

SERVICE DOSAGE AND OUTCOMES: LINKING MIS AND EVALUATION DATA

While the System of Care Child and Family Outcome study accurately captures *types* of services received by families (i.e. *kinds* of services), service *dosage* (i.e. how *much* of a given service) is not reflected in the evaluation dataset. Service dosage numbers must be ascertained from the local MCCFL Management Information System (MIS), which is used by service delivery staff to document time spent in direct service with any given family.

MIS DATA UPDATE

Examination of the MIS system revealed that out of 38 families that have been enrolled in SOC for 6 months or more, an average of **31** hours of service total *has been documented* in the MIS system for the 6-month duration (**range 3-106 hours**).¹ The most frequent services documented were: case/care management, community based wraparound, and individual therapy (see Table below).^{2 3}

Top 3 Services Documented in MIS System: Average and Total Hours		
	Average Service Hours Per Family Over 6-Month Period (n=38)	Total Service Hours Over 6-month Period (n=38)
Case/ Care Management	14	538
Individual Therapy	5	178
Community Based Wraparound	4	158

When examining the service dosage data more closely, we looked at families that entered SOC earlier versus later. Families entering SOC in the first six months of the grant year (Oct 2004-March 2005) were documented as having received an average of 33 hrs of service (n=31) over a 6 month duration while the documented mean for those entering in the second six months (April 2005-Oct 2005) decreased to 19 hrs of total service (n=7).

¹ Note that the numbers reflect services *documented*. There is a good chance that not all services have been documented in the system by clinicians.

² Services captured include individual therapy, assessment, consultation, case management, medication management, family therapy, psychological assessment, community based wraparound (i.e. family planning meetings), and information dissemination to families.

³ Services not captured include those provided by SOC Youth Coordinators (e.g. mentoring, youth support groups), Key Family Contacts (e.g. adult support groups, advocacy), and staff outside of MCCFL (e.g. private practice therapists).

LINKING MIS AND EVALUATION DATA

MIS service dosage data was paired with several outcome measures from the Child and Family Outcome Study. In particular, child scores on the *all* outcomes measured in the longitudinal data set were examined in conjunction with MIS service dosage data in order to explore the following two questions:

- 1) Do youth outcomes vary in accordance with service dosage? That is, with respect to functional outcomes, are youth receiving “high” amounts of service (over 35 hours in the 1st 6-month period) different than those receiving “low” amounts of service (under 35 hours in the 1st 6-month period)?
- 2) Are there differences in functional outcomes by gender?⁴

Change both *within* and *between groups* were examined for these questions. In other words, changes were examined at each timepoint (intake and 6 months) *and* across timepoints to look for change over time.

ANOVA analyses revealed no differences in functioning with respect to service dosage (n=38). This may well be because the difference between “low” and “high” dosage is minimal.

ANOVA analyses revealed four statistically significant differences in functional outcomes when comparing males to females. Data was sourced from both 1) youth self-reports of functioning and 2) caregiver reports of functional outcomes.

1) Youth Self-Reports of Functioning:

- a. The difference between male and female (SOC youth) perceptions of functioning in school and at home was statistically significant at the 6-month timepoint. Female youth perceived higher levels of functioning than male youth (source=YSS; $p < .05$; n male=13; n female =12). This instrument is only administered to youth over 11 years old.
- b. The difference between male and female perceptions of general service experience was statistically significant at the 6-month timepoint. The service experience scale includes measure of access, participation in treatment, cultural sensitivity, satisfaction, and outcomes. Female youth perceived more positive service experiences than male youth (source=YSS; $p < .05$; n male=13; n female =12).

2) Caregiver Reports of Functional Outcomes:

- a. Caregivers of males reported statistically significantly higher levels of Objective Strain at the 6-month timepoint (source=CGSQ; $p < .05$; n male=21; n female =14). Objective Strain refers to observable disruptions in family and community life (e.g. lost work time, financial strain).
- b. Caregivers of males reported statistically significantly higher levels of Global Strain at the 6-month timepoint (source=CGSQ; $p < .05$; n male=21; n female =14). Global Strain refers to a combination of observable disruptions in family and community life, negative “internalized” feelings (e.g. worry, guilt) and negative externalized feelings (e.g. anger, resentment).

To summarize, female SOC youth are not only reporting higher levels of functioning, but caregivers of female youth report significantly less strain in comparison to caregivers of male youth.

⁴ It was also requested that we explore whether youth outcomes for those admitted to the program in the 1st half of the year differ to those admitted in the second, however, the low number of admissions in the 2nd ½ of the year render the request infeasible at this time.