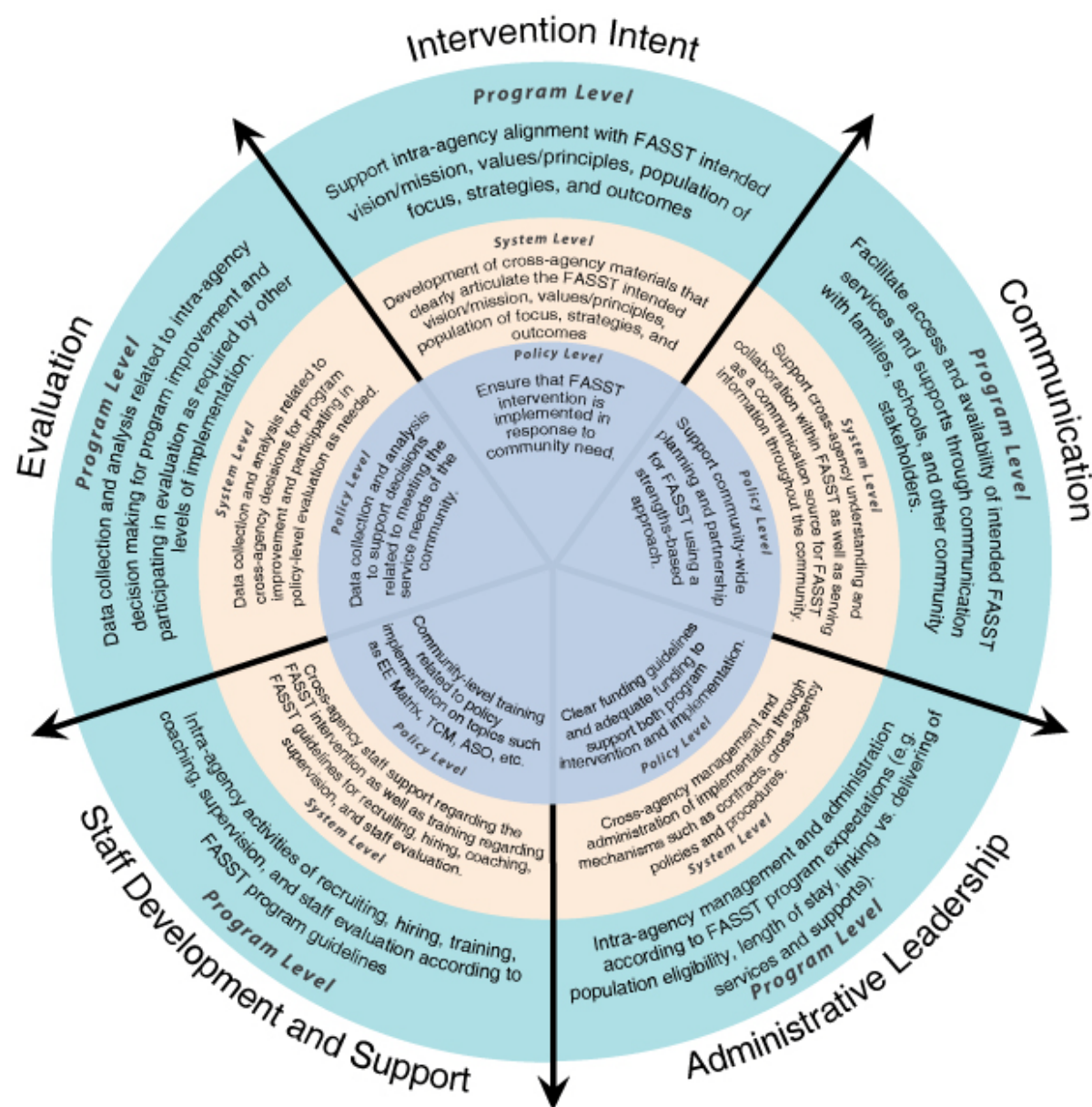
An overview of implementation responsibilities across levels for each implementation domain follows.

Intervention Intent Implementation Domain:

A shared understanding of the components of a theory of intervention is the foundation upon which other implementation strategies are built. Mihalic & Irwin (2003) emphasize the importance of having clarity around program intent as a necessary component of assessing a program's effectiveness. Implementation responsibilities in this domain include:

- Program-Level responsibilities for intervention intent include supporting intra-agency alignment with FASST intended vision/mission, values and principles, population of focus, strategies, and outcomes;

- System-Level responsibilities for intervention intent include development of cross-agency materials that clearly articulate the FASST intended vision/mission, values and principles, population of focus, strategies, and outcomes;

- Policy-level responsibilities for intervention intent include ensuring that the FASST intervention, including mission/vision and values/principles as well as intended population of focus, strategies, and outcomes, is implemented in response to community need.

Communication Implementation Domain:

Implementation cannot happen successfully without communication. Leaders need to clearly impart the vision, mission, and goals of the organization to those who are part of program or who practice implementation. Moseley and Hastings (2005) identify communication as the center of their change process, laying the foundation for implementation. They state that the primary purpose of communication is to disseminate the details of the intervention to all stakeholders, publicize upper-management support, and renew the commitments of stakeholders. Communication provides an opportunity to market successes, acknowledge failures, and publicize any modifications that are made to the intervention. Integrated into this communication process is a feedback loop whereby there are mechanisms and formal lines of communication from the practitioners and supervisors to the policy makers. Implementation responsibilities in this domain:

- Program-Level communication responsibilities include facilitating access and availability of intended FASST services and supports through communication with families, schools, and other community stakeholders;

- System-Level communication responsibilities include supporting cross-agency understanding and collaboration within FASST as well as serving as a communication source for FASST information throughout the community;

- Policy-level communication responsibilities include supporting community-wide planning and partnership for FASST using a strengths-based approach.

Administrative Leadership Implementation Domain:

Fagan and Mihalic (2003) state that, "administrative leadership is carried out through priority setting, resource allocation, scheduling, and social leadership" (p. 237). The authors add, "A good leader maintains a clear vision of the goals of the program, moves the program forward, and communicates with staff the need to embrace the values and ideas of the new program" (p. 238). Administrative leadership can assume the role of the champions of the program and as such create buy-in and involvement so that everyone feels part of the program being implemented. Implementation responsibilities in this domain include:

- Program-Level responsibilities for administrative leadership include intra-agency management and administration according to FASST program expectations (e.g., population eligibility, length of stay, linking vs. delivering of services and supports);

- System-Level responsibilities for administrative leadership include cross-agency management and administration of implementation through mechanisms such as contracts, cross-agency policies, and procedures;

- Policy-Level responsibilities for administrative leadership include providing clear funding guidelines and adequate funding to support both program intervention and implementation.

Staff Development and Support Implementation Domain:
Staff development and support includes recruitment, hiring, training, coaching, and supervision of staff (Durlak, 1998; Fixsen et al., 2005; Gottfredson & Gottfredson, 2002; Mihalic & Irwin, 2003). As the implementation of evidence-based practices and programs become more of a national phenomenon, staff development and support issues will likely become much more important (Fixsen et al., 2005). Implementation responsibilities in this domain include:

- Program-Level responsibilities for staff development and support include intra-agency activities of recruiting, hiring, training, coaching, supervision, and staff evaluation according to FASST program guidelines;
- System-Level responsibilities for staff development and support include cross-agency staff support regarding the FASST intervention as well as training regarding FASST guidelines for recruiting, hiring, coaching, supervision, and staff evaluation;
- Policy-Level responsibilities for staff development and support include providing community-level training related to policy implementation on topics such as EE Matrix, TCM, ASO, etc.

Evaluation Implementation Domain:
Literature on program implementation emphasizes evaluation (in particular process evaluation) and utilization of results as important components of successful implementation (Fagan & Mihalic, 2003; Harachi et al., 1999; Mihalic & Irwin, 2003). In their lessons learned regarding the adoption of

prevention programs, Fagan and Mihalic (2003) highlight the need for greater attention to the quality of implementation, particularly assessments of how a program is being implemented in comparison with its stated intent. Used in this way, evaluation can be used to identify the characteristics that increase or decrease the likelihood of success. Fulbright-Anderson, Kubisch, and Connell (1998) argue that good evaluation should generate useful feedback to guide implementation. Similarly, Fixsen et al., (2005) support that the assessment of program performance is a critical component of program implementation. From the perspective of program implementation, evaluation can be compared to auditing in that there is a need to have frequent and timely examination of the integrity of the intervention, implementation, and organizational support, with the goal being to facilitate continuous improvement (Moseley & Hastings, 2005). Implementation responsibilities in this domain include:

- Program-Level responsibilities for evaluation include data collection and analysis related to intra-agency decision making for program improvement and participating in evaluation as required by other levels of implementation;
- System-Level responsibilities for evaluation include conducting data collection and analysis related to cross-agency decisions for program improvement and participating in policy-level evaluation as needed; and
- Policy-Level responsibilities for evaluation include data collection and analysis to support decisions related to meeting the service needs of the community.

Findings related to the implementation at each of the three levels of administrative structure and across all five implementation domains as well as recommended implementation strategies are presented in the following section.

FASST Implementation Strategies

Intervention Intent Domain

Program-Level Intervention Intent

The FASST intervention is implemented at the program level through the four FASST provider agencies and their Child and Family Teams. Child and Family Team activity carried out with careful adherence to the intended intervention is a defining aspect of FASST. As such, FASST Child and Family Teams are critical to FASST implementation with fidelity. Cross-agency data indicate that FSCs, FAs, and Promotoras are resourceful and very dedicated to helping families. All families have a Family Service Plan and are engaged in team meetings. In addition, FASST Teams work closely with families and encourage families to take an active role in service planning and delivery. ASO funds are used judiciously, but are consistently available to support children and families.

> *"They do a nice job of talking about the strengths before they talk about the weaknesses. And that's a powerful thing. It sounds so simple. The parents I work with have had weaknesses pointed out daily for their whole child's life. To have a meeting where you talk about the positives, it's fabulous."*
>
> School Partner

Recommendations

Data indicate the following recommendations related to intervention intent as a component of implementation at the program level:

Figure 2
Findings: Intervention Intent Domain

- **Recommendation: Build cross-agency consistency related to the roles and responsibilities of FASST staff.** Data indicate that roles and responsibilities of Family Support Coordinators (FSCs) and Family Advocates (FAs)/Promotoras vary considerably across FASST provider agencies. In addition, data indicate that efforts are underway to build cross-agency consistency around these roles and responsibilities. It should be noted, however, that the implementation of Regionalization, TCM, and TCM-At Risk is changing the nature of these roles. This remains an area of ambiguity and transition at the program level.

- **Recommendation: Build cross-agency consistency regarding whether the primary intervention is to link to community services or provide services directly to children and families.** Data indicate that this inconsistency results in community partners and families being unclear as to whether the FASST intervention is intended to be one of linkage to community services or the provision of services directly. Data indicate that community partners such as schools are sometimes confused by the differences in the FASST intervention across agencies.

> *"A family served by one FASST team if transitioned to another FASST team may ask about the difference in service or what the agencies do. This will become more important in Regionalization, to do things the same way or an awareness of what they are doing. That goes back to "What is FASST?"*
>
> FASST Staff

- **Recommendation: Increase clarity around appropriate FASST length of stay and the relationship between length of stay, discharge criteria, and family needs and goals.** Data indicate that lengths of stay in the FASST programs vary considerably within and across agencies.

> *Data indicate that school personnel have differing information or do not know the exit criteria for FASST.*

Agency-level supervisors are responsible for clarifying FASST intervention as it is carried out by their staff and should look to system and policy levels of implementation for clarification of intended intervention practices.

System-Level Intervention Intent

The FASST intervention is implemented at the system level through the efforts of CFH. Consistent cross-agency implementation is a defining aspect of the FASST intervention and, as such, is critical to FASST fidelity. System-level data indicate that CFH reinforces system of care values and principles, particularly a focus on family-centered, family-driven care. CFH has created an environment which facilitates agency commitment to FASST goals and values and agencies working collaboratively to address implementation issues.
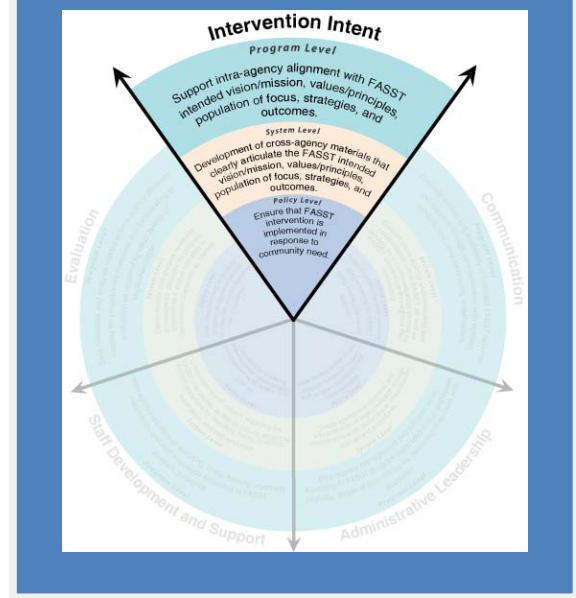
Recommendations

Data indicate the following recommendations related to intervention intent as a component of implementation at the system level:

- **Recommendation: Develop a FASST manual that addresses every aspect of the intended FASST intervention as well as related policies and procedures, and is differentiated from agency-specific policy and procedure manuals.** Such documentation of the FASST intervention should articulate vision/mission, values and principles, population of focus, intervention strategies, and goals/outcomes. Interview and observational data indicate that the existing FASST Orientation Manual, which is currently being reviewed for revision, is often referenced as a policy and procedure manual. Extensive review of this document indicates that it does not fully address the

components of the FASST intervention or policies and procedures related to the FASST program.

- **Recommendation: Differentiate the FASST vision/mission from that of CFH**. A FASST-specific vision and mission statement would articulate the program's unique contribution to the CFH collaborative. This should be facilitated at the system level by CFH.

In general, the system-level recommendations described above are intended to provide solutions to issues identified for FASST implementation of Intervention Intent at the program-level and would support agency-specific implementation of the FASST intervention.

Policy-Level Intervention Intent

The FASST intervention is implemented at the policy level primarily through the efforts of the CBHC. The CBHC has responsibility for developing and administering policies that ensure the FASST intervention is implemented in response to local community need and strengths. Examples include setting policy around funding strategies, priorities, and expectations, and ensuring that these are responsive to changing community demographics. Maintaining responsiveness to community need is essential to local program development and, as such, is critical to establishing FASST fidelity.

Recommendations

Data indicate the following recommendations related to intervention intent as a component of implementation at the policy level:

- **Recommendation: As CBHC undertakes policy changes related to Regionalization, TCM, and TCM-AR[2], the potential impact on the intended FASST intervention should be considered:**

  - For example, the decision to use the TCM-AR mechanism to open FASST cases for children "at risk of abuse or neglect", but without academic or school behavioral issues suggests a move away from the traditionally school-focused FASST population. Data indicate that clarification is needed as to how these changes will affect the FASST population of focus and eligibility for FASST services.

  - Similarly, the roles and responsibilities of FSCs and FAs may be affected by implementation of regionalization, TCM, and TCM-At Risk. Data indicate that some FAs have begun to carry a caseload independent of FSCs. This represents a significant change in the composition of FASST teams, which originally called for

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[2] Please see Appendix B for discussion of FASST Intervention and the potential impact of Regionalization, TCM, and TCM-AR.

an FA or Promotora acting in advocacy for and support of families, and the FSC in a primary role of service coordination. Data indicate that during the transition

> "Things change so fast it is hard to keep up…a million miles a minute."
>
> FASST staff on policy changes and effect on morale

to Regionalization and TCM-AR, there has been notable staff turnover.

- o Finally, data indicate that FASST teams will serve families in financial crisis through the ASO Family Stability (i.e., ASO Expansion) Program. Although this is expected to be a successful strategy for providing ASO access to families with financial needs, this change suggests a move away from FASST's historically expressed population focus on individual children and their academic and behavioral needs.

In general, policy-level decisions should be reviewed for any impact on FASST intervention before their implementation so that the program is implemented to support FASST efforts in the achievement of expected goals.

Communication Domain

Program-Level Communication

FASST provider agencies communicate the FASST intervention directly to agency staff as well as to community members through their interactions with families, schools, and other providers of services and supports. Communication of the FASST intervention with consistency, including vision/mission, eligible population, service strategies, and intended outcomes is key to implementing FASST with fidelity at the program level. Data indicate that Child and Family Team meetings, the recent development of a FASST brochure, and implementation of the Monthly School Application Status Report support the implementation of FASST through program-level communication.

> " They sat down with me and went through what was most important, what was my outlook on what was going to be the future so we could get there. What I wanted for the kids, what their future looked like in the school, things like that."
>
> Family Member

Recommendations

Data indicate the following recommendations related to communication as a component of implementation at the program level:

> "Any child attending school in Hillsborough County"
>
> "Not sure; young kids"
>
> "Kids (who) have an emotional situation; family dysfunction"
>
> School personnel when asked about FASST eligibility

- **Recommendation: Agencies should have a commitment to communicating FASST consistently and in accordance with the cross-agency definition of the FASST**

intervention. Data indicate inconsistent communication of FASST intervention to school and other community partners, particularly with regard to FASST procedures, the population of children and families eligible for FASST services, intended outcomes of the FASST program, and FASST services and support strategies. For example, community partners noted some inconsistent expectations across FASST teams about FASST intervention. Data also suggest some confusion by community partners as to which children are eligible for FASST services and supports. Clearer communication of expectations combined with targeted staff training would minimize this challenge.

Figure 3
Findings: Communication Domain

System-Level Communication

CFH is responsible for developing cross-agency understanding of the FASST intervention and its expectations as well as serving as a communication source for FASST information throughout the community. Communication of the FASST intervention with consistency, including vision/mission, eligible population, service strategies, and intended outcomes is key to implementing FASST with fidelity across provider agencies. With regard to cross-agency communication, FASST Oversight Committee and CFH Leadership Team have served as a primary communication mechanism. In addition, CFH serves as a liaison to the community in its communication regarding the FASST program among others, and its website serves as a community portal for information.

Recommendations

Data indicate the following recommendations related to communication as a component of implementation at the system level:

- **Recommendation: Clearly define membership, roles, responsibilities, and authorities of cross-agency groups such as FASST Oversight and CFH Leadership Team.** This information should be included in a FASST Policies and Procedures Manual and staff orientation materials.

- **Recommendation: Continue to move toward a more substantive role for FASST program managers.** Data indicate that CFH is more broadly including FASST managers through the creation of groups such as the FASST Leaders Group. The roles, responsibilities, and authorities of these groups should be clearly considered with regard to existing cross-agency groups.

- **Recommendation: Create a web presence for FASST as a single program, with individual agency representations of the program embedded within and distinction between community partners and funded programs clarified.** The CFH website serves as a central portal for information in the community. A review of the website information indicates the need for a more cohesive and consistent description of the FASST program on the website. For example, the CFH website index allows users to link to a list of CFH Partners (see Figure 4). This list includes both funded programs and community partners. Although it is possible to use the website to link to individual agency descriptions of the FASST program, a cross-agency description of the program is not available.

Figure 4
Example of CFH Website Index

OUR PARTNERS
- Jewish Community Center - Preschool North
- ECC Training Institute
- The Children's Home
- Northside Mental Health Center
- Mental Health Care, Inc.
- Hispanic Services Council
- Healthy Start Coalition
- Cornerstone Family Ministries
- Easter Seals Florida
- Early Childhood FASST (Northside Mental Health Center)
- Doula Program
- Our Partners Overview
- The Children's Board of Hillsborough County
- Early Childhood FASST (The Children's Home, Inc.)
- FASST(The Children's Home, Inc.)
- Tampa-Hillsborough County Public Library
- St. Francis Children's Daycare
- Bolesta Center, Inc.
- FASST (Northside Mental Health Center)
- Care Options
- Developmental Screening Program
- Early Childhood FASST (Mental Health Care, Inc.)
- FASST (Mental Health Care, Inc.)
- Louis de la Parte Florida Mental Health Institute (FMHI)
- Kid Connection

Policy-Level Communication

The CBHC is responsible for supporting community-wide planning and partnership for FASST using a strengths-based approach through the communication of all aspects of the FASST intervention throughout the community and particularly for building understanding for how the FASST program is intended to meet local community need. As such, CBHC is a public face for the FASST program at the policy level and key to community-wide FASST implementation. In its communication activities, CBHC is responsible for modeling strengths-based and transparent decision making. Data indicate that CBHC's regular participation in system-level FASST meetings demonstrates commitment to the FASST program and its value in the community. The FASST Project Manager serves as an effective link in communication between CBHC, CFH, and FASST provider agencies. In addition, the CBHC website offers clarity around community resources such as ASO that are integrally related to FASST intervention.

Recommendations

Data indicate the following recommendations related to communication as a component of implementation at the policy level:

- **Recommendation: Familiarize CBHC staff with FASST program goals and populations of focus.** Data indicate that direct referrals to the FASST program by CBHC staff do not always accurately reflect program eligibility criteria.

> *FASST Agency personnel note that FASST referrals from CBHC personnel sometimes do not meet FASST eligibility requirements.*

- **Recommendation: Clarify lines of communication across the program, system, and policy levels**. Data indicate that it is unclear when and on what topics communication between the CBHC and FASST program staff is to be expected.

- **Recommendation: Take a leadership role in minimizing the power dynamic that is inherent in the role of funder.** Data suggest that the CBHC's role as funder of FASST sometimes acts to restrict open communication of issues and concerns on the part of FASST program staff. This power dynamic, while unintentional, can impede system- and agency-level problem solving.

Administrative Leadership Domain

Program-Level Administrative Leadership

FASST provider agencies are responsible for the administrative leadership of FASST within their agencies for the purpose of supporting FASST implementation according to expectations and with fidelity. Data indicate that program supervisors are committed to clearly understanding and carrying out the FASST intervention according to its administrative guidelines. Agency staff, particularly at the supervisory level, are actively involved in system-level FASST planning meetings and demonstrate a commitment to communicating FASST policy decisions to their program staff.

Figure 5

Findings: Administrative Leadership Domain

Recommendations

Data indicate the following recommendations related to administrative leadership as a component of implementation at the program level:

- **Recommendation: Distinguish between agency and FASST policies and procedures.** Data indicate that FASST staff find it difficult to differentiate between those of the agency and those that are unique to FASST.

- **Recommendation: Develop program-level procedures for monitoring aspects of FASST implementation such as appropriate case loads, length of stay, appropriate use of services and supports to achieve family goals.**

- **Recommendation: Reinforce and consistently apply case exit criteria as well as policies and procedures for case follow up.** Data suggest there are inconsistencies not only across but within agencies regarding exit criteria.

> *"Sometimes we keep the kids too long, and it's difficult to determine when they're ready, but if the parent is involved and they are committed and moving forward, we'll keep them. Some of it is our own selves; we don't want to close the case."*
>
> FASST Staff

Although much FASST administration occurs at the program level, the cross-agency articulation of program policy should occur at the system level in order to achieve its cross-agency purpose.

System-Level Administrative Leadership

CFH is responsible for administrative leadership of the FASST program across provider agencies. Consistency of cross-agency administration is critical to implementation of the program with fidelity. Data indicate that system level administrators recognize the need for cross-agency administrative consistency and are working to establish guidelines by which the FASST program can be more consistently administered.

Recommendations

Data indicate the following recommendations related to administrative leadership as a component of implementation at the system level:

- **Recommendation: Further develop administrative guidelines such as appropriate case loads, length of stay, appropriate use of services and supports to achieve family goals.** A more comprehensive guide to FASST administrative policies and procedures would reduce cross-agency inconsistency in FASST implementation. Current efforts to update the existing FASST Orientation Manual should be expanded to include FASST administrative policies and procedures.

Policy-Level Administrative Leadership

The CBHC carries out policy level administrative leadership of the FASST program. This includes providing funding guidelines as well as determination of appropriate structural and administrative relationships across the three levels. Policy-level administrative leadership acts in service of ensuring FASST's ability to serve the needs of the community.
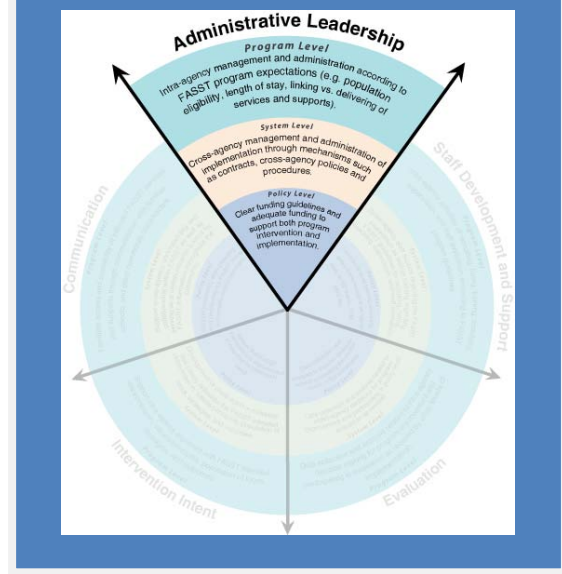
Recommendations

Data indicate the following recommendations related to administrative leadership as a component of implementation at the policy level:

- **Recommendation: Increase clarity around FASST administrative policies and procedures as well as contract guidelines that define CFH-Agency relationships to develop greater cross-agency consistency in FASST administration and**

management. Data indicate that consistent cross-agency administration of FASST at the system level is complex because of existing and ongoing relationships that FASST provider agencies have with CBHC through other contracts and committees. This can jeopardize direction given by CFH for FASST contracts.

Staff Development and Support Domain

Program-Level Staff Development and Support

FASST provider agencies are responsible for recruiting, hiring, and agency-level training of FASST staff as well as coaching, supervision, and evaluation of individual staff members. In so far as these activities support the FASST intervention, these staff development and support activities are critical to implementation of FASST with fidelity. Data indicate that new staff feel well supported by their

> *"There are often many challenging things that come up with families. When we need help, we go to the supervisors and they're always there and are able to find a way".*
>
> FASST Staff

supervisors and peers as they begin their work in FASST. Data also suggest that agency-level coaching and supervision is consistent, frequent, and structurally similar. Across agencies, data indicate that supervisors are available and readily accessible to staff, particularly when staff are faced with new or unfamiliar challenges of families. Agencies are also very supportive of staff attending a variety of trainings and conferences in support of ongoing staff development.

All agencies indicated that all staff need to attend Child and Family Team meetings before they assume responsibility for a case load.

Recommendations

Data indicate the following recommendations related to staff development and support as a component of implementation at the program level:

- **Recommendation: Provide FASST-specific training within each agency.** Training within agencies is geared more toward the agency than the FASST program. Data indicate that training related to FASST often consists of being directed to read the orientation manual and shadowing more experienced staff.

- **Recommendation: Review and revise as necessary the types and amount of training needed for FAs and FSCs as roles**

Figure 6
Findings: Staff Development and Support Domain
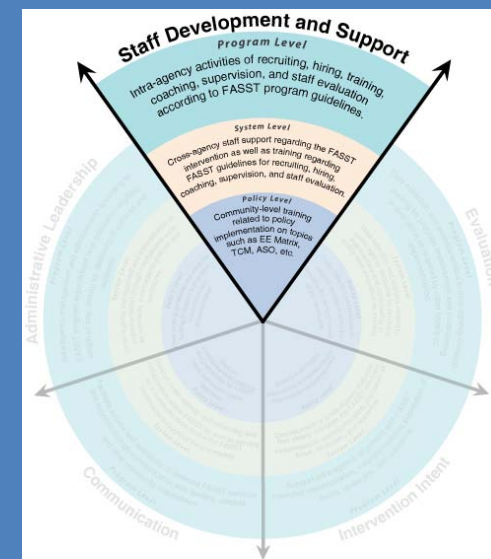
change within FASST. Training and orientation varies between FSCs and FAs with regard to type and amount. As the roles and responsibilities for these positions are clarified, particularly as to whether FAs will carry case loads independent of the FSCs, the amount and type of staff support should be reconsidered.

Data indicate that some individual agencies have developed FASST training to meet the needs of their staff. Agencies should look to the system level for cross-agency staff development related to the FASST program and implementation of the FASST intervention with fidelity.

System-Level Staff Development and Support

CFH is responsible for cross-agency staff support regarding the FASST intervention as well as training regarding FASST guidelines for recruiting, hiring, coaching, supervision, and staff evaluation. In this regard, CFH has initiated cross-agency training on specific aspects of the FASST intervention. For example, cross-agency training was planned and carried out on the topic of developing family support plans. In addition, CFH convened workgroups related to roles and responsibilities of FAs and FSCs in an effort to build consistency of these positions across agencies with regard to job duties and compensation. CFH engaged agency Human Resources directors in support of this work. This work demonstrates CFH's effort to build consistency of FASST staff across agencies.

Recommendations

Data indicate the following recommendations related to staff development and support as a component of implementation at the system level:

- **Recommendation: Develop more comprehensive and intensive cross-agency training to support implementation of the FASST program. Offer these trainings on a regular basis, monthly if necessary.** Data indicate that the CBHC training regarding TCM and CFH's orientation to their collaborative serve a useful purpose but are inadequate substitutes for providing FASST specific information regarding the FASST intervention and FASST-specific guidelines regarding recruiting, hiring, coaching, supervision, and evaluation of staff. Further, data suggest the significant value of the two week RAICES training used by HSC FASST. HSC staff note that the training provides the most comprehensive FASST training that they receive. The training educates them about the FASST program and how to effectively deliver services to children and families (e.g., what services are available in the community and how to access services for families, conducting Family Team Meetings and home visits, ensuring confidentiality).

  > *"I read the FASST manual. I went to a TCM at Risk 3 day training at the Children's Board. It's different form FASST but it gives you the basis and the foundation...Listening to the case managers and the family advocates."*
  >
  > FASST personnel regarding FASST training

- **Recommendation: Develop web-based resources to allow for staff training and support on a variety of FASST topics.** Data indicate that access to staff support materials is limited.

- **Recommendation: Develop system level staff support materials such as a comprehensive orientation and a policy and procedures manual.** In addition to training resources, the further development of these support materials would provide support for staff directly involved with children and families as well as FASST supervisory staff.

Policy-Level Staff Development and Support

Policy-level staff development and support includes responsibility for providing community-level training for CBHC policies that are carried out within the FASST program. For example, ASO training and associated resources provide important policy-level staff support in the FASST program. Similarly, TCM training and empowerment evaluation training are provided through the CBHC. The CBHC is consistent in providing this kind of staff support.

Recommendations

Data indicate the following recommendations related to staff development and support as a component of implementation at the policy level:

- **Recommendation: Clearly distinguish the roles of various trainings and guide participants to a better understanding of how CBHC policies are carried out within specific programs**. Program level staff demonstrate some challenges in their ability to distinguish between CBHC and FASST training. For example, data indicate that staff confuse CBHC training on TCM and TCM-AR funding mechanisms with FASST training.

Evaluation Domain

Program-Level Evaluation

As an implementation strategy, FASST agencies have a responsibility for data collection and analysis related to intra-agency decision intended to improve the direct provision of services and support to children and families. This includes intra-agency attention to whether the program is being implemented with quality and according to its stated intent. Data indicate a strong interest in and willingness of agency-level staff to understand and use evaluation tools to assess their own work. In addition, FSCs and FAs demonstrate a clear sense of the kinds of outcome data that could be collected to improve understanding of the FASST intervention.

Figure 7
Findings: Evaluation Domain

Recommendations

Data indicate the following recommendations related to evaluation as a component of implementation at the program level:
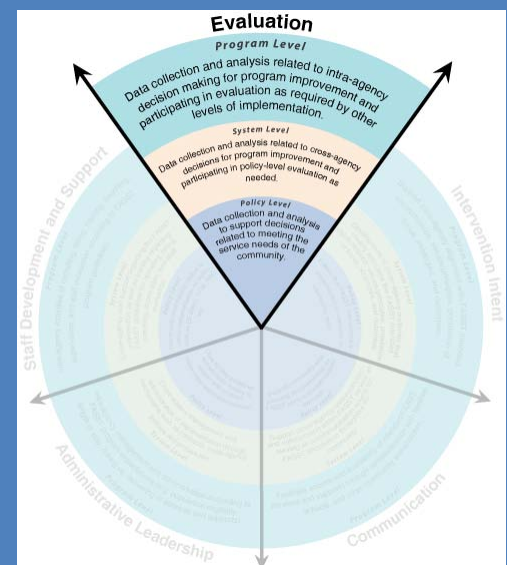
- **Recommendation: Develop a more structured process for reviewing progress within and across agency cases to improve staff understanding of how well the FASST intervention is achieving its intended goals.** FSCs and FAs use an informal review of individual child and family progress toward goals to determine the success of the FASST program. In addition, data indicate that Family Support Plans are not reviewed in the same way or in the same time frame across agencies.

- **Recommendation: Implement a standardized process for collecting data around child behavior change.** Data indicate that multiple versions of the CFARS are used by FASST agencies. A standardized process would allow intra and interagency comparisons of this information.

System-Level Evaluation

System-level evaluation of the FASST program related to implementation includes cross-agency assessment of whether the program is being implemented with quality, according to its stated intent, and achieving its intended outcomes. Evaluation data include academic achievement, school attendance, improved behavior, parental engagement in school and organized family support activities, and service coordination. Data indicate that CFH is working to make data more relevant to FASST (e.g., considering CAFAS as possible replacement of CFARS, changing data collection points for report card data, and using HCPS benchmark of 95% attendance).

Recommendations

Data indicate the following recommendations related to evaluation as a component of program implementation at the system level:

- **Recommendation: Build evaluation capacity.** While many important types of data are currently collected, the analysis of system level data is underdeveloped. Increased investment in and staff support of system level evaluation is necessary to support the system-level implementation of FASST.

- **Recommendation: Use data for program improvement.** Data indicate that FASST evaluation data are primarily used to determine whether contracted outcomes on the EE Matrix have been met. Serious consideration must be given to how CFH can analyze the data being collected so that it is most useful for overall program evaluation, and beneficial for individual agencies.

> *"We don't measure a lot of our outcomes…We are not measuring a lot of what needs to be measured."*
>
> FASST staff

- **Recommendation: Support increased consistency in the use of data collection instruments**. This includes both instrumentation (e.g., multiple versions of CFARS in use) and at what points in time data are collected and reported (e.g., not all data being consistently collected by the agencies and reported to CFH).

- **Recommendation: Make greater use of aggregate data so that comparisons within and across FASST agencies can be made.** For example, CFARS data are analyzed on a case-by-case basis. CFH should consider the use of statistical analyses such as Repeated Measures ANOVA to understand changes in child behavior in home and school across program participants. Similarly, the current analysis of academic achievement involves a line by line look at actual grades in an Excel spreadsheet. A statistical analysis of the mean grades of program participants would allow for the examination of mean grades of program participants at different points in time.

- **Recommendation: Develop data-based decision making at the agency level.** At the <u>agency</u> level, this will require consideration of the following:

  - What data would be useful for agencies to have—that might inform their "practice"?
  - How might the data being collected be better used by each agency?
  - What steps might be put into place to assist agencies with data collection so that there is uniformity—to the extent feasible—across agencies?
  - What do FAs and FSCs think should be evaluated? There is little evidence that data collected are considered of use to agencies or that they use it.

- **Recommendation: Develop data-based decision making at the system level.** At the <u>system</u> level, this will require consideration of the following:
  - What are reasonable and appropriate evaluation outcome measures for the FASST program?
  - What kinds of analyses are required to examine cross-agency data and what are the personnel needs to produce these analyses?
  - How can CITRIX be used more effectively to aid evaluation?
  - How can CFH access HCPS data that could inform FASST outcome achievement (e.g., excused and unexcused absences)? What technical assistance or other resources would be required to 'navigate' school district data?
  - How can analyses be reported to participating agencies so that the agencies can use this information to inform their work?

Policy-Level Evaluation

At the policy-level, evaluation of FASST to support implementation with fidelity should focus on whether the intended intervention and its outcomes serve the needs of Hillsborough County children and families. CBHC brings significant resources to policy level evaluation through its intellectual capital and fiscal resources. Data indicate that the CBHC continues to ask important and interesting questions about the needs and strengths of children and families in the community.

Recommendations

Data indicate the following recommendations related to evaluation as a component of implementation at the policy level:

- **Recommendation: The CBHC should work with system and program partners to reconsider evaluation outcomes for the FASST program and whether these outcomes truly reflect FASST's intended intervention.**

- **Recommendation: The CBHC should work collaboratively with system and program-level FASST partners to develop the capacity of the FASST evaluation to support intervention implementation with fidelity.** This might include revision of the EE Matrix Objectives and Outcomes.

Next Steps

The purpose of Phase II of the Sustainable Infrastructure Project was to determine and describe what is needed to maintain program fidelity of a locally developed intervention through the identification of core implementation components and the examination of community context and infrastructure. The goal of this phase was to identify and describe the core implementation components necessary for the success of Hillsborough County's FASST program.

During data collection and analysis for Phase II of the research project, four core values related to implementation of the FASST model emerged:

1. Implementation activities should support shared understanding of and commitment to the FASST theory of intervention including the intended population of children and families to be served, the intended program outcomes, strategies for providing services and supports, and the values and principles upon which the FASST intervention is based among Policy, System, and Program Level planners and implementers;
2. Implementation activities should support the ability of FASST provider agencies to maintain fidelity to the FASST intervention while adapting to a variety of implementation contexts including geographic location, individualization of services and supports, and differing provider agency contexts;
3. Implementation activities should support the active utilization of evaluation data in decisions related to program planning and service delivery; and
4. Implementation activities should ensure the quality of the FASST intervention within and across FASST provider agencies.

As planners and implementers move forward in ensuring fidelity to the FASST model, it is important that these values form the foundation of this work.

The FASST implementation framework presented in this report incorporated the three levels of FASST administrative structure and five implementation domains. The implementation roles and responsibilities are described at each administrative level across the five implementation domains. Using this framework, we have offered a number of recommendations related to FASST implementation. These represent exciting opportunities for the FASST program as it transitions to a new model of service delivery. The next step for FASST planners and implementers is to determine how to proceed with the recommendations:

1. What are the shared goals for further developing FASST implementation?

2. How should the implementation recommendations be prioritized in order to create the greatest benefit for the FASST intervention and its implementation?

3. Are there workgroups or committees that should be formed for the purpose of moving forward on the recommendations?

4. What resources will be required for the planned implementation efforts?

Because all FASST administrative levels share a common vision for children and families in the community as well as shared responsibility for its actualization, all administrative levels must work in collaboration to answer these questions. Phase III of the research project is designed to support this process through the development of an implementation toolkit.

Moving Forward to Phase III

The purpose of Phase III of this project is to prepare an implementation toolkit that will support the implementation of FASST with fidelity to the theory of intervention. Phase III will make use of lessons learned through Phases I and II as well as key input from FASST stakeholders.

Phase III Timeline: Phase III began January 1, 2009 and will conclude September 30, 2009.

Tasks and Deliverables:

Phase III Tasks	Phase III Deliverables

1. Use Phases I and II findings to develop and articulate the steps for establishing an evidence base for a local program or practice.
 	
2. Develop a toolkit for developing an evidence base grounded in community practice that can be generalized and applied to a broad range of programs and projects.
 	
3. Cost analysis of implementation strategies (to include instruments recommended in toolkit).
 	
4. Summarize identified supports and barriers to program implementation resulting from the examination of service system infrastructure and community context.
	June 30, 2009: Interim Phase III Report
	   1. Continued reporting of Regionalization implementation.
	   2. Framework for toolkit.
	
	September 30, 2009: Phase III Report
	   1. Toolkit recommendations including cost analysis.
	   2. Focus on learning and quality management activities that promote best practices and support positive child and family outcomes.
	   3. Recommendations for contract managers that support technical assistance to funded programs so they can achieve matrix outcomes.

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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.

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Appendix B: FASST Theory of Intervention Update

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 and the population of children and families to be served as well as describe the services and support strategies used to accomplish those goals and implement the values. 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.

> 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.

FASST is a long-established local program that has undergone considerable growth and change since its inception. The Phase I findings identified variations in stakeholder understandings of the FASST theory of intervention. Such inconsistencies are not uncommon in long-standing locally developed programs. Program development and expansion over time may cause changes in stakeholder understanding of how a program is operationalized and implemented. Inconsistencies can be compounded when staff turnover occurs. In addition, divergent and conflicting theories of intervention may develop 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 recommended that FASST program fidelity could be strengthened through efforts of program planners and implementers to integrate the FASST theory of intervention across stakeholder groups that were described in the Phase I report[3]. The focus on building program fidelity was recommended to ensure that different perspectives regarding the FASST intervention that existed across stakeholders were clarified and integrated to create consistency in day-to-day practice.

Phase I data indicated that efforts to build a shared understanding of FASST intervention components should focus on the following:

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[3] For a detailed reporting of Phase I findings regarding FASST theory of intervention, please refer to: Hodges, S., Ferreira, K., Mazza, J., Vaughn, B., Van Dyke, M., Mowery, D., Hernandez, M., Briscoe, R., & Blase, K. (2007, Nov. 30). Phase I report (Developing sustainable infrastructure in support of quality field-based practice series, FMHI # 248-2). Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, Department of Child and Family Studies. http://cfs.fmhi.usf.edu/Tread/SIS/SIPPhaseIReport1107.pdf

- 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 roles and responsibilities as 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.

The Phase I report was provided to the CBHC and FASST Oversight Committee members on November 30, 2007 and presented to FASST Oversight on February 20, 2008. Phase I recommendations were the subject of meetings with CBHC Program Manager for System Infrastructure, Chamain Moss; CFH Project Director, Sheila Sorkin; CFH Evaluator, Greg VanPelt; and members of the FASST Oversight Committee, which includes representatives from FASST provider agencies as well as HCPS. Response from these groups indicated a general agreement with the findings and commitment to act upon the recommendations outlined in the report.

FASST Social Marketing Workgroup

The Phase I report made recommendations to strengthen shared understanding and build congruence of the FASST theory of intervention across provider agencies and program levels. In response, strengthening the shared understanding of the FASST theory of intervention across FASST provider agencies became a strategic priority. FASST planners and implementers began developing strategies early in 2008 that were designed to build fidelity to the FASST theory of intervention and ensure that program interventions experienced by children, families, and direct service providers on a day-to-day-basis are congruent with the intent of FASST intervention. On the recommendation of the research team, CFH convened a cross-agency Social Marketing Workgroup comprised of Family Service Coordinators (FSCs) and Family Advocates (FAs) for the purpose of bringing clarity to the theory of intervention. The Social Marketing Workgroup was facilitated by the SIP research team. Their activities included:

> **FASST Social Marketing Workgroup**
>
> - Facilitated by SIP research team
> - FSCs and FAs from FASST provider agencies met five times between April and July 2008
> - Clarification of FASST intervention components: vision/mission, population of focus, intended outcomes, strategies for achieving outcomes
> - Incorporated results of Regionalization Workgroups
> - **Results: FASST brochure and stationery approved by FASST provider agencies, FASST Oversight, CFH Leadership Team, and CBHC**

- Analysis of all components of the FASST Recorded Theory of Intervention presented in the Phase I Report for the purpose of identifying areas of difference and agreement;

- Building cross-agency consensus around each component of FASST intervention including vision/mission, population of focus, intended outcomes, and strategies for achieving outcomes; and

- Design of FASST program brochure and stationery that could be used by all FASST provider agencies.

FASST Program Brochure

The FASST program brochure (see Appendix E) addresses the components of a theory of intervention by providing:

- FASST mission statement;

- FASST eligibility criteria (program population of focus);

- Description of the FASST program including FASST services (program intervention strategies); and

- Description of how the FASST program can help children and families (program outcomes).

In addition, it provides a description of regionalization/universal access and how the FASST program is intended to work as well as a listing of FASST agencies and program resources with phone numbers. Finally, it provides comments from families who have benefitted from FASST services.

The content and format of the FASST program brochure as well as the program stationery (see Appendix E) developed by the Social Marketing Workgroup were agreed to and approved by FASST Oversight and CFH Leadership Team and are considered representative of the FASST model of intervention.

The FASST program brochure incorporated the efforts of both the Social Marketing workgroup and the simultaneously occurring Regionalization Workgroups (discussed below).

FASST Regionalization

It is important to note that the response of FASST planners and implementers to Phase I findings coincided with a policy decision by the CBHC to transition the FASST program to universal access through a process commonly referred to by planners and implementers as Regionalization. Brainstorming around the concept of Regionalization as well as discussion of zip code-based agency catchment areas and the initiation of a FASST Regionalization pilot program were discussed during the January 16, 2008 meeting of FASST Oversight. As the group began to plan for Regionalization, it was determined that meetings related to Regionalization would need to occur independent of FASST Oversight. With the expectation that a Regionalization pilot would begin during the summer of 2008, a meeting to plan for the transition occurred in April with a large group of FASST stakeholders. This meeting included members from FASST agencies, the CBHC, CFH, HCPS, and FSRCs as well as parent representation. The purposes of Regionalization were identified as follows:

- To develop a FASST model where any child residing in Hillsborough County has access to FASST services regardless of school assignment,

- To develop a relationship between FASST and the FSRCs to maximize resources and services offered by each, and

- To better serve families by increasing communication, data sharing, and resource sharing across FASST and FSRCs.

Within the April Regionalization meeting, smaller workgroups were developed to address the following issues: 1) defining Regionalization to facilitate a shared understanding, 2) establishing communication between schools, FASST, and FSRCs, 3) defining roles and responsibilities between the FASST and FSRC programs and their staff, 4) clarifying the population of children and families served, and 5) building an information technology infrastructure for uses such as universal screening, intake, linkages, and referrals. Each of the workgroups met several times to develop a plan for addressing the issues and reported out to the larger Regionalization workgroup in July 2008 with specific recommendations.

The Children's Home, Inc. (CHI) agreed to serve as Regionalization pilot and began its implementation in July of 2008. They have conducted many outreach efforts within HCPS at individual schools as well as administrative meetings to address the impact of Regionalization on the schools, eligibility requirements, services available, and referral processes. CHI has also held meetings with the area FSRC (with whom there was an established working relationship) as well as private, charter, and magnet schools in the catchment area. Regionalization for all other FASST agencies will be implemented at the beginning of 2009, utilizing a similar process.

FASST Regionalization is significant because the FASST Theory of Intervention cannot be considered independently of these changes. The impact of Regionalization on the population of children and families that FASST is intended to serve, the outcomes expected of the FASST program, and the strategies undertaken to achieve FASST outcomes each have the capacity to shift program intent in ways that impact the FASST Intervention.

Phase II Update: Revised FASST Theory of Intervention

FASST Theory of Intervention Logic Model

The components of a theory of intervention can also be 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 FASST theory of intervention resulting from the combined work of the Regionalization workgroups and the FASST Social Marketing Workgroup is presented below.

Reading the FASST Theory of Intervention Logic Model

Vision and Mission: The vision and mission statements 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: 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: The FASST population of focus is found on the left side of the logic model. It should provide a description of the needs and strengths of the population to be served.

Intervention Strategies: Intervention strategies 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: 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 Theory of Intervention Logic Model: August 2008
(Sources: FASST Social Marketing Workgroup and Regionalization Workgroups)

FASST: A voluntary case management program that provides family support services and connects families to an array of services including mental health and nontraditional supports.

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 and families through a network of care founded on family and community partnerships **Theories of Change**: Implementation of wraparound values and principles can improve human services; 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**: SOC core values (child-centered and family-focused, community-based, culturally competent) and principles; Wraparound values and principles; voluntary program; confidential; ethical balance between individual and family needs; respect for family configuration. **Principles**: Home/school/community-based support; strong collaborative relationships, with school playing a vital role; family centered approach, families as valuable partners; cultural sensitivity and competence; strength-based; individualized and flexible services; early identification; prevention and intervention; collect, analyze and report measurable outcomes.

Identified Population	Intervention Strategies	Goals/Outcomes

Population of Focus
 	
Presenting Issues:
 	
Children experiencing or at risk of behavioral, social/emotional (at home or school) or mental health concerns, developmental delays, and/or academic concerns (and their families).
 	
These children may be:
• At risk of restrictive academic or out-of-home placement; or
• At risk of more restrictive behavioral interventions; or
• At risk of or involved with the child welfare, juvenile justice, other child-serving systems, or other community agencies
 	
Demographics:
 	
These children:
• are between birth and 5th grade,
• **and** reside in Hillsborough County,
• **and** attend school/pre-school in Hillsborough County (whether public, private, charter, home school)
	System-Level Strategies
	• Funded by Children's Board of Hillsborough County and Hillsborough County Public Schools
	• Administrative and contract oversight provided by Children's Future Hillsborough and Achieve Management
	• Flexible funds for services and supports available through Administrative Service Organization
	• 4 FASST provider agencies serve particular geographic regions
	• FASST initiatives must pass through Leadership Council
	• Strategic Organizational relationships: FASST Teams > FASST Agency > FASST Leadership Group > FASST Oversight Committee > Leadership Council > Children's Future Hillsborough, Inc and Achieve Management, Inc (MSO) > Children's Board of Hillsborough County and Hillsborough County Public Schools
	
	Service Strategies
	FASST Team Role and Responsibilities
	• FASST Teams include: a Family Support Coordinator; Family Advocate/Promotora; family and child; clinical supervisor; formal providers; community and natural supports; school personnel; others as family feels necessary
	• FASST teams work with families to identify strengths and needs and work together in the best interest of child
	• Home-based and school visits may be conducted by all members of team and are scheduled around needs and schedules of parent
	• Length of service: ~ 6-12 months
	• Team follows child/family if they move or provide a "warm" transfer to ensure completion of family plan
	• Bilingual FASST teams are available across agencies
	Family Support Plan and Family Role
	• FASST Family Support Plans reflect family strengths and needs and are outcome focused
	• Families are actively involved in developing a family plan
	
	Provision of and Linkage to Services and Supports
	• FASST **provides** services including:
	  o Service coordination that is family-driven and goal oriented
	  o Linkage to appropriate services and supports (see below)
	  o A bridge for parent/school communication
	  o Information and advocacy related to education
	  o Parent/family support and educational services
	  o Parent support groups
	  o Identification of natural and informal supports
	  o Community activities for families
	  o Utilization of ASO funds for family needs
	• FASST provides **linkages** to community services and supports including therapy/mental health services, behavioral supports, community enrichment and literacy activities, after school recreation, tutoring, therapeutic mentoring, medical services or medication evaluation, parenting education, family support groups, grief/divorce groups, school interventions, community resources, pre-school/school-based interventions, developmental screening/monitoring for Early Childhood FASST
		Child
		• Improved academic achievement (80% maintain or improve academic performance)
		• Decreased disruptive behavior at home and/or school
		Family
		• Increased ability to provide safe/structured environments (80% will use skills)
		• Increased involvement in school
		System
		• Increased responsiveness to families
		• Increased social supports for families
		• Increased continuity of care
		• Improved service coordination (SCS goal that 70% of parents will report improvement in service coordination)

	Service Process Referral to FASST › Contact family to explain program and get parent agreement › Assemble team for intake meeting › Work with child and family to identify strengths and needs > Develop Family Support Plan › Link child and family to services and supports > Work with child and family to achieve goals and monitor progress	

Evaluation: Assessments: School standardized tests (Stanford and FCAT); student report cards; CFARS; Service Coordination Scale (SCS); Stakeholder satisfaction surveys (family and school); Family Support Survey

Revised Theory of Intervention Discussion and Recommendations

There are several differences between the recorded theory of intervention summarized in the Phase I report (p. 21) and the revised theory of intervention presented above. The reader will note that the most significant changes relate to the Population of Focus and Services Strategies. Some of these changes are outlined below:

Population of Focus
1. The language is changed from "students" to "children," which emphasizes services for:
   - all children residing within Hillsborough County
   - children from birth through 5th grade (expanded from Kindergarten through 5th grade);
2. Presenting issues include "mental health concerns" and "developmental delays" in addition to the previously stated emphasis on children experiencing or at risk of behavioral, social/emotional, and/or academic difficulties;
3. Involvement with multiple community agencies and systems has been changed to involvement with or risk of involvement with the child welfare, juvenile justice, other child- serving systems, or other community agencies;
4. At risk of more restrictive behavioral interventions is added and the emphasis on children with or at risk of ESE placement has been removed.

Service Strategies
1. Team members are listed but roles are not stated, as roles and responsibilities of FASST team members are still being clarified;
2. Services that FASST **provides** versus **links** families to are more clearly delineated; most notably, mental health and tutoring are no longer listed as services provided by FASST.

At this time, the Goals/Outcomes components of the Theory of intervention generally remain the same.

Data indicate that FASST planners and implementers have been successful in achieving greater clarity and agreement around the specifics of the FASST intervention. This is notable, as they have faced continued changes in service delivery policy as they worked toward this clarity. Data also indicate that there are aspects of the FASST program intervention that would benefit from additional clarity. For example, the FASST Vision and Mission are also the vision and mission of CFH. It is recommended that vision and mission statements specific to the FASST program be developed as a strategy to increase clarity and shared understanding of the FASST intervention.

In addition, the stated Goals and Outcomes should be revised to reflect the FASST Vision and Mission and Values and Principles. In general, child and family-level outcomes identified for FASST

continue to reflect a focus on improving school behavior and achievement as well as family involvement in school. Data indicate a lack of clarity around whether these goals and outcomes adequately represent the intent of the FASST program, in particular with presenting issues that relate to mental health or social/emotional challenges.

Finally, data indicate a need for FASST planners and implementers to make a determination of the following:

- Whether the identified population of focus specifically reflects and adequately describes the needs of the children and families prioritized through the program vision and mission;

- Whether the identified goals and outcomes accurately describe the intent of the FASST program for these children and families; and

- Whether the current configuration of FASST intervention strategies at the system and service levels can be reasonably expected to achieve the identified goals/outcomes.

Taken together, these actions will improve shared understanding of the intended population of focus, goals and outcomes, and intervention strategies of the FASST program and thereby provide a stronger basis for the fidelity of program implementation.

Ongoing Impact to FASST Theory of Intervention

FASST planners and implementers have used the Phase I research recommendations and the move to Regionalization as impetus to clarify and build shared understanding of the FASST Theory of Intervention. Although Regionalization is one change affecting FASST intervention, there are additional policy-level changes that have the potential to impact the FASST program. These include the implementation of Medicaid billing mechanisms such as Targeted Case Management (TCM) and TCM-At Risk (TCM-AR). TCM-AR is new to all provider agencies. Further, data indicate that the full impact of TCM and TCM-AR on the FASST intervention is not well understood by program stakeholders. Data suggest that the most significant impact on the FASST theory of intervention is likely to occur in the following areas:

1. Population of Focus

    - TCM guidelines allow cases to be opened for children with mental health (DSM) diagnoses after an assessment by a licensed mental health provider has been completed. Currently within FASST agencies that provide mental health services, FSCs are able to bill Medicaid for TCM services provided to the child and family (up to 20 cases per month), and FAs/Promotoras are also actively involved in working with these families. TCM might represent a departure from the historically expressed FASST population focus on children who are having academic and school behavior challenges, in that originally FASST eligibility did not require a DSM diagnosis.

- TCM-AR guidelines will allow billing to Medicaid for children and adolescents whose primary needs relate to their status of being "at risk" of abuse or neglect. These youth are not required to have a mental health diagnosis for eligibility. Data indicate that it is expected that siblings of the targeted FASST child can also receive services through TCM-AR. FAs/Promotoras will be expected to individually carry caseloads on this population and will be allowed to bill Medicaid for services provided (up to 25 clients per month). Data indicate that TCM-AR appears to capture a population of youth that need early intervention services. TCM-AR guidelines will allow cases to be opened for children and youth older than 5th grade. Data indicate some confusion on the part of providers as to whether at-risk cases can be opened only for siblings of FASST-eligible children or as independent cases. Regardless, the population of focus for FASST must be clarified around the inclusion of TCM-AR cases such that the appropriate age of children served by FASST as well as the needs of these children are clearly specified.

- Interview data indicate that FASST, along with other CBHC programs, is being asked to incorporate ASO Family Stability cases into their caseloads. This is a direct response by the CBHC to the increased economic hardship of families within the community. ASO Family Stability cases have been described as those in which families need resources such as rent or utility payment support that will provide financial stability. Data indicate that FASST will provide access to ASO funds for family stability cases but will not be expected to provide team-based case management or linkage to other services and supports. As inclusion of this program as part of FASST moves forward, it is necessary to determine how such cases fit within the FASST intervention and its related population of focus, service strategies, and intended outcomes.

2. Roles of FSCs and FAs/Promotoras in the delivery of services and supports – Data indicate that with the adoption of TCM-AR, FAs/Promotoras will be expected to carry a full caseload independent of FSCs. This reflects a fundamental change in the composition of the FASST teams, which were initially designed to include both an FSC as the primary case manager and an FA to work directly with the family as a peer mentor. To clarify the theory of intervention, FASST planners and implementers must be able to articulate the impact this change may have on the FASST model's strategies and outcomes. As FAs/Promotoras begin a more traditional case management role, planners and implementers must consider if the role of the advocate/peer mentor is still a critical role in actualizing the intent of the FASST theory of intervention. If the role is deemed critical, it is important to determine how the role will be filled with the reconfiguration of the FASST teams. If it is not a critical role, planners and implementers should be able to articulate the reason as well as the possible impact on the theory of intervention. It is necessary to clearly define the new roles and responsibilities of FSCs and FAs/Promotoras, including whether the caseloads and types of cases that each may carry are to be different. Finally, data indicate that workgroups within

FASST have been working to gain clarity around titles, roles and responsibilities, educational and experience prerequisites, and compensation of FSCs and FAs/Promotoras as these changes occur.

3. FASST Outcomes –Traditionally, FASST outcomes have related to improved academic achievement and the reduction of disruptive behavior at school. FASST planners and implementers must determine whether the current FASST Outcomes are appropriate for children and youth served through TCM and TCM At-Risk, as they may enter FASST with no identified school-related need.

The issues described above have the potential to create a change to the FASST Theory of Intervention. It is important that FASST stakeholders gain a shared understanding of the impact of these shifts on the FASST model to ensure that these shifts are intended.

Appendix C: FASST Intervention Literature Update

The Phase I report identified several core components of FASST intervention theory and explored their link to established intervention literature. The aspects of FASST intervention discussed in the Phase I report may be reviewed beginning on page 33 of that report and included core elements of the theory of intervention:

- 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 roles and responsibilities as 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.

The FASST Brochure describes FASST as "a voluntary case management program that provides family support services and connects families to an array of services including mental health and nontraditional supports." The literature review that follows will focus on case management as a core aspect of the FASST intervention. Literature related to the FASST intervention will be considered in the context of 1) evidence-based case management programs with core elements similar to FASST and 2) additional case management programs with core elements similar to FASST. The literature review does not incorporate early childhood or changes in the FASST intervention related to the implementation of TCM and TCM-At Risk.

Case management is broadly used to describe a holistic approach to addressing the child's total environment (Smith, 1995). In general, case management is appropriate when multiple services from multiple agencies are needed to meet the needs of children. Case management involves coordinating services and supports across numerous needs and according to the priorities identified by the child and family. Smith and Stowitschek (1998) describe case management as a series of actions embodying a process intended to assure that recipients of human services receive the services, treatment, care, and support opportunities that they need. Evans and Armstrong (2002) further this definition by emphasizing the activity of coordination in an "ongoing" process and state that case management refers to a set of common functions and indicate a common purpose—to mobilize, coordinate, and maintain an array of services and resources to meet the needs of individuals over time.

Evidence-Based Case Management

An integral facet of the FASST program is the multidisciplinary case management approach that recognizes that a child's academic performance and disruptive behavior is influenced by the school, home, and community, of which the child has daily and frequent interactions. In order to identify community-based case management programs with core elements similar to the FASST program, the research team conducted a comprehensive review of seven databases for evidence-based programs and practices. Each database provided a specific content focus according to its unique

criteria. As such, no single authoritative registry and no single criterion is used across these databases. Thus, the evidence base of the programs and practices examined for this literature review were based on the parameters and standards for that practice and some evidence that they have been evaluated, replicated, and demonstrated success in meeting the needs of at-risk children and families. The following databases were reviewed:

> For the purpose of this literature review, evidence-based programs are defined as collections of practices that are done within known parameters and with accountability to the consumers and funders of the practices. Evidence-based programs represent a way to translate the conceptual, goal-oriented needs of program funders and agency directors into effective treatment, management, and quality control (Fixsen, Naoom, Blase, Friedman, & Wallace, 2005).

- Blueprints for Violence Prevention
- Institute of Education Sciences
- OJJDP Model Program Guide
- PAVNET Program Database
- Promising Practices Network
- SAMHSA Model Programs
- What Works Clearinghouse

Of programs identified through the seven evidence-based databases, only two showed content similarity to FASST: Early Risers "Skills for Success" Program, and Families and Schools Together (FAST). Each is described below.

Early Risers "Skills for Success" targets elementary school children (ages 6 to 10) who are at high risk for early development of conduct problems, including substance use (refer to http://www.nrepp.samhsa.gov/programfulldetails.asp?PROGRAM_ID=128). Early Risers uses integrated child, school, and family focused interventions to move high-risk children onto a more adaptive developmental pathway. Like FASST, Early Risers has an individual (referred to as a Family Advocate but functions similarly to the Family Support Coordinators of FASST) who coordinates the child and family focused components. This person must possess a bachelor's degree and have experience working with children and parents. The Early Risers program offers a three-part, child-focused component and a two-part family-focused component. The child component includes school support which occurs throughout the school year and is intended to assist and modify academic instruction, as well as address children's behavior while in school, through case management, consultation, and mentoring activities performed by the family advocate at school. Their two family-focused components are similar to some supports FASST provides, such as (1) Family Nights with Parents Education, where children and parents come to a center or school five times per year during the evening, with children participating in fun activities while their parents meet in small groups for parenting-focused education and skills training; and (2) Family Support, which is the implementation of an individually designed case plan for each family to address their specific needs, strengths, and maladaptive patterns through goal setting, brief interventions, referral, continuous monitoring, and if indicated, more intensive and tailored parent skills training.

Data from historical interviews indicate that the FASST program was adapted from the school-based, family strengthening program titled Families and Schools Together (FAST). The goal of FAST is to

intervene early to help at-risk youth (ages 4 to 12) succeed in the community, at home, and in school to avoid problems such as adolescent delinquency, violence, addiction, and school dropout. There were, however, several differences between this and Hillsborough County's FASST program. Most significantly, the FAST program is a multi-family group intervention that includes training, support groups, and meetings with families within a fairly brief time period (usually 8-12 weeks). This model differs significantly from FASST's individual family case management approach and the longer duration of FASST intervention.

The fundamental difference between FASST, Early Risers, and FAST is that FASST is clearly a case management program that assists in linking families to community supports. Although FASST provides Family Fun Nights, trainings, and other family supports, it is not designed as a training program, which is the primary focus of both Early Risers and FAST. These programs also differ from FASST in that rather than being a locally developed and owned resource, the program materials, manuals, and training may be purchased for use within each school or site.

Additional Case Management Programs

The second phase of the literature review used search terms such as "school based," "school-focused," and "case management" in a variety of combinations to identify case management programs with the population, strategies, and outcome foci similar to FASST. The University of South Florida online library database (ERIC, OVID, MEDLINE, ISI Web of Knowledge), as well as advanced Google searches were used to gather additional reports less formally disseminated. The searches yielded few articles relevant to FASST. In addition, most articles were not current, having been published in the mid to late 1990s. With regards to utilizing more recently published literature, a snowballing technique was used to find further references, and reverse reference and citation searches were conducted. Florida Mental Health Institute library resources were also employed to identify more current data; however, much of the information found focused on school-based mental health—not case management—services. Email and telephone contacts were initiated with authors of articles to gather additional information and to inquire about more recent publications.

Using these search techniques, the team identified one program similar to FASST. This program, titled the Center for the Study and Teaching of At-Risk Students (C-STARS) is described as a model for school-based interprofessional case management involving partnership between schools, community-based agencies that serve families and children residing in the schools' attendance areas (Smith, 1995). Within the C-STARS program, school-based interprofessional case management was defined as "a series of logical and appropriate interactions within a comprehensive service network of schools and social service and health agencies responsible for the well-being of common client populations of children and families. These interactions maximize opportunities for children at risk of school failure and their families to receive a variety of needed services in a supportive, efficient, and coordinated manner while empowering parents and guardians" (Smith, 1995, p. 3). The best practices of case management generally included three components: 1) the case manager; 2) the interprofessional case management team; and 3) the community service network (Smith & Stowitschek, 1990).

The seven functional components of the C-STARS model were:

- Assessment – interprofessional case management team collaboratively identify causes for targeted students' difficulties
- Development of a service plan – interprofessional team develops a plan of coordinated multiple services tailored to each student (includes a mix of short and long term services delivered in and out of school)
- Brokering – case management team links targeted students and families to needed services that cannot be provided in the school, drawing upon the community service network in arranging for services beyond the team members' scope
- Service implementation and coordination – implementation focus of case management team member is twofold: first, they deliver selected services on-site; second, they ensure that all services to a student are working together for that student's benefit and that appropriate communication is taking place among the various service providers
- Advocacy – team members advocate for students and families by assisting and mediating student-family communications within or outside service agencies or school
- Monitoring and evaluation – the interprofessional case management team tracks services delivered to the student and family and monitors the student's condition and emerging needs
- Mentoring – one member of the interprofessional case management team is designated as the primary professional caring for each student within the partnership of service agencies

These bulleted components were integrated and adapted from Ballew and Mink (1986), "Case Management in Human Services" that listed the six stages of school-based interprofessional case management as engaging, assessing, planning, accessing resources, coordinating, and disengaging.

The C-STARS program used outcome criteria similar to the FASST program, with an emphasis on school achievement and behavior. Specifically, the program used attendance, grades, and conduct as their referenced indicators of academic outcomes. Progress in those three outcome areas over the four year period (1991-1995) were as follows:

- Baseline absences of 22% reduced to 15%
- Baseline low grades of 47% reduced to 42%
- Baseline conduct referrals of 7.8% reduced to 3.6%

Other areas that showed improvements included mental health, parent involvement with the school, family relationships, family environment (housing and utilities), food, and clothing. Additional outcome data were not readily available.

C-STARS concluded its work in 2004. The SIP research team, to determine if this program is operational under a new name, contacted the C-STARS principal investigator and other researchers and evaluators involved in the program. The program, which was used in cities such as Sacramento, CA and Chicago, IL as well as several school districts in Washington State, is currently being used in Washington State by Education Service Districts (ESD) and is being used in Yakima Valley with families of migrant farm workers. Evaluation data are limited.

Locally, one program based on the original FASST model is the Pinellas School Support Team (PSST). The mission of PSST is to enhance elementary students' academic and behavioral performance while empowering the family unit to become self-sufficient and successful. PSST is a voluntary program that provides home support to families for six months. Like FASST, PSST services are guided by a family assessment, a family plan is created based on the individual needs, and a family coordinator works with each family to achieve their goals. Services range in intensity, are community-based, and include tutoring, family activities, and support groups. Based on the measurable objectives for the PSST Program, students demonstrated considerable improvement in grades and conduct while in the PSST Program. Annual outcome data for the last five years of the program indicate that primary youth maintained or improved a satisfactory grade point average by the end of the school year. These improvements were significant, with outcomes across the five years ranging from 75% to 97%. Primary youth also maintained satisfactory behavior or demonstrated improved behavior by program completion as measured by school report cards. These improvements were also significant, with outcomes across the five years ranging from 78% to 91% improvement for youth.

This review of the literature indicates that the FASST program is indeed a distinct community-based case management program developed with a focus on academic and behavioral outcomes for a diverse population of children and families in Hillsborough County. Because the needs of children, families, and communities differ, it is important to value locally-developed programs designed with the specific intent of meeting local need. Program evaluation efforts are critical to building and maintaining fidelity to local program design and ensuring that local programs continue to meet community need. Local evaluation that is designed to assess whether a local program is in fact achieving its intended goals and outcomes can provide useful documentation of program purpose and results.

Appendix D: Data Collection Protocols

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
1) 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
2) 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

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

4) 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?
  - o   Asistencia a la escuela
  - o   Trabajo escolar
  - o   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?

Provider Interview
Sustainable Infrastructure Project
Implementation Interview Protocol

Interviewer:_____   Date/Time of Interview: _____

Participant: _____   Agency: _____

Position: _____   Address: _____
Phone: _____   _____

Email: _____   _____

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. This 2-year study is titled "Developing Sustainable Infrastructure in Support of Quality Field-Based Research," and 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 his/her 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?"
4. Ask Respondent: "Are you willing to have this interview recorded?"

Interview questions appear on the back of this page.

1) The FASST Model
    a. Tell me about your role within FASST—How long you've been here, what your position is, etc.
    b. Describe the FASST approach to working with children and families.
    c. Do you feel that this approach/model is carried out as intended? If so, what supports that? If not, what would help you do that?
    d. What are the vision and/or mission of FASST? How often is it referred to? Do you know if it is ever reviewed and revised?

2) FASST Staffing
    a. Describe the key roles, responsibilities, and required experience or credentials for FSCs
    b. Describe the key roles, responsibilities, and required experience or credentials for FAs. (if agency doesn't use FAs, ask why)
    c. What do you view as the core differences between the responsibilities of FAs and FSCs?
    d. Are there other key members of a FASST team?

3) FASST Hiring and Orientation
    a. Are you involved in the recruiting and hiring of new staff? If so, please describe the process.
    b. What are the skills and expertise that you feel are necessary to being a good FSC or FA?
    c. When you received your first case, how were you prepared to get started?
    d. Describe initial FASST orientation/training within the overall FASST program (cross-agency) and within your individual agency. Do these differ? If so, describe.
    e. When staff leave the FASST program, are certain positions more difficult to fill than others? Why?

4) Professional Development and Support
    a. Describe professional development/training activities within your agency.
    b. What types of ongoing training, coaching, and supervision occur? (note if this is FASST or agency related)
    - Within agency
    - Across agencies
    c. How often? How is it determined who receives this?
    d. FASST has several cross-agency committees (e.g., committees on training and implementation of the Family Assets Survey). How do you determine who will work on those committees?
    e. What types of administrative supports do you view as critical to the success of FASST?
    f. What kinds of things most support you in your work?
    g. What kinds of information or feedback do you receive that helps you improve the quality of your work within FASST?

5) FASST Policies and Procedures
    a. How do you know if you are following FASST policies and procedures in your work?
    b. Are the policies you follow for all of FASST or specifically for your agency?

6) Accessing ASO Funds
   a. Describe the process for accessing flex funds through the ASO.
   b. Can you give some examples of how these funds are used?
   c. How is the amount your agency receives determined?
   d. Is there a limit on how much funding you can access from the ASO?

7) Intended FASST Outcomes
   c. What are the intended outcomes or results that FASST is supposed to achieve for children and families?
      Listen for:
      - *Academic outcomes*
      - *Behavioral challenges*
      - *Family involvement and support*
   d. How do you know they are being achieved?
      Prompts:
      - *Based on specific work with families*
      - *At the agency level*
      - *Across all of FASST*

8) How do you think these outcomes are linked to FASST's vision and mission? How well do you think FASST accomplishes its vision and mission? Describe. *(Note: refer to answers to question 1d)*

9) Once a family enters FASST, what are some things that make it easy/easier for children and families to participate in the FASST program?

   Listen for:
   e. *Child level*
   f. *Program level*
   g. *Agency level*
   h. *System level*

10) Once a family enters FASST, what are some things that make participation in the program difficult for children and families?

   Listen for:
   i. *Child level*
   j. *Program level*
   k. *Agency level*
   l. *System level*

11) How do you know when a case is ready to be closed? What types of follow-up services do you link families to?

12) Experience of working in FASST
   a. What is it like to work in the FASST program?
   b. What do you think is the easiest aspect of your work?
   c. What is most challenging about your work?

13) What are your recommendations for improving FASST?

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

School Interview Protocol

Interviewer:_____   Date/Time of Interview: _____

Participant: _____   School: _____

Position: _____   Address: _____

Phone: _____   _____

Email: _____   _____

Introduction

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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?

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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?"

4. Ask Respondent: "Are you willing to have this interview recorded?"

Interview questions appear on the back of this page.

Population

1. Tell me about your involvement with FASST.
   a. Prompts:

2. Who do you know from FASST?

3. How do your students get started with FASST?
   a. Prompts:

   b. Referral source (who)
   c. Referral process (what might prompt a referral)
   d. Ask for a <u>specific example</u> of a time when it was important to make a referral
   e. Probe professionals about eligibility

4. What kinds of children and families is FASST supposed to serve?
   Listen for/Prompt:
   - Specific issues and challenges
   - Ethnic group or geographic area

5. Do you feel that these are the kinds of children FASST actually serves (based on their response)?

Services

6. List the services that FASST provides for your students.

7. Listen for: Service strategies

8. Prompt: Story of a child/family

9. Do you think these services are helpful? How so?

10. Which of the FASST services do you think are most helpful (make the most difference) to children and families? Please explain.

11. Are you involved in the development of the Family Support Plan? In what way?

    Prompts:

    - Does it relate to the child's IEP or 504 Plan? How?
    - Is FASST involved in the development of the IEP/504 Plan?

12. Do you have contact with FASST personnel? Describe.
    Listen for:

    - Role/Name of FASST team member

- Type of contact
- Frequency

Outcomes

13. From your perspective, what are the intended outcomes or expected results that FASST is supposed to achieve for your students?

    Listen for/Prompts:

    - Academic outcomes
    - Behavioral challenges
    - Family involvement and support

14. How do you know when FASST is achieving intended outcomes?

    Prompts:
    - Outcome measures
    - Formal information (communicating/disseminating reports, etc.)
    - Informal information
    - Goals in family plan (esp. when interviewing parents)
    - Family feedback

15. How well does FASST accomplish (answers to #9 above) with your students? Describe.

    Listen for/Prompt:

    - Academic challenges
    - Behavioral challenges
    - Family involvement and support

16. Are there some outcomes related to FASST that were unexpected (surprised you)?

Exiting FASST

17. What determines when a child exits the FASST program?
18. What is your role in the exit process?
19. What happens to a child when they exit FASST?
    Prompts:

    - Exit procedure
    - Follow-up supports

20. Do children ever come back into the FASST program? What is the process for their re-entry into the program?

Facilitators/Barriers

21. What are some things that make it easy/easier to participate with FASST? For you as a professional? For children and families?

22. What are some things that make it difficult to participate with FASST? For you as a professional? For children and families?

    Listen for barriers related to:

    A. Population
    B. Services
    C. Outcomes

23. What are recommendations you may have for improving FASST?

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

SIP Chart Review Protocol

FSC:_____
FA: _____

Purpose: Establish additional evidence of TOI and actions with a focus on population, service strategies, and outcomes.

DEMOGRAPHICS / SCHOOL INFORMATION:

Client initials: _____ Age:_____ Race / Ethnic Origin:_____
Referral Source: _____ School: _____ Grade: _____
ESE: **Y** **N** ESE Type: _____ Diagnostic class/time out: **Y** **N**
ESE Class Placement (if applicable): _____ IEP: **Y** **N** 504 Plan: **Y** **N**

REFERRAL/PRESENTING CONCERNS:
Concern(s): School:

    Academic:_____

_____
    Social/Behavioral:
_____

_____

    Home:
_____

_____

Findings:

INTAKE:

Date of intake:_____ Medicaid/Insurance:_____

Evidence of voluntary entry, respect for confidentiality, and family rights and responsibilities reflected by:

FASST Family rights/responsibilities: **Y   N**
HIPAA consent: **Y   N**
Authorization to release information to outside agencies: **Y   N**
Intake screening for eligibility (e.g. face-to-face interview):   **Y   N**

Findings:

FAMILY SUPPORT PLAN/PROGRESS NOTES:

Team members and responsibilities: _____
_____
_____

Date of FSP development: _____

Evidence of referral tracking log: **Y   N**

Evidence of:
       Cultural competence: **Y   N**   Community-based: **Y   N**
       Strengths-based: **Y   N**   Family-centered: **Y   N**
       ASO activity: **Y   N**   Targeted Case Management: **Y   N**

*Summary of child and family needs:*_____
_____

Summary of services & supports to address needs:
   Linkage to community-based services (e.g. mental health, recreation):   **Y   N**
   Types:

   _____
   _____

_
   Access to natural supports (e.g. extended family, neighbors):   **Y   N**
   Types:_____

_
_____

__

Date(s) of FSP review: _____

   *Does the review reflect team follow through on linkages to services? Describe.*_____
   _____

Describe how strategies in the plan are linked to intended

outcomes:_____

_____

_____

Findings:
(e.g cultural
competence,
family-centered)

[ ]

OUTCOME MEASURES:

School outcomes:

Parent report: **Y   N**   Teacher report: **Y   N**   Report cards: **Y   N** [Dates: _____]

Standardized assessments (e.g. FCAT): **Y   N**   Academic score sheet: **Y   N** [Dates: _____]

Other school documents (data collection forms, incidents, referrals):

_____

_____

Others:

Service Coordination Scale: **Y   N**   [Dates: Pre:_____ Post: _____]
Family Assets Survey: **Y   N**   [Dates: Pre:_____ Post: _____]
CFARS: **Y   N**   [Dates: Pre:_____ Post: _____]
Other:_____   [Dates: Pre:_____ Post: _____]

Findings: [ ]

PROGRAM EXIT PLAN:
(if applicable)

Date of exit from program: _____

Reason(s) for exiting the program: _____

Evidence of exit plan? **Y N**

Follow-up activities:_____

Findings: [ ]

<u>OVERALL CONCLUSIONS/REFLECTIONS:</u>

Do services and supports developed in the plan meet the needs of child/family presented at referral?

Appendix E: FASST Brochure and Stationery

Tri-Fold FASST Brochure – Page 1
August 2008

FASST Mission

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

Family Advisory Council

The Children's Future Hillsborough Family Advisory Council is dedicated to empowering families and promoting parental ownership through a collective voice and support system that allows for families to become self-sufficient partners in the community.

FASST Agencies

	Phone #
Children's Home Inc.	(813) 901-3401
Hispanic Services Council	(813) 641-3565
Mental Health Care, Inc.	
Tampa Office	(813) 236-3585
Plant City Office	(813) 707-7238
Early Childhood Office	(813) 272-2888
Northside Mental Health Center	(813) 980-1299

FASST Resources

Children's Future Hillsborough	(813) 239-1179
www.childrensfuturehillsborough.org	
Children's Board of Hillsborough County	(813) 229-2884
www.childrensboard.org/citizens/	
Family Advisory Council of Tampa	(813) 239-1179
Hillsborough County Public Schools	(813) 273-7596
www.sdhc.k12.fl.us/	or (813) 273-7090

FASST

Family And School Support Teams

A strengths-based, family-driven program connecting families to community services and supports

Supported by
Children's Future Hillsborough

Funded by
Children's Board of Hillsborough County
and the Hillsborough County Public Schools

Tri-Fold FASST Brochure – Page 2
August 2008

What is FASST?

FASST is a voluntary case management program that provides family support services and connects families to an array of services including mental health and non-traditional supports. The FASST program:

- Is a family friendly, voluntary program of support for children and youth as well as their families
- Works through community collaboration
- Embraces cultural differences and values, and views families as partners in the helping process
- Identifies services for each family based upon individual strengths and needs
- May provide in-home visitation and support
- Provides family advocacy to assist families in "navigating" the system
- Offers peer support for families through family fun events

Who is eligible for FASST services?

Any child, birth through 5th grade, residing in Hillsborough County, who is experiencing or at risk for behavioral, social/emotional, and/or academic difficulties. These children are:

- At risk or currently enrolled in an Exceptional Student Education program
- 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, or
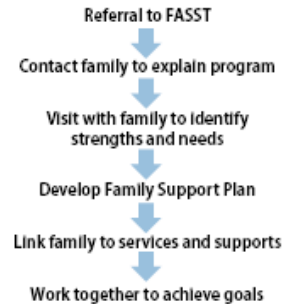- Involved with multiple community agencies or systems.

FASST Services

- Service coordination that is family-driven and goal oriented
- Referrals to community agencies and appropriate programs
- Linking to therapy/mental health services as needed
- Referral to behavioral supports
- Bridging parent/school communication
- Information and advocacy related to education
- Parent/family support and educational services
- Parent support groups
- Identifying natural and informal supports
- Community activities for families
- Linking families to community enrichment and literacy activities
- Referral to developmental screening/monitoring for Early Childhood FASST

FASST Universal Access

FASST is accessible to any eligible child and his/her family or caregiver residing in Hillsborough County. Referrals to FASST may come from school staff, families/caregivers (self-referrals), community partners, or other providers.

How FASST Works

Referral to FASST

Contact family to explain program

Visit with family to identify strengths and needs

Develop Family Support Plan

Link family to services and supports

Work together to achieve goals

FASST Can Help Children and Families

- Improve academic achievement
- Decrease disruptive behavior
- Improve the ability of families to provide a safe, structured environment
- Increase family involvement with school

FASST Interagency Stationery
August 2008

Family and School Support Teams

FASST Agencies

The Children's Home Inc.
5520 W. Idlewild Ave.
Tampa,FL 33634
813-901-3401

Hispanic Services Council
400 Frandorson Circle, Suite 103
Apollo Beach, FL 33572
813-641-3565

Mental Health Care, Inc.
Tampa Office
2815 E. Henry Avenue
Suite D-6
Tampa, FL 33610
813-236-3585

Plant City Office
504 East Baker Street, Suite 1
Plant City, FL 33563
813-707-7238

Early Childhood Office
2905 E. Henry Avenue
Tampa, Fl 33610
813-272-2888

Northside Mental Health Center
10630 N. 56th Street, Suite 205
Tampa, FL 33617
813-980-1299

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