

# EVALUATION BRIEF

January 2013 Quarterly Report  
FAST TRAC Youth Demographics & Outcomes

In September 2009, the Clermont County Mental Health & Recovery Board was awarded a six year Cooperative Agreement from the Center for Mental Health Services (CMHS) of the Substance Abuse and Mental Health Services Administration (SAMHSA) to enhance Clermont County's System of Care, named FAST TRAC. The focus of FAST TRAC is youth, ages 3-21, with a mental health diagnosis and involvement with two or more systems (Mental Health, Children's Protective Services, Juvenile Court, Developmental Disabilities.) FAST TRAC focuses on ensuring that services/supports are individualized, family-driven, youth guided, community-based and culturally and linguistically appropriate. Data was collected February 2011 to December 2012.

## SUCCESS FOR US

"Those of us who are partners with FAST TRAC see its importance to the families and the greater community. The concept of bringing different agencies together in one place **has to bring hope to the families, particularly when they see the variety of resources available to them.** I see it as a program that **encourages collaboration among agencies** and as a program that is not just viewed as being punitive because of the involvement of the juvenile justice system."

~ Clermont Recovery Center

"Overall, the wraparound program is a great benefit to our patients. The **Wraparound Facilitators are always available and able to find solutions for issues** that may arise. They are able to give families positive outcomes which they did not think would be possible! **I am grateful for the Wraparound Facilitator's ability to find positive solutions for families!** As a hospital staff, I love working with the wraparound team and believe that they are a great asset to the community! Keep up the good work!"

~ Cincinnati Children's Hospital

## CHARACTERISTICS OF FAST TRAC YOUTH (N=151)\*

Male 60.3%	Female 39.7%
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### AGE (N=149)\*

Birth to 3 years	4.0%
4 to 6 years	5.4%
7 to 11 years	24.2%
12 to 14 years	18.8%
15 to 18 years	40.9%
19 to 21 years	6.7%

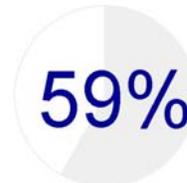
### ETHNICITY (N=151)\*

White	93.4%
Black or African American	2.6%
Multi-Racial	2.0%
Hispanic/Latino	1.3%
American Indian or Alaska Native	0.7%

## PERCENTAGE OF FAST TRAC YOUTH WHO HAVE ... (N=90)\*

Lived with someone who was depressed?	80.0%
Lived with someone who had a substance abuse problem?	59.7%
Lived with someone who had a mental illness, other than depression?	57.8%
Witnessed domestic violence?	54.4%
Lived with someone who was convicted of a crime?	52.2%
Experienced physical assault?	44.9%
Run away?	33.3%
Experienced sexual assault?	24.7%
Attempted suicide?	16.7%
Had substance abuse problems?	14.4%

## TOP FOUR YOUTH DIAGNOSIS (N=128)\*



Mood Disorders



Attention Deficit Hyperactivity Disorder (ADHD)



Oppositional Defiant Disorder



Pervasive Developmental Disorder

\*Youth may have more than one diagnosis, as such percentages reflected above will not add up to 100%. Mood disorders include Depressive Disorder and Bipolar Disorder. Pervasive Developmental Disorders (PDD) include Autism and Asperger's Disorder.

## IMPROVED FUNCTIONING



**INCREASING SCHOOL FUNCTIONING** includes school attendance, Individualized Education Plan (IEP), special education and in-school discipline incidents. (N=43)\*



**INCREASING INTERPERSONAL STRENGTH** reflects a wide range of the child's positive personality and interactive traits such as empathy, sharing and self-awareness. (N=48)\*



**INCREASING FAMILY INVOLVEMENT** looks at compliance with caregiver rules, trust in family members and participation in family activities. (N=48)\*



**DECREASING CAREGIVER STRAIN** includes caregiver's perception of how much their child's behavioral issues impact their lives including disruption of routines, the emotional and financial toll as well as isolation, worry and anger. (N=52)\*

From Intake to 6 Months.

\* N=Number of Participants.

A major component of FAST TRAC is the Wraparound program. "Wrap" builds relationships and support networks among youth with emotional/behavioral challenges, their families, teachers and other caregivers. Data specific to Wrap is presented below.

### SUCCESS FOR US

"Our family had an excellent outcome from our wraparound meetings. They have given us a lot of **valuable information and tips on how to help us help our child** deal with the problems he was having. They have helped us overcome so many obstacles that we had.

**Our child has improved so much** and is on a great path and we have better communication among the family. The ladies in our group were **there for us every step of the way** helping us handle the problems that we were faced with at the time. We had a wonderful team - they are very caring and supporting as well as very organized and on top of everything we needed. Our family is very thankful for everything that the wraparound team has done for us."

~ Wraparound Parent

"When I first met FAST TRAC Wraparound staff, I was told services weren't just about the individual but the whole family as well. I had my doubts but it wasn't long before they lived up to their word! **My son was finally getting what he needed**, tests were being done, people were finally listening to what I was saying, they were observing him, and **finally all the pieces came together**, we finally knew what the issues were. First, and probably the most important thing is, these services **made it possible for my family to stay together**.

Without these services my son wouldn't be at home, he would be in an institution because of safety reasons. **He would not be the great kid/young man he is today**, and I owe that to these agencies and everyone who works with him. I owe it to my son - he did the hard work himself, but without community support and caring people that have surrounded him, he wouldn't be where he is now. The progress he has been able to achieve in such short time, is because of the community supports, resources and a lot of hard work from everyone involved."

~ Wraparound Parent

### MAJOR FINDINGS



Decrease in **Youth Level of Care** indicates that youth are exhibiting more appropriate and safer behaviors in the home and community, thus avoiding the need for out of home care placement. (N=71)



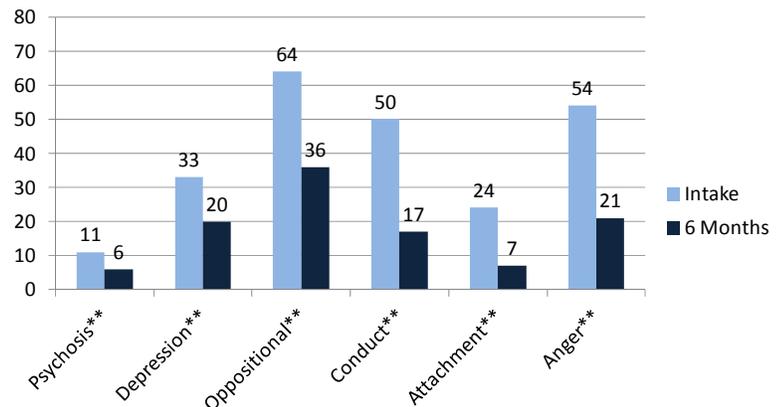
Decrease in **Youth High Risk Behaviors** from Intake to 6 Months.\*\* (N=74)



Decrease in **Youth Behavioral and Emotional Needs** from Intake to 6 Months.\*\* (N=72)

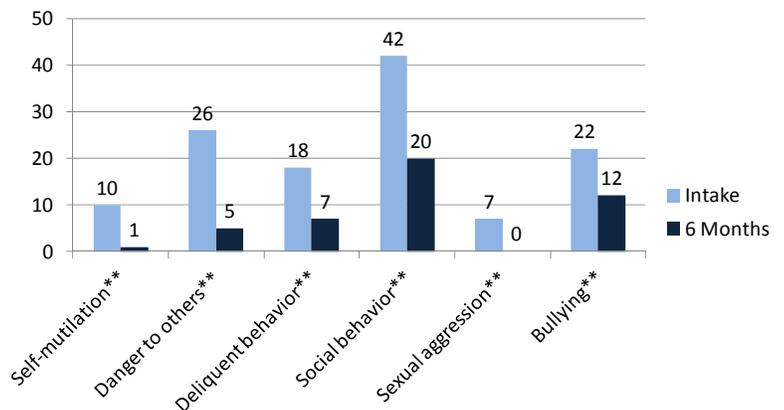
\*\* See graph below for particular behaviors in this measure.

### YOUTH BEHAVIORAL AND EMOTIONAL NEEDS PERCENT CAUSING PROBLEMS AT INTAKE AND AT 6 MONTHS (N=72)



\*\*Psychosis includes hallucinations and delusions. Depression includes the impact depression has on the child's daily functioning. Oppositional includes threats and physical harm to authority figures. Conduct includes lying, stealing, violence toward others and animals, manipulation of others and sexual aggression. Attachment includes the ability to maintain an appropriate parent-child relationship. Anger includes verbal aggression and physical violence.

### YOUTH HIGH RISK BEHAVIORS PERCENT AT INTAKE AND AT 6 MONTHS (N=74)



\*\*Self-mutilation includes cutting and burning. Danger to others includes homicidal ideation, physically harmful aggression and fire setting. Delinquent behavior includes criminal activity. Social behavior includes problematic social/community behavior. Sexual aggression includes sexual activity with younger or non-consenting others. Bullying means child has repeatedly utilized threats or actual violence to bully others.