



Date: January 31, 2020

FACE OF BOONE COUNTY 2019 END-OF-YEAR REPORT

Mission Statement

The Family Access Center of Excellence (FACE) of Boone County is a nonconflicted, trans-sector implementation center that aims to provide a coordinated, transparent, and collaborative approach to improving access to quality social, emotional, and behavioral health services for all Boone County families with a child (age 0-19). FACE works to achieve this aim through a two pronged approach:

1. Providing Non-Conflicted and Scientifically-Based Case Management Services

- providing free developmentally responsive child-focused and family-based assessments;
- utilizing evidence-based practices (i.e., Motivational Interviewing [MI]) to enhance family engagement;
- providing a scientific approach (i.e., Family Check-Up [FCU]) to developing a measureable action plan;
- increasing access to family choice of providers to address prioritized problem areas listed in action plan;
- reducing barriers to services through on-going family contact with licensed mental health professionals;
- monitoring the success of treatment plans using evidence-based youth/family progress monitoring tools.

2. Promoting and Sustaining a Continuum of Evidence-Based Programs and Practices

- providing technical assistance (EBP implementation support, coordinating services, data linking);
- offering creative financing support (collaborative grant writing, sustaining & brokering of services);
- improving quality of care (training & coaching, progress monitoring, monitoring gaps in continuum).

Executive Summary

FACE's 2019 yearend report includes a great deal of information on the activities which you can read below. Here we aim to summarize what we feel are important accomplishments of FACE. Next, we want to highlight some of the data indicators of what we feel is evidence of FACE's impact. Third, we will highlight important areas of concern that FACE staff see Boone County families struggling with, and lastly, we offer some guidance on possible investments or supports that would effectively combat some of the challenges experienced by these families.

First, we note important celebratory accomplishments of FACE staff and activities—such as:

- Linking FACE and BCSMHC data systems to permit appraisal of FACE's impact on educational outcomes for youth who are referred to FACE;

- Dedicating 780 hours of outreach with direct contact with more than 6,000 Boone County citizens;
- Connecting each school with a FACE contact person and visiting schools alongside the MU Bridge Program to offer support to families in need;
- Overseeing a 6% increase in referrals in 2019 compared to 2018;
- Driving a 43% increase in the number of services received by FACE families compared to 2018;
- Linking 85% of engaged FACE families within 14 days.

Second, we want to highlight important data indicators of FACE’s impact on families and communities, namely:

- Seeing significant reductions for the second year in a row in Boone County youth survey responses reducing stigma and increasing help seeking—two targets of the Look Around Boone Campaign—specifically
 - **a .20 of a standard deviation decline in spring 2019 mental health stigma attitudes compared to pretest ratings taken in Fall 2018, and**
 - **a .11 of a standard deviation increase in their willingness to seek help when comparing Fall 2018 to Spring 2019 responses;**
- Maintaining a 2019 average of 2.88/3.00 on family satisfaction indicators at FACE;
- Reducing lag from contact to linkage by 200% compared to wait times in 2018;
- Witnessing .92 to .56 of a standard deviation’s reduction in family top problems severity;
- Managing an 8% reduction in the rate of attrition or dropout of families;
- Observing important changes in FACE youth using Boone County school data such as:
 - **a .24 standard deviation decrease in the EIS total risk score as measured by teachers in Spring of 2019**
 - **.27 of a standard deviation’s improvement in attendance**
 - **-.24 or a standard deviation’s reduction in office referrals**
 - **-.32 of a standard deviation’s reduction in out-of-school suspensions**
 - **-.33 of a standard deviation’s reduction in the in-school suspensions**
 - **-.39 of a standard deviation’s reduction in total number of suspensions**
 - **a .64 standard deviation higher in reading,**
 - **and a .65 standard deviation higher in math performance**
- Confirming FACE’s open door policy and reducing dropout to find that
 - **Columbia and out-County community youth have similar retention rates;**
 - **Youth race is not predictive of dropout;**
 - **And, youth in 2019 had better retention at FACE compared to 2016-2018.**

Third, we want to note several areas of concern as highlighted in FACE’s assessment data, including:

- 72% of families come to FACE for concerns surrounding disruptive behavior and most—nearly 70% of those families—report this as a concern at school as well;
- 63% and 61% of families report concerns regarding their child’s hyperactivity and attention, respectively;

- 58% of families report they struggle with family relations with 55% reporting effective parenting or positive parenting strategies are a concern;
- Lack of homeless shelter space for families. Harbor House is an amazing resource, but is so often full (particularly during the winter months) which results in families splitting up to obtain shelter.
- Lack of utility and rent assistance. The current services are unable to meet the demand.
- Lack of translation services. FACE has an in-house translator (Spanish, French) as well utilizes Language Link (phone service) but we have struggled to connect families due to other agencies/providers inability to provide translation services.

And, lastly, we offer some guidance for consideration to address these formidable and persistent family and youth concerns listed above, namely,

- Investments in evidence-based psychosocial treatments for youth with disruptive behavior disorders such as group parent behavior therapy and individual parent behavior therapy with child participation ([please view an NIH research summary report on these interventions](#));
 - Multisystemic Therapy services that have been offered to Boone County youth ended in 2019 and are no longer available.
 - There are evidence based parenting groups offered through the Center for Evidence-Based Youth Mental Health but attendance has been so low that these are reduced to 1 group in spring and fall.
 - There is an adapted version of Strong Families known as Hig5—a brief 5 session parenting group offered through the School of Social Work that is not only free but also offers food, transportation, and child care as well as \$200 incentive but enrollment has been low.
- Outside of increasing shelter space, one idea is for there to be an 'Emergency Hotel Night Program' where funding is provided to individuals/families who are facing immediate homelessness to have a 1-2 night stay while we work with them to make other arrangements.
- Develop a community or county-wide resource that can assist agencies and school's with translational services.

Format of Report

Because FACE is a multifaceted organization with various influences, levels of oversight, aims, and activities designed to achieve those goals, we organize this report as we have with our previous mid and end of year reports on FACE activities. Specifically, we have organized the report using questions that attempt to reveal the breadth of activities, outputs, and outcomes specific to what FACE staff accomplish each day. The report examines these key questions:

- A. What we do at FACE: administration, staff, process, and operations/activities;**
- B. Who we serve at FACE: demographics and conditions reported by youth/families engaged in FACE's process;**

C. What kind of Impact is FACE having for families: outcomes for family self-report on Top Problems Assessment, educational outcomes, and predictors of dropout from FACE services.

D. What are the next steps and lessons learned from 2019?

The key questions posed above permit us to report on what we are doing to accomplish the goals to bring FACE to fruition and were listed in the year 4 timeline in our initial proposal. These goals were drafted by the FACE Development and Leadership Team (Drs. Thompson, Reinke, Herman, and Hawley) and approved by the Boone County Children's Services Board on January 13, 2016 and extended into the present contract year of 2019.

A. WHAT FACE DOES: DEVELOPMENTS IN COMMUNITY ADVISORY, OPERATIONS AND FACE PROGRAM ACTIVITIES IN 2019

A.1. Community Advisory Board of Representatives. Between January 1 and December 31st, 2019 the FACE Community Advisory Board of Representatives gathered for six oversight meetings on January 3th, March 7th, May 2nd, July 18th, Sept 5th, Nov 7th. There have been some changes in the membership of the board with former Centralia Superintendent Darin Ford retiring this year and Kelly Wallis leaving the Director's position at Boone County Community Services. For 2019, the FACE board included:

1. **FACE Board Chair, Tim Harlan**
2. **FACE Board Vice-Chair, Mr. Steve Hollis**, Columbia/Boone County Department of Public Health and Human Services
3. **FACE Board Secretary**, The Honorable Leslie Schneider, 13th Circuit Family Court
4. **FACE Board Treasurer**, Dr. Chris Riley-Tillman, University of Missouri*
5. **FACE Board Member**, Ms. Verna Laboy, Community Representative
6. **FACE Board Member**, Chief Deputy Tom Reddin, Boone County Sheriff's Department
7. **FACE Board Member**, Det. Steven McCormack, Columbia Police Department
8. **FACE Board Member**, Superintendent Dr. Peter Stiepleman, Columbia Public Schools
9. **FACE Board Member**, Officer Ruth McCluskey, Juvenile Court Services
10. **FACE Board Member**, *open seat*, Boone County Schools Mental Health Coalition
11. **FACE Board Member**, *open seat*, Boone County Community Services Director*

(Note: * signifies non-voting member)

In addition, we will see in 2020 new board members for CPD (Steve McCormack will yield his seat to Assistant Chief, Jill Schlude) and for the Boone County Sheriff's Department (Tom Reddin will yield his seat to Sgt. Tracey Cleeton). Thank you, Kelly, Darin, Tom, and Steve for your support and service to FACE—your contribution to this work is immeasurable.

A.2. Operations: Leadership Team, FACE Staffing and Offices, and Integrated Data Systems. The FACE Leadership Team includes Drs. Thompson, Reinke, Herman, and Hawley along with support from Dr. Peters.

The Leadership Team and FACE leadership and staff meet on a weekly basis to discuss implementation of FACE activities, ongoing FACE staff supervision and discussion of best

practices and Family Check-Up processes, to examine data and data systems and host other meetings as needed to engage in problem solving or corrective program action.

The FACE Leadership Team reviews the data on an ongoing basis using the digital dashboard that is connected to and automated to reveal program trends so that we can adjust and optimize operations and engage in ongoing quality performance improvements.

A.3. FACE Offices. FACE maintains a single office located at 105 East Ash St. in Columbia.

A.4. FACE Staff. We have experienced some modest staff changes at FACE this year that we consider normal within the growth of FACE. Specifically, two staff moved on to other areas of employment due to life circumstances and we have since filled these positions after intensive interview processes.

Table 1 below shows the staff working at FACE at the time of this report.

Table 1. FACE of Boone County Direct Service Staff, December 2019

Title	Number of Employees
Director	1
Clinical Supervisor	1
Clinical Case Manager (40 hrs/week)	5
Outreach Supervisor	1
Outreach Coordinator (40 hrs/wk)	2
Outreach Coordinator (28-32 hrs/wk)	2
Graduate Research Assistant	1

Clinical Case Managers update. We hired two additional Clinical Case Managers (CCM) that began in August 2019. This was deemed necessary as the duties to these important personnel have expanded. For example, CCMs have increased contact with youth and families during initial registration to FACE services as well as through the CPS moderate suicide risk procedural agreement.

Outreach Coordinator update. We hired two new Outreach Coordinators (OC) that began in August 2019. This was deemed necessary as the duties to these important personnel have expanded. For example, OCs have expanded outreach efforts to Boone County schools through collaborating with MU Bridge Program during monthly visits as well as attending parent-teacher conferences and back-to-school events. We have established MOUs and regular scheduled visits to each of the county school districts 1 to 2 times per month for the upcoming school year to visit with school staff, engage in scheduled visits with families and youth, and participate in student support activities where we are invited to be members to those conversations.

Graduate Research Assistants update. Earlier this year, we had a graduate research assistant, a social work practicum student as well as a bachelor's level journalism intern. Each of them completed their time at FACE this summer. In August, we welcomed a new graduate research assistant, a doctoral student in University of Missouri's Counseling Psychology Program.

A.5. Development of Integrated FACE Data Systems. The FACE Assessment, Case Management, and Referral system continues to undergo improvements. The web-based case management system houses strength and risk factor assessments that are developmentally

responsive and family systems oriented and it provides an automated, user-friendly feedback and dashboard for collecting and summarizing assessment and progress monitoring data.

Several advancements have been made to the system during the past year:

1. *Linking BCSMHC Checklist and FACE datasets:* One of the challenges we have been met with this past year has been the connecting of FACE youth who are referred to educational data. Such connections are key to examining the impact of FACE beyond using outside data. There are several layers of challenges to this task—but the first is linking the educational records. Because families and others (police officers, health care providers, etc.) do not often know the educational ID of a child/family being referred—it is difficult to match records using the common state identifier known as the MOsis ID. We have developed a patch for the system to connect to the records collected from the BCSMHC that is approved by all superintendents sitting on the BCSMHC. The patch includes the FACE system communicating with the BCSMHC database using only the name, date of birth and school of attendance for each Boone County youth. This resulted in our being able to connect to over 1,300 records of youth who have been referred to FACE. This has highlighted other challenges—for example, we need to work more closely with school districts to develop a better annual data download that is easier for them and includes more data. That is, the data we currently have includes a great deal of missing data, county schools have not provided us with the date of birth of students and which causes the patch to fail and results in other missing records. It is our hope that with this renewed contract and effort to close some feedback loops with the Children’s Services Board and the Boone County Community Services staff that we will improve timelines and quality of the data that schools are able to share with FACE.
2. *Auditing Assessments within the FACE system:* Per family feedback, we have begun to audit the assessment. For the most part, families provide positive feedback—though occasionally we get some feedback that the assessment is too lengthy. As such, we have begun to examine the suite of assessments and consider ways to alter the experience without sacrificing important data that must be gathered to adequately address the needs of a family. Some of these solutions include gated screening questions that—if responded to affirmatively trigger more in-depth assessments. The changes should hone the assessment to better match the needs of families and shorten the time required to participate.
3. *Collecting referrals from law enforcement:* The referral portal that was built for CPD is fully operational and FACE staff have taken the time to meet with each officer for a brief training on what FACE is and how to make those referrals.

A.6. FACE Staff Outreach. In 2019 between January and December, **more than 780 hours were dedicated to being present at 329 outreach activities in 2019, which resulted in over 6,400 face-to-face direct interactions with approximately 11,000 individuals in attendance.** Much of the outreach effort has focused on engaging youth and families during school and community events throughout Boone County such as Parent-Teacher Conferences, Back-to-School Events, School Fairs, Community Family Fun Fests, Lunch-in-the Park and other community events.

FACE outreach includes ongoing coordination with other community programs, groups and agencies. FACE representation is offered at Boone County gatherings of community groups aiming to support youth and families. For example, in 2019 FACE officially became a standing member of the BCSMHC Inter-Agency Meeting, a weekly group that meets to support youth who are struggling in school. Families are referred by any county school to participate in this supportive meeting, which consists of school personnel, FACE, Burrell, Boone County Family Resources, Juvenile Office, and Children’s Division representatives.

The intent of the meeting is to discuss youth challenges as it relates to school performance, understand the needs of the child from a family systems perspective, and coordinate a support plan for the youth. Additionally, FACE representation is present at several ongoing community meetings that actively support families and youth as well as their access to services. For example, FACE participates in NET, Brilliant Beginnings, RIS, BCOTN, YC2, MO C-PAP, JDAI, Children’s Grove, Worley Street Roundtable, and others.

The table below provides data on the outreach activities in 2019: number of activities, location, level of participant engagement and hours.

Table 2. Outreach Activities, Participants & Hours 2019

Month	Total Outreach Activities (located outside of Columbia)	Total Participants in Attendance	Participants Directly Engaged by FACE staff	Total Hours of Outreach
January	22 (-)	1352	309	50
February	29 (2)	489	123	63
March	27 (8)	485	309	42
April	33 (15)	516	289	84
May	19 (2)	260	230	39
June	29 (5)	1475	773	55
July	21 (0)	842	812	67
August	24 (6)	2650	1716	72
September	32 (4)	608	414	80
October	31 (11)	1,063	740	95
November	31 (4)	1,118	541	82
December	31 (6)	183	178	58
Total	329	11,041	6,434*	787

*58% of participants attending outreach events have been directly engaged by FACE staff

As FACE is dedicated to getting the word out about our services to all of Boone County, in April 2019 we began visiting county schools on a monthly basis in partnership with the MU Bridge Program as well as increased our participation in county schools’ parent-teacher conferences and events.

Additionally, because not all families outside of Columbia have the capacity to drive to Columbia for services, FACE has developed MOUs with all schools to facilitate FACE personnel’s work to conduct assessments in any school building in Boone County.

This provides families a close, safe environment outside of the home to participate in our services. Also, to further support collaboration, each Boone County school was assigned a FACE Outreach Coordinator, a direct contact person, for the 2019-2020 school year.

Table 3. FACE Outreach Coordinator Boone County School Assignments 2019-2020

ShaVon Walls swalls@faceofboonecounty.org	Terry Pipes tpipes@faceofboonecounty.org	Jeremy Williams williamsj@faceofboonecounty.org	Valerie Berta bertav@faceofboonecounty.org
Southern Boone School District	Benton	Hallsville School District	Locust Street Expressive Arts
Centralia School District	Grant	Harrisburg School District	Heritage Academy
Cedar Ridge	Russell Boulevard	Sturgeon School District	Tolton
Mill Creek	Fairview	Lange	OLLIS
Rock Bridge Elem/HS	Mary Paxton Keeley	Oakland	Two Mile Prairie
Alpha Hart Lewis	Gentry	West MS	Columbia Independent School
Beulah Ralph	Parkade	Douglass	Windsor Street Montessori
New Haven	Hickman	Jefferson	Columbia Montessori School
CORE	Smithon	Battle - Elem/HS	
Shepard Blvd	Blue Ridge	ACE	
Columbia Christian Academy	City Garden School	Highroads	
Christian Fellowship	Midway Heights	Derby Ridge	
Christian Chapel Academy		West Boulevard	

To further increase our outreach impact, FACE focused on several marketing and local advertising efforts. During Mental Health Awareness Month in May 2019, FACE ran a series of radio spots on 98.3 The Dove—a station that targets the demographic range of parents whose family may benefit from FACE services. In addition, with the support of Bucket Media, FACE distributed eye-catching posters to all Boone County school sites, medical offices, preschool settings, and other public interfaces where families and youth will come into contact.



Look Around – Boone Campaign. FACE facilitates Look Around – Boone (LAB), a community campaign focused on reducing stigma around mental health and increase help seeking among youth and families. During 2019, we aimed to increase youth involvement as well as target teachers and parental awareness, as we know they are the ones who help youth access mental health services. Also, in the spirit of LAB, we continued to engage community partners in the messaging so that it becomes a true community brand.

To examine whether youth in Boone County expressed reductions in stigma and increases in help seeking, we examined 16,639 pre (Fall of 2018) and post (Spring of 2019) responses of youth in Boone County on four survey items. These items were rated by students using a response scale of 0 (*Strongly Disagree*) to 3 (*Strongly Agree*). The items are used as proxies for appraising Boone County youth attitudes toward mental health stigma (i.e., “it is okay if someone has a

mental health problem” and “people like me can have a mental health problem) and help seeking (i.e., “I have trouble asking for help [recoded]” and “If I had a personal or mental health problem I can ask for help”). For simplicity, these items were summed and the total Fall and Spring scores were compared using a paired *t* test with a Bonferonni correction (i.e., the commonly used probability value of .05 is divided by the number of tests to reduce the likelihood of findings being significant where there are no real changes). The results of the tests are displayed in the table below.

Table 4. Average change in BCSMHC Checklist student responses to items appraising mental health stigma and help seeking, Fall 2018 to Spring 2019

Variable (N)	Fall, 2018 Mean (s.d.)	Spring, 2019 Mean (s.d.)	Significance
Stigma (N = 16,639)	4.25 (1.37)	4.02 (1.50)	$t=-27.34, df = 16,638, p = .001; d = -.22; ES = .20$
Help seeking (N = 16,639)	4.77 (1.39)	4.93 (1.38)	$t=13.503, df = 16,638, p = .001; d = .16; ES = .11$

In essence, the results displayed in the table above reveal that the changes in student responses were considered statistically significant. **That is, on average, students in Boone County reported .20 of a standard deviation decline in spring 2019 mental health stigma attitudes compared to ratings from Fall 2018. In addition, on average, students in Boone County reported a .11 of a standard deviation increase in their willingness to seek help when comparing Fall 2018 to Spring 2019 responses.**



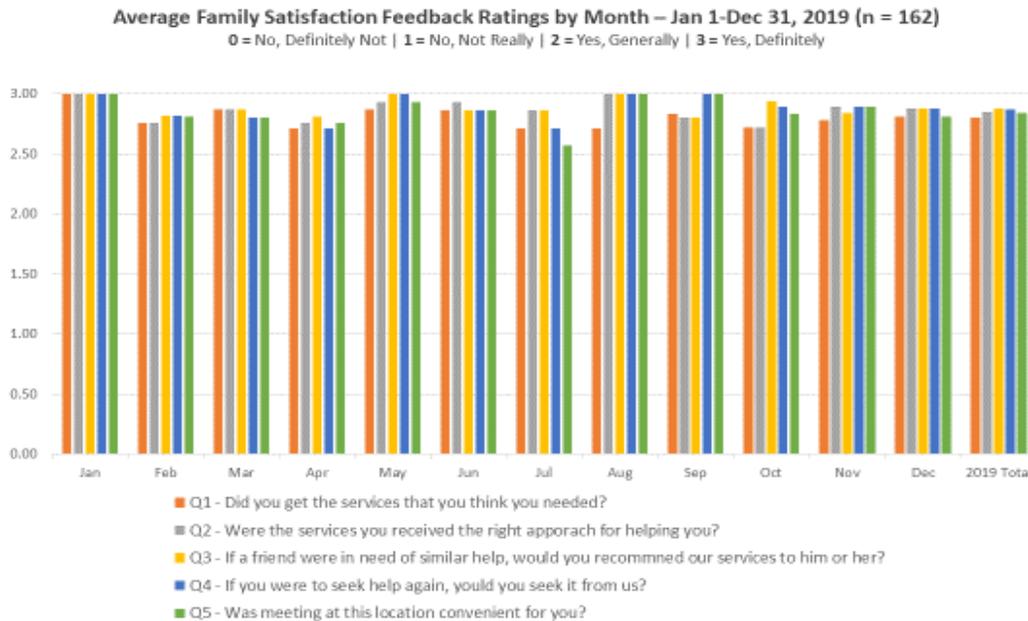
A.7. FACE Website & Social Media. According to Google Analytics, the FACE website has seen more than over 3,346 unique users between January and December of 2019. Nearly 70% of persons accessing the website revisited the website after their initial visit. 58.4% of the traffic was driven by a Google search, 27% was a direct search for FACE, 4% and 7% were redirected from the “showmeboone.org” and “education.missouri.edu”

websites. Nearly 69% of users were female, 86% of searches originated in Missouri, and of those in Boone County—nearly 90% originated from Columbia. Of these users, the age brackets most frequently visiting the FACE website are 25-34 year olds with 35% of the visits followed by 35-44 year olds with 26% of the traffic.

A.8. Family Feedback—Consumer Satisfaction Survey on the FACE process. Once families participate in the assessment process at FACE, they are asked to complete a very brief exit

survey indicating their level of satisfaction with FACE services. Specifically, families respond using a 3-point scale, if the approach was right for them, if they would recommend others come to FACE, if they would come to FACE again, and if the meeting was in a convenient location. The Figure below presents the family feedback summary scores for each of these exit questions—the responses 162 Boone County families who have visited FACE since the start of 2019 are aggregated below.

Figure 3. Family Satisfaction Feedback Scores—January-December, 2019 (N=162)



In addition, families provide feedback to FACE using three open ended questions upon completing their visit. We have reviewed these responses (which are offered verbatim in appendix A) and several consistent themes emerge for each question. These are summarized here as well.

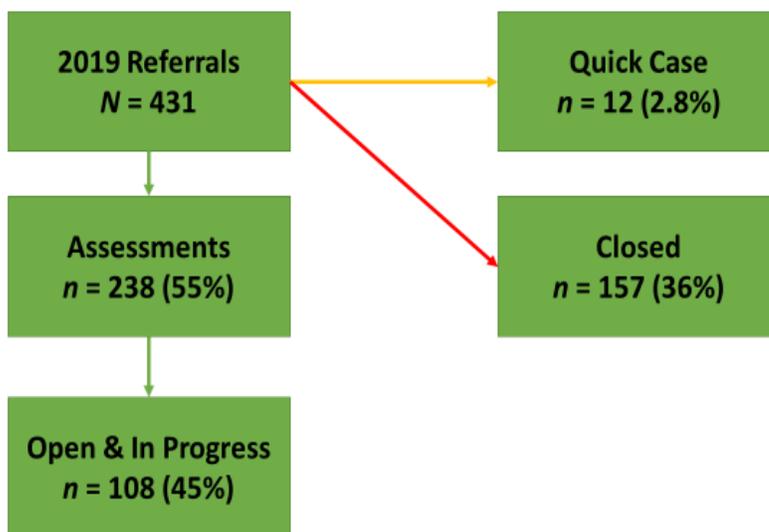
1. ***“What did you like most about your experience with FACE”, responses reveal the following three themes***
 - a. FACE families report that they appreciate our non-judgmental, family-led approach.
 - b. FACE families report that they find our assessment process useful for creating a plan and identifying resources that meet their family’s specific needs.
 - c. FACE families report that FACE offers a friendly, calm, inviting, and relaxed environment in which to discuss family concerns.
2. ***“What did you like least about your experience?”***
 - a. Many families did not identify what they liked least about their experience with FACE or stated “Nothing” or a similar response.
 - b. One of the continued themes that emerged in this category of family feedback is that families would like the assessment to be shorter.

- c. Some families reported that they felt there repetitive, unrelated or challenging questions on the assessment, that the assessment rooms were stuffy, hot or small, that there were technical difficulties with the assessment, or that they did not like being video recorded.
- 3. “What additional comments do you have about your experience with FACE?”**
- a. Many families did not provide additional comments or stated “Nothing” or a similar response.
 - b. One of the themes that emerged in the additional comments section is that after completing the assessment process, families report feeling supported and hopeful.
 - c. Some families reported that they are glad that FACE exists as a resource in Boone County; that they look forward to continuing working with Clinical Case Managers after the assessment; and that they feel their concerns were heard. Some of the feedback from the additional comments question also reflects the themes from the two other family feedback questions (What did you like most, and what did you like least). For example, some families reported that they appreciated the friendliness of FACE staff and provided feedback regarding the assessment content.

A.9. FACE Trainings for Community Providers. In 2019, FACE co-sponsored 18 professional development workshops hosted by the Center for Evidence-Based Youth Mental Health (CEBYMH) for Boone County health and social service providers. FACE collaborates with CEBYMH to identify important training topics and potential expert presenters, and routinely provides CEBYMH with summative (deidentified) data on top referral concerns for youths and families (e.g., bimonthly board reports) so that CEBYMH can develop high quality training opportunities that meet identified community needs (e.g., youth depression, suicide and self-harm; exposure to trauma and traumatic stress; child inattention, hyperactivity and behavior problems; adolescent conduct problems; juvenile offending).

B. KEY QUESTIONS REGARDING WHO WE SERVE AT FACE.

B.1. What does the flow of families through FACE’s Family Check Up process look like: From referral to engagement, assessment, linkage, maintenance, and closure?



As shown in the Figure to the left, a total of 431 families were referred to FACE between January 1, 2019 and Dec 31, 2019—a 6% increase compared to the 403 referrals made in 2018. Of those 431 families, 12 families are noted to have contacted us for information or resources, but 231 (55%) accessed FACE

assessment services while 157 (36%) of these cases were referred but we were unable to reach those families and—after three documented attempts—these cases were closed. At the time of this report, 108 cases remain open or are in some stage of assessment and case management/linkage. It is important to note that this equates to approximately 20 cases per licensed case manager with a high and low range of 36 to 8 cases.

B.2. How many services were FACE families linked to in 2019? The table below reveals data regarding the total number of linkages made for families in 2019 who carried through from assessment to the linkage and case management stage.

Table 4. Service Linkages, 2019

2019 FACE Service Linkages - Jan 1-Dec 31, 2019

Service Type	Number of Linkages
Basic Needs (Food, Utility Assistance, Housing, etc.)	93
Individual & Family Therapy (Counseling, Family Therapy, Addiction, etc.)	188
Diagnostic Assessment & Psychiatric Care	88
Mental Health and Parenting Educational Materials and Resources (Books, Articles, Websites, Tip Sheets, etc.)	16
School-Based Support (IEP/504, Onsite Tutoring, Guidance Counseling, School-Based Support Groups, etc.)	41
Therapeutic Mentoring	1
Career & Employment	17
Medical/Dental	27
Afterschool Programming	46
Total Linkages	517

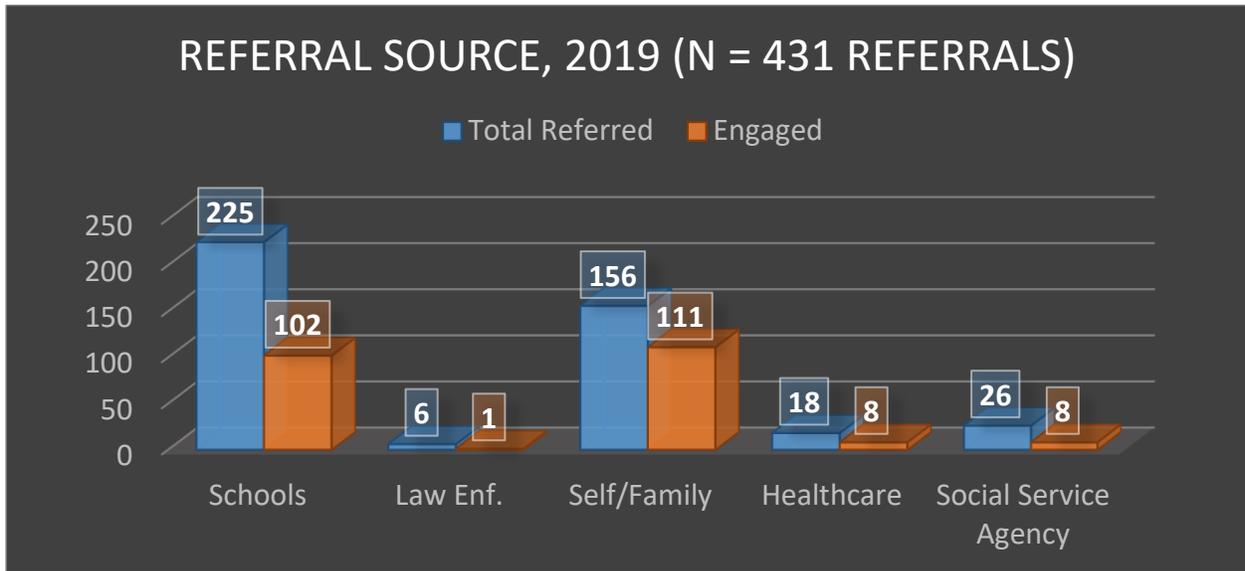
Comparing 2018 and 2019 data, we closed 2018 with 223 assessments and 389 linkages—an average of 1.7 linked services per assessed family. **In 2019, FACE closed the year with 238 assessments and 517 linkages for an average of 2.17 linkages per assessed family, a 43% increase in the number of services that FACE families linked with compared to 2018.**

B.3. Who sent referrals to FACE in 2019? The figure below reveals the source of referrals to FACE for year to date in 2019. Specific to the source of referrals, **schools remained our greatest source of referrals with a total of 225—this is an 18% increase compared to the 184 referrals made to FACE from schools in 2018.**

There is also a 54% gap between those who are referred by schools and those who chose to engage in FACE services, slightly larger than the 51% school-based referral and engagement gap reported in 2018 and a result of our efforts to improve this process with Boone County school counselors, administrators and working closely with the Boone County Schools Mental Health Coalition regional coordinators.

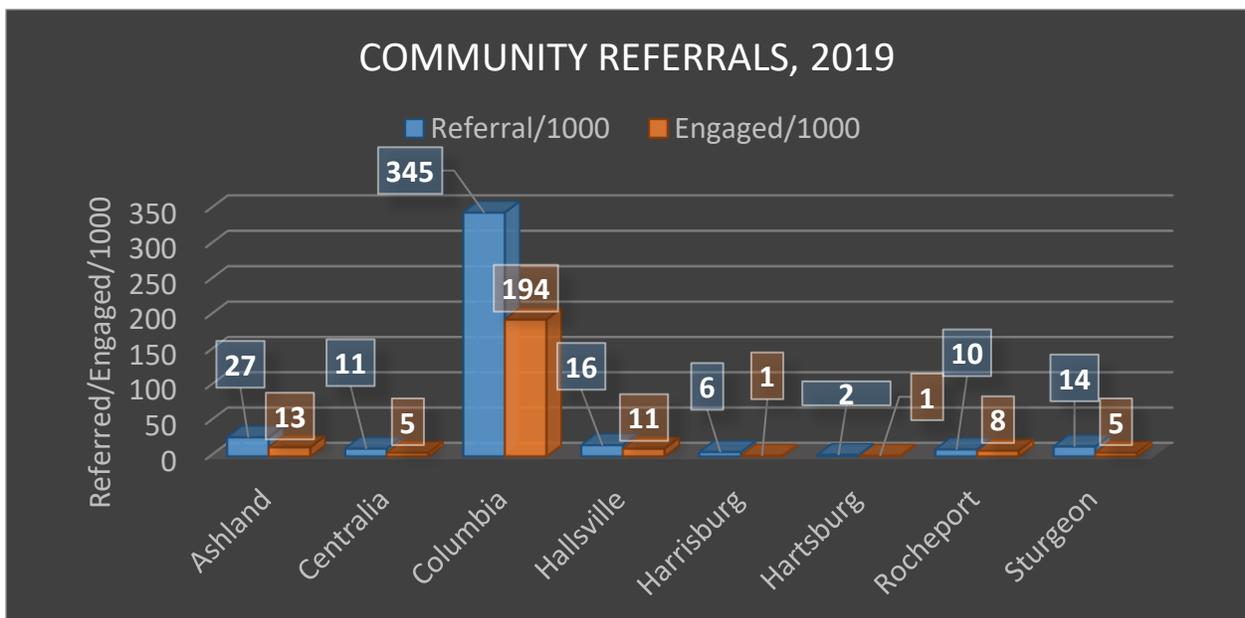
Also noteworthy and consistent with FACE’s underlying spirit and theme—empowering families—**the gap between referral and engagement is the lowest for self/family referrals. In 2019, this gap was 28%--much lower than the 40% gap reported for families in 2018.** There was little change in the other sources listed below compared to 2018.

Figure 5. Number of Referral/Engaged by Referral Source, 2019



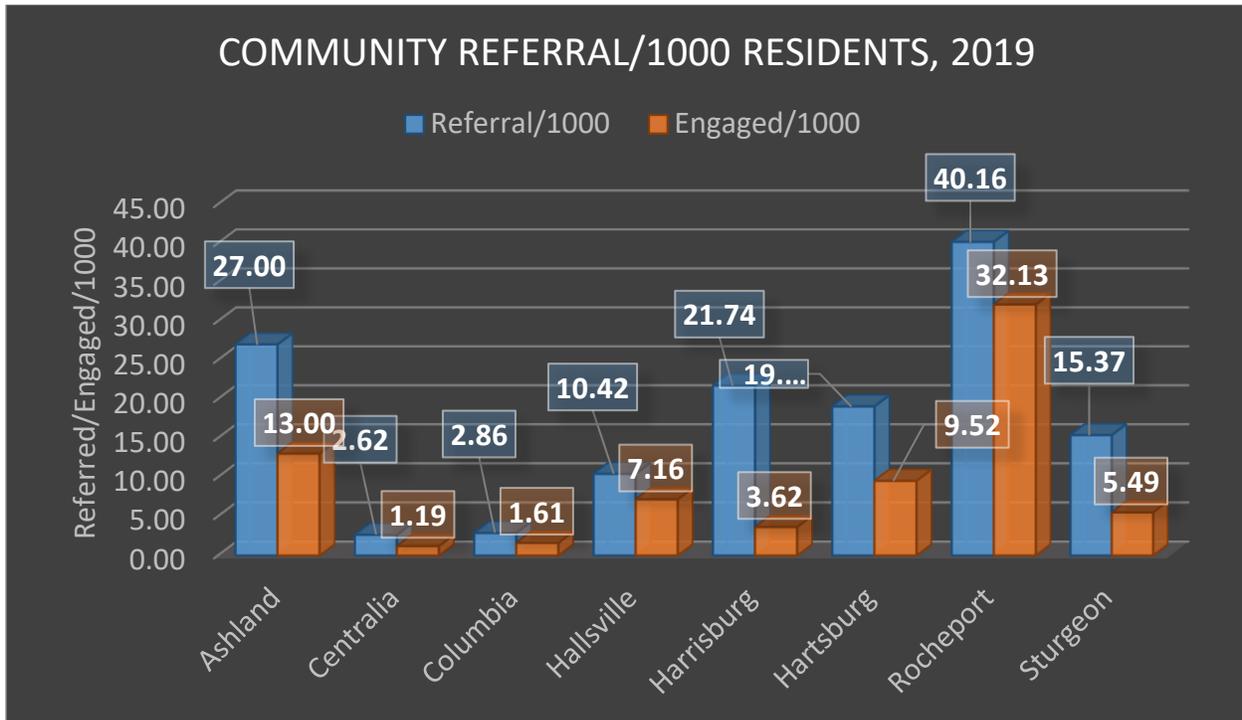
B.4. Where were referrals originating from in Boone County in 2019? The figure below shows the total numbers of referrals (blue) and total number of those who were referred came into FACE and engaged in services (orange). By far, Columbia has the largest number of total referrals and families that also access FACE services when compared outright to other communities across Boone County.

Figure 6. Number of Referrals/Engaged by Community, 2019



When we factor in community size, Columbia is not the greatest per capita referral source. **When we consider community size, Figure 7 reveals that Columbia is actually referring at a lower rate compared to Ashland, Hallsville, Harrisburg, Hartsburg, Rocheport and Sturgeon.**

Figure 7. Referrals/Engaged Rate Per 1000 Residents by Community, 2019



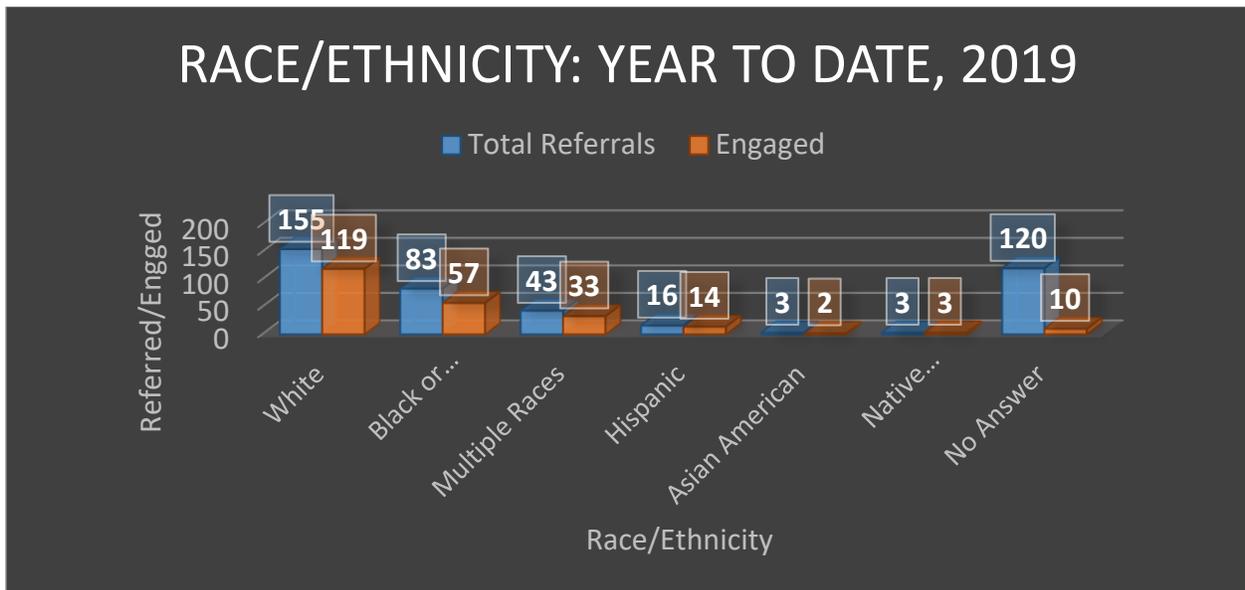
B.4. What was the race/ethnicity of youth referred/engaged in 2019? Shown in the figure below, FACE referrals for those who self-identified as White or Euro-American (39% compared to 27% in 2018), African American (19% compared to 11% in 2018), Hispanic American (4% compared to 3.4% in 2018), Mixed American (10% compared to 8% in 2018), Asian American (1% compared to .5% in 2018) and Native American (1% compared to .5% in 2018).

The referral proportions have remained similar when we break these numbers down by race/ethnicity—and they also closely resemble the 2019 US census data for Boone County.

The referral to engagement gap for Hispanic Americans is lowest—88% of Hispanic American families who are referred engage with FACE (only 12% do not). Digging into this numbers a bit more, most of these families are self/family referred. The racial/ethnic subgroup with the largest referral to engagement gap is among those who self identify as African American with 77% of families referred to FACE showing up for assessments (23% do not).

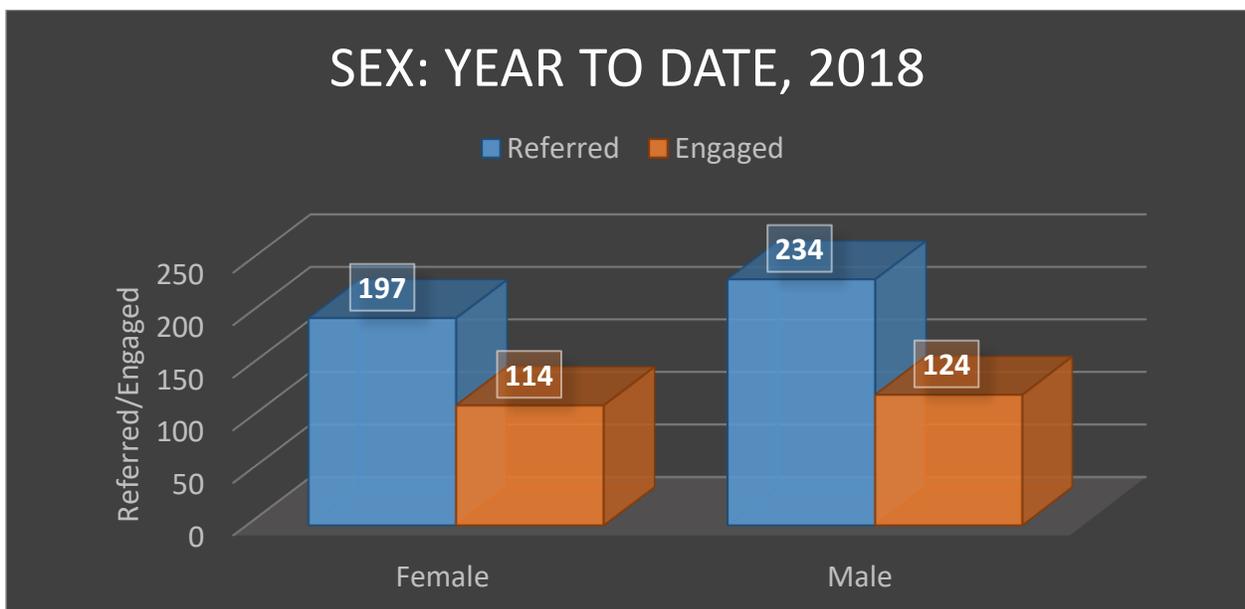
One goal for 2020 is to reduce the number of families for whom we have no response so we can monitor that we are fully serving all families proportionally in Boone County.

Figure 8. Number of Youth Referred/Engaged by Race, January-July, 2019



B.5. What was the sex of the youth engaged between January and July of 2019? As revealed in the figure below, more boys than girls were referred to FACE. However, only 53% of boys referred showed up to FACE compared to 58% of girls. These referral and engagement proportions are similar to what was observed in prior years.

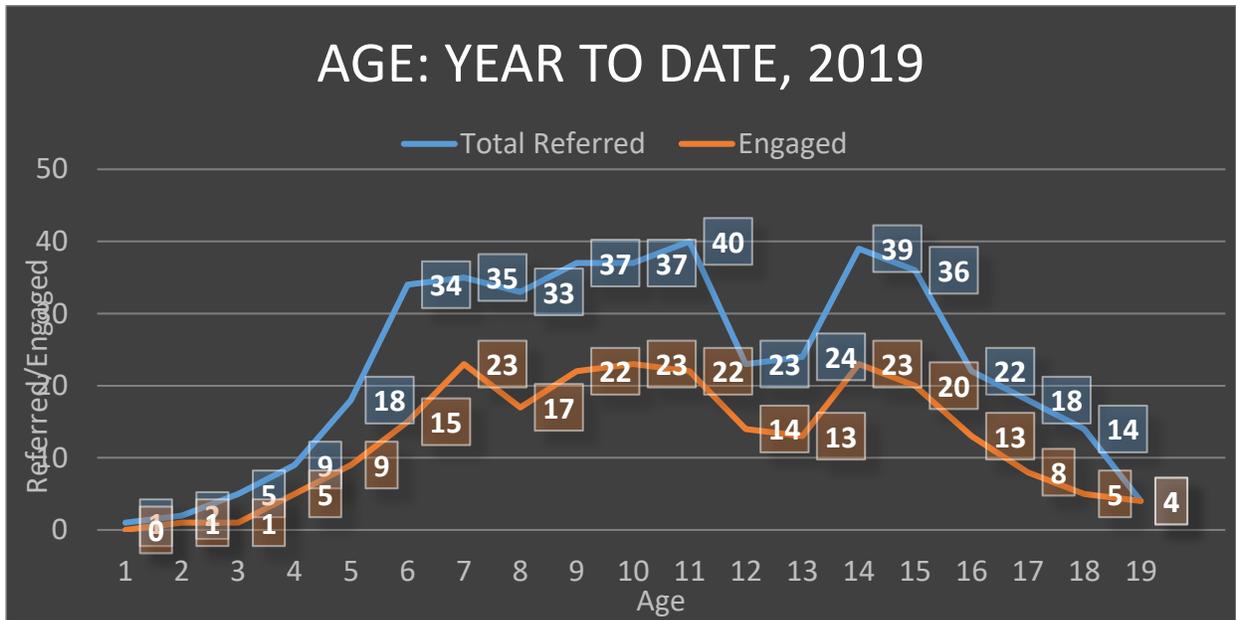
Figure 10. Number of Youth Referred/Engaged by Sex, January-July 2019



B.7. What was the age of referred youth between January and July of 2019? The average age of the youth who were referred to FACE in 2019 was 10.86 years of age (Max=19; Min=2; std = 3.72), largely similar to last year at this time which was 11.17 (Max=19; Min=0; s.d. = 4.13). The gap between referral and engaged is highest among youth aged 6 to 15. The drop-off for

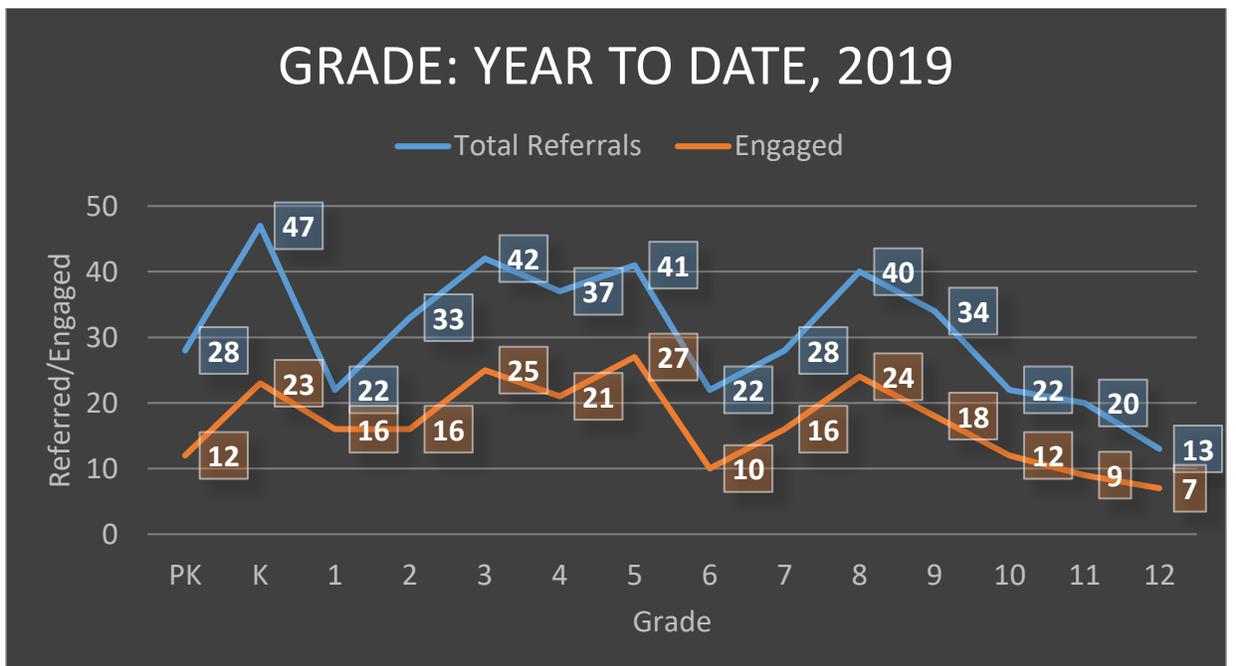
youth aged 11 to 14 is an area we intend to focus on by examining our outreach efforts to middle schools in Boone County.

Figure 11. Age of Youth Referred/Engaged, 2019



B.8. What was the grade level of referred youth in 2019? The greatest increase in grade crossed with referral and engaged came for Kindergarten youth. In 2018, there were 25 referrals compared to 47 in 2019. Of those referred in 2018—52% came to FACE for an assessment and linkage, similar to the 48% in 2019.

Figure 12. Grade of Youth Referred/Engaged, 2019



B.9. What was the lag time between referral and engagement for families who accessed FACE services? Table 3 below summarizes the average lag time in the number of days in 2019 that it took families to respond to FACE staff once they were referred. The 2018 January to June averages are also presented as a point of comparison. **The average time between referral and engagement in 2019 was faster than this time in 2018 (where it took an average of 17.8 days). Averages in 2019 have shrunk to just over 13 days between referral and engagement—a number that has consistently reduced over the past three years.**

Also shown in Table 3 below, **the average time for families from referral to linkage in 2019 has shrunk significantly to 19.60, a near 200% improvement in the amount of time to link families compared to 2018 data that was 56.7 days.** The biggest reason for this is our data and family tracking system has improved. We track in-house referrals but have begun to shift that tracking to the integrated data management system. We have also closed a few outlier cases where families were not responsive to FACE supports or refused our offer to engage.

Table 3: Lag Time Between Referral to Engagement and Referral to Linkage

Lag Time	Average Lag Time in Days	
	Jan-Dec, 2018	Jan-Dec, 2019
Referral – Engaged	17.83 days	14.08 days
Referral – Linked	56.67 days	19.60 days

Because there is such a spread in the total number of days due to some extreme outliers in the case of families who were difficult to reach or missed repeated appointments or were rescheduled multiple times, Table 4 below shows the disaggregated lag time for **202 families who were engaged within 2 weeks of referral (85% of cases) as well as 22 families who were engage, assessed and linked with services within a 2 week window (9% of cases).**

Table 4: Number of Cases within a 2-Week Lag Time for Referral to Engagement and Referral to Linkage

2019	Number of Cases within 2 week Lag Window
Engaged within 2 weeks	202 (85% of engaged cases)
Linked within 2 weeks	22 (9% of engaged cases)*

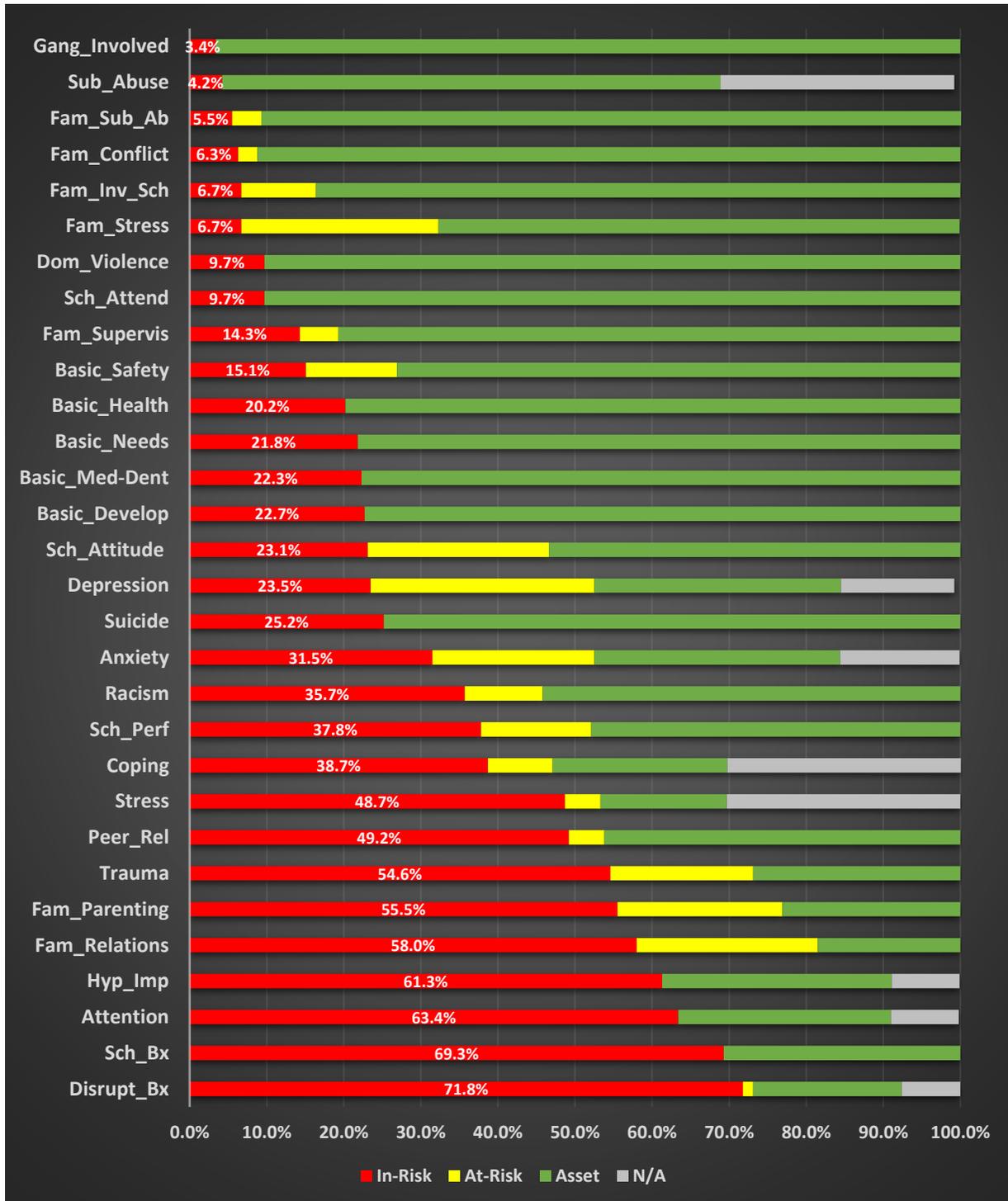
Note: *refers to the fact that many cases only seek information or direct referrals—this number only refers to those who seek an assessment at FACE.

B.10. What types of problems did families and youth who were assessed at FACE present?

The table below reflects the aggregated risk reported by Boone County families who visited FACE and participated in the assessment process (N=238). Interpretation of these aggregated data must be accompanied by the caveat that these families are typically high risk compared to the average family in Boone County, and as such these data are should not be interpreted as the average experience of youth or families in Boone County. The data can only be interpreted in terms of only families who engaged in FACE services.

For the substance abuse, depression, anxiety, coping, stress, hyperactive-impulsive, attention, and disruptive behavior domains not all youth are asked these questions for developmentally appropriate reasons—thus, those scores are reported as “N/A” or not applicable.

Figure 13. Risk Status of FACE Youth-Family Assessments in 2019 (N = 238)



According to the Figure above, few FACE youth and families feel like they are coping with children who are involved in gangs—**only 96.6% of FACE families report gangs are not a concern while 3.4% reported they are dealing with this as a concern. In addition, substance abuse by youth (4.2%) and family substance abuse (5.5%) was reported by only small portion of families who visited FACE. Lastly, only 6.7% of FACE families report they experience stress and 6.3% have family conflict with 9.7% reporting some form of domestic violence in the home. In addition, 83.6% of Boone County families report they feel involved with their child’s schooling.**

Regarding areas of greatest concern, **these categories have remained consistent over the past three years.** That is,

- 72% of families come to FACE for concerns surrounding disruptive behavior and most—nearly 70% of those families—report this as a concern at school as well.
- 63% and 61% of families report concerns regarding their child’s hyperactivity and attention, respectively
- 58% of families report they struggle with family relations with 55% reporting effective parenting or positive parenting strategies are a concern.

These three areas, being consistently reported as a concern by Boone County families also largely reflect the data and concerns expressed by teachers in Boone County schools via the BCSMHC checklist.

Investments in evidence-based interventions, treatments, and supports that target these areas are highly recommended. For example, **psychosocial treatments for youth with disruptive behavior disorders includes two treatments with sufficient empirical support such as group parent behavior therapy and individual parent behavior therapy with child participation** ([please view an NIH research summary report on these interventions](#)). Investments in these types of interventions would take several years to build in the community and get parents involved with—but the important fact here is that this approach builds parenting skills as well and addresses the concerns often faced by parents and teachers with youth who struggle with attentional issues.

C. KEY QUESTION: IS FACE MAKING AN IMPACT?

C.1. Family self-report of problem severity—top problems assessment. The Top Problems Assessment (TPA; Weisz, Chorpita, Frye. et al., 2011) is a family-guided assessment used at FACE to identify treatment needs and track progress or change following assessment. Following the FACE assessment and family feedback procedures, families are asked to list the problems they are most concerned about (e.g., “My son and I argue a lot”). FACE clinicians then log each concern stated and then read the list back to the family and ask if they feel there are any problems missing from the list. After the list is complete, FACE clinicians obtain severity ratings for each problem (“How big of a problem is this for you [or your child] on a scale ranging from 0-not at all to 10-very, very much?). The family is then given the list and asked “which of these is the biggest problem right now?” or “which of these is most important to work on now?” The problem identified is ranked TPA-1. The next problem is ranked, and named TPA-2, and then

next is listed as TPA-3. The result is a ranked list of up to three top problems identified by families along with a measure of severity ranging from 0-*not at all* to 10-*very, very much* (Weisz et al., 2011).

Figure 14. Top Problems Assessment from Initial Assessment to Week 4 Follow-up

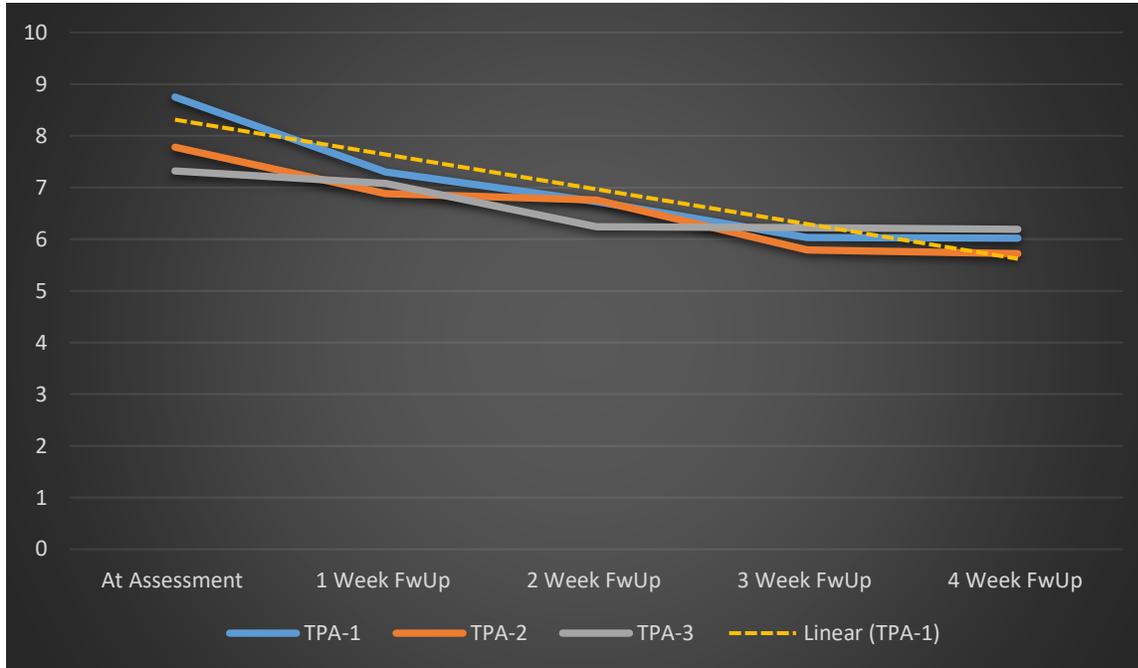


Figure 14 above shows the average decline in TPA ratings for family self-selected problems from the initial assessment each week to the four-week follow-up. On balance, families are doing better. That said, we also see that families drop off over time. We are not sure whether the families who drop off are worse thus causing our scores to improve or if they drop out because they are better—but we would need to engage in more refined analyses to examine the risk scores of those who drop out versus those who remain. Nonetheless, the balance of TPA scores do suggest that families do report that their problems are improving/getting better if they stick with the FACE process, and significantly better at that.

The table below lists TPA scores for all families completing Top Problems Assessments between January and December of 2019. **Of the 231 families who were engaged in the FACE assessment process, 210 families selected at least one top problem area of concern.** These families developed at least one goal and as well as an action plan and objectives to achieve that goal. Next, the family rated the severity of this primary concern using a Motivational ruler ranging from 0 (*not severe*) to 10 (*severe*). Some families can elect to identify up to three problems at most. Following the initial rating and initiation of the action plan, these families then are contacted weekly for the first month or as needed and asked to update their case managers on their action plan and rate the severity of the top problem.

The table below shows the average ratings across all families for each TPA at assessment and for a weekly follow-up check-in for four weeks straight. At the bottom of the table we examined the

average amount of family self-reported change on the TPA from assessment to the week 4 follow-up point. In sum, the amount of improvement in family rated top problems reflected a significant and positive change across family ratings for TPA-1 (average reduction of 2.67) and TPA-2 (average reduction of 2.16). For TPA-3 (average reduction of 1.50). **These reductions are statistically significant reductions in the severity of family self-rated Top Problems from assessment to the 4 week follow-up with effect sizes suggesting participation in FACE is associated with a standardized mean change in these ratings ranging from .92 to .56 of 1 standard deviation reduction.** These changes, compared to other treatments for social and behavioral concerns are considered large, comparatively speaking.

Table 5. TPA Average Scores, Change, and Significance Tests of Baseline to Week 4

Time	TPA-1 <i>Mean (s.d.; n)</i>	TPA-2 <i>Mean (s.d.; n)</i>	TPA-3 <i>Mean (s.d.; n)</i>
At Assessment	8.75 (1.96; 210)	7.78 (2.26; 186)	7.32 (2.47; 97)
Week 1 Follow-up	7.30 (2.74; 122)	6.88 (2.69; 108)	7.08 (2.63; 49)
Week 2 Follow-up	6.73 (2.57; 101)	6.76 (2.37; 90)	6.24 (2.72; 46)
Week 3 Follow-up	6.03 (2.92; 88)	5.79 (2.87; 75)	6.22 (2.85; 32)
Week 4 Follow-up	6.02 (2.96; 84)	5.72 (2.84; 74)	6.19 (2.22; 32)
<i>d</i> from Assessment-Week 4 (probability & effect)	2.67 (s.d. = 2.92) (<i>p</i>=.001; <i>ES</i>=.92)	2.16 (s.d. = 3.00) (<i>p</i>=.001; <i>ES</i>= .72)	1.50 (s.d. = 2.67) (<i>p</i>=.002; <i>ES</i>= .56)

Note. Average score across FACE families from January 1 to July 1, 2019; *d* = average change from TPA score at assessment to week 4; *standard statistical test *p*-value of .05 was adjusted to *p*<.016 using a Bonferroni correction to reduce the likelihood of detecting a significant finding in error.

We also think it is worth noting that our efforts to retain families after the assessment period appears to be positive. For example, at this time last year in our 2018 EOY report it was noted that 209 persons had a TPA-1 selected as part of their family action plan similar to this year’s 210 TPA-1. However, **last year saw an average rate of attrition or dropout rate of 68% from assessment to the week 4 follow-up call with an average rate of drop at 17% per follow-up period. This year there the overall attrition rate between assessment and week 4 follow-up dropped to 60%--a small but modest improvement that suggests we are keeping families engaged longer compared to 2018.**

C.2. Is FACE impacting the social, emotional, behavioral and academic school related outcomes of youth who participate? The true community impact of youth participating in FACE compared to non-participating youth has been of interest to both FACE staff, school personnel, and the membership of both the FACE Board and the Children’s Services Board. Because of FACE’s referral process for youth and families—that youth and families who are referred can choose to engage with FACE or not—a natural experimental design exists permitting the examination of FACE youth and families who participate in FACE services to those who chose not to participate in FACE services.

For this analysis here, we were able to compare these two groups on several analyses of educational outcomes. However, there are several conditions that must be kept in mind as these data are reviewed.

1. These findings rely on an intent to treat model—that is, if youth and families completed a FACE assessment they are considered to have been treated. These models do not consider the types of service linkages or combinations of services.
 - a. The challenge here is that youth who were referred in March of 2019, two months before the outcome is tabulated, are treated the same as youth who were referred to FACE in September of 2018 and were exposed to FACE for eight months. We have reason to believe that dosage or length of exposure matters, and thus the impact of FACE is not fully modeled here, but we consider our approach to be conservative.
2. All academic outcomes in these models are fixed.
3. The academic calendar differs from the FACE calendar year on which this report is based upon. That is, outcomes reported here include youth who were referred to FACE after June 1, 2018 and only include youth who were referred up until May 31, 2019 to match the academic calendar year from which the data are collected.
 - a. The challenge here is that youth who were referred in May of 2018 and were exposed to FACE services for the entirety of the following year, are excluded from these analyses.
4. The present models do not take into account or control for severity of functioning prior to the school year under examination.
 - a. For social and emotional outcomes, we used the EIS total fall score as to add some level of control for the social, emotional and behavioral severity starting point.
 - b. For academic outcomes—at this point we only have the CPS Star reading and math outcomes for 233 students in the dataset as not all grades participate in this test. MAP scores will be available for this academic year at a later date.

Data used in this sample includes 432 youth who were referred to FACE in the time frame described above for the 2018-2019 school year. The sample statistics are listed in the table below.

Upon comparing treatment condition counts in each of the cells below, there are imbalances between the groups for sex, race, free and reduced lunch, and city. As such, more advanced methods will be used in the future to examine the impact of these differences on the outcomes tested below.

There is some missing data. Again, we hope to work with schools in this coming year to improve the data transmission and reduce the amount of data missing in school outcomes. Each cell that has missing data excludes a child from the analysis, essentially reducing our capacity to understand how they are doing or what the impact of FACE is on these youth.

Below here are details on the youth who were referred and participated in FACE services and those who were referred to FACE but did not show up in these analyses.

Table X. Demographics for subsample of 432 youth referred to FACE in school year 18-19

Demographics (N = 432)	FACE (n = 251; 58%)	Comparison (n = 181; 42%)
Sex		
Male = 1	142	106
Female = 0	109	75
Race		
Youth who are white = 0	138	61
Youth of color = 1	80	81
FRL		
Yes = 1	82	26
No = 0	135	116
City (Columbia = 1; County School = 0)		
Columbia Schools = 1	202	145
County Schools = 0	49	36
Age (range of 2 – 18 yrs.)	10.55	10.84
Days w/ FACE (range of 0 – 359 days)	x = 186	0

C.2.a. Social-Emotional Outcomes. To gauge the impact on FACE youth’s social and emotional outcomes, we examined group differences on the teacher and student EIS total score. To control for differences between the FACE and Comparison groups as listed above, we used each of the demographic variables to reduce unexplained outcomes.

Table X. SEL Outcomes: Teacher & Student EIS Risk Score

SEL Indicators	FACE (n = 251) Mean (s.d.)	Comparison (n = 181) Mean (s.d.)
EIS-TR Total Risk Score	Range possible (0 – 36)	
Fall pretest	9.83 (8.89)	10.12 (9.57)
Spring posttest	9.77 (9.96)	12.03 (9.91)*
EIS-SR Total Risk Score	Range possible (0 – 80)	
Fall pretest	27.39 (15.95)	28.26 (14.25)
Spring posttest	30.43 (14.75)	29.03 (13.99)

A two tailed *t*-test appraised at a standard probability cut-off of .05 saw significant differences between FACE youth and those who were referred to FACE but did not show up for services, the Fall, 2018 EIS-TR report was not significantly different between groups; however, the spring score differences between the groups reached statistical significance, $t = 2.01$, $df = 430$, $p = .04$, $d = .24$. **In short, participation in FACE is associated with an average of a .24 standard deviation decrease in the EIS total risk score as measured by teachers in Spring of 2019** compared to youth who were referred and did not show up to FACE. There were no significant differences between FACE and comparison youth self-reported EIS total scores.

C.2.b. Behavioral Outcomes. As proxies for behavioral outcomes, we examined the end of the 2018-2019 school year totals for percent attendance and the total end of year counts for office referrals, out of and in school suspensions, and for the total count of suspensions. The means and standard deviations for each of these outcomes are listed below.

Table X. Behavioral Outcomes: Attendance, ODRs & OSS

Behavioral Indicators	FACE (n = 251) Mean (s.d.)	Comparison (n = 181) Mean (s.d.)
Attendance	91.68 (7.65)	89.24 (10.07)*
Office Discipline Referrals	4.59 (11.04)	7.83 (16.07)*
Out-Of-School Suspensions	0.48 (1.38)	1.02 (1.98)*
In-School Suspensions	0.72 (2.06)	2.14 (6.82)*
Suspensions—Total (OSS+ISS)	1.17 (2.91)	3.32 (8.36)*

A series of two tailed *t*-tests appraised at a standard probability cut-off of .05 saw significant differences between FACE youth and those who were referred to FACE,, but did not show up for services for all of these behavioral outcomes. In short, participation in FACE was associated with an average of a

- **.27 of a standard deviation’s improvement in attendance**
- **-.24 or a standard deviation’s reduction in office referrals**
- **-.32 of a standard deviation’s reduction in out-of-school suspensions**
- **-.33 of a standard deviation’s reduction in the in-school suspensions**
- **-.39 of a standard deviation’s reduction in total number of suspensions (OSS + ISS)**

C.2.c. Academic Outcomes. Because we have yet to receive MAP math and communication test results for the full data set we are unable to report these outcomes at these times. However, CPS uses the STAR Reading and Math assessments. Not all students in the sample took these tests, so the sample size only includes 220 students out of the 432 students referred to FACE in the 2018-2019 school year.

Academic Indicators	FACE (n = 251) Mean (s.d.)	Comparison (n = 181) Mean (s.d.)
Spring Reading Score	40.80 (31.78)	22.58 (24.85)*
Spring Math Score	46.01 (32.60)	26.44 (28.37)*

Examining the academic indicators, we see moderate differences between groups on the spring scores, with **youth referred to and showing up to FACE outperforming their comparison peer group who did not show up to FACE by nearly a .64 standard deviation higher in reading and a .65 standard deviation higher in math performance.**

To be sure, these findings point to important differences and suggest that FACE maybe contributing to these changes. **All that said, in no way do we mean to imply that FACE is directly impacting youth on these outcomes.** We all know that high risk youth tend to receive a

great deal of help from all partners in school settings, at other community agencies, and from family and friends. However, we at FACE do believe the intensity to which we offer support to youth and families greatly contributes to not only their self-reported improvements in the TPA scores, but also translates to improvements in other areas of their lives.

C.3. What predicts dropout from FACE services for those who show up for an assessment?

In an effort to better understand if any person or contextual level predictors were associated with dropout, we examined the records of the full FACE dataset that included all families referred to FACE since August of 2016.

This analysis included 899 FACE records of youth and family who participated in FACE services. The outcome was time to dropout from FACE services which we generated based upon the total count of the days that passed for a youth and family once they completed the FACE assessment to when their case was closed. To do this, we identified the following factors as relevant factors:

1. Contextual factors
 - a. Self-referred vs. referred by other
 - b. Rural vs. Suburban (County vs. Columbia)
2. Child and family factors
 - a. Age of child (in months)
 - b. Sex of child
 - c. Total risk status (total Risk score as measured by the FACE assessment)
 - d. Race of child
 - e. Income of family (participation in free and reduced lunch)
 - f. Cohort (i.e., as determined by school year)

In a separate series of regression models, we regressed each indicator listed above on the total number of days between assessment completed and case closed and at the time of these analyses, none of the predictors above were associated with early dropout from FACE services.

Interestingly, the only predictor significantly associated with youth and family number of days to dropout was the Cohort variable, controlling for all other factors listed above.

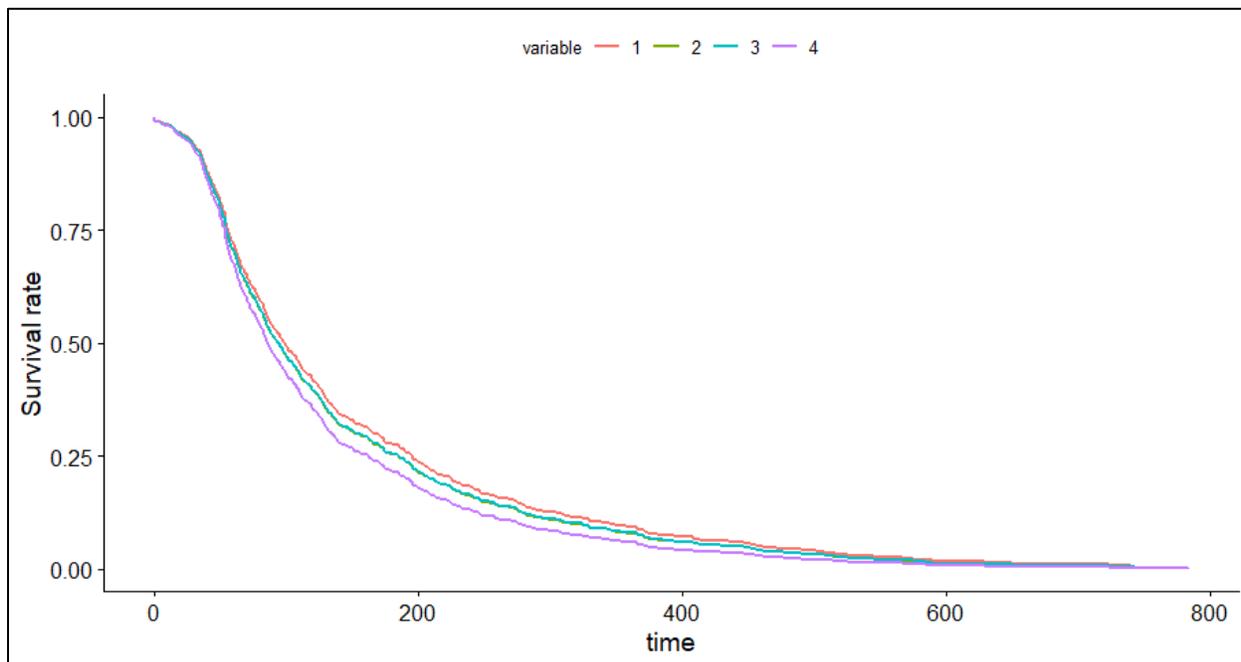
The figure listed below shows the total number of days that FACE has been open since 2016 on the x-axis, on the y-axis the probability that a family will drop out of FACE services. Each of the lines are associated with a family who participated in a particular cohort.

- Cohort 1—August 1, 2016 to May 31, 2017
- Cohort 2—June 1, 2017 to May 31, 2018
- Cohort 3—June 1, 2018 to May 31, 2019
- Cohort 4—June 1, 2019 to the present day

In essence, what we see is that over time **FACE staff and processes and procedures have improved with each passing cohort such that the risk of dropping out for each subsequent**

cohort is reduced significantly, with this year's cohort experiencing the greatest retention compared to the prior three cohorts.

Figure X. Survival Rate by FACE Cohort



D. Lessons Learned and Next Steps: Early 2019 and the Road Ahead this year.

The 2019 year—FACE’s fourth year of operation—has been the year that has felt as if FACE leadership and staff are starting to hit our stride. For the past four years we have been in a constant state of change as we built policies, procedures, data systems, measures, and informational and outreach campaigns to fulfill the promise of what we believe FACE can be. This work has resulted in policy and training manuals. The assessment system we have built and refined over the past several years is working well, produces trustworthy data, and we are now better able to start fine tuning aspects of it to make it even more family friendly while still meeting the needs of our program quality improvement efforts and informing Boone County residents what it is that we are doing with their tax dollars. We are beginning to connect FACE data to school outcome data to appraise the educational impact of FACE on students in Boone County Schools—and in this next phase we should as a community host conversations on what it is that we also want to know, data wise. The Look Around-Boone campaign appears to, for two years in a row, be associated with significant changes in youth stigma and help seeking behaviors, and in the coming year we hope to advance elements of this campaign to target adults in schools and communities as well so we can cultivate a greater awareness of mental health concerns and let people know there is help that is responsive to their needs.

We are optimistic and seeing these efforts to fruition would leave most with little gas in the tank to take on the challenges of this next phase. But we are just getting started. FACE is established. Now we need to make it *matter* in order to truly *work*. That is, the next phase will require a true community effort of leadership committed to weaving FACE into the fabric of Boone County. To make FACE realize its full potential, it needs sustained involvement and commitments from

Boone County schools for which the leadership has pledged; continued dialog and commitment from our law enforcement, juvenile office, and partners in our courts to develop appropriate pathways to deter youth via FACE; and assistance and partnership from our community's social service agencies to serve families referred by FACE in a timely and responsive manner. FACE also believes we need fresh input from other nonconflicted sectors of our community including: health care/pediatrics/obstetrics, early childhood, faith-based leadership, disability services or advocates, and representation of persons who advocate on the part of historically disadvantaged families.

We are honored to have the trust and support of the Children's Services Board and we feel this up and coming year we have increased input, communication, experience, guidance, and clarity with what is being asked of FACE leadership and staff. This increased communication and clarity will not only better define the roles and tasks of FACE as well as help with monitoring the progress of these tasks, but we strongly feel the increased support will permit the FACE Advisory Board to continue efforts to alter their respective systems to make FACE's mission a priority. FACE's mission—increasing access and reducing barriers—is ready to grow with this next step and we need community leadership, guidance, and input to cement FACE as the hub of a continuum of responsive and effective community supports with open access for all Boone County youth and families.

Respectfully Submitted,

The FACE of Boone County family



**Boone County
Children's Services Fund**

Appendix A. Family Feedback Responses

What did you like most about your experience with FACE?

Themes:

- FACE families report that they appreciate our non-judgmental, family-led approach.
- FACE families report that they find our assessment process useful for creating a plan and identifying resources that meet their family's specific needs.
- FACE families report that FACE offers a friendly, calm, inviting, and relaxed environment in which to discuss family concerns.

Relaxed, Inviting Environment. Professional and friendly staff.

Jazmine was so friendly and understanding. She made a connection with my son that is very uplifting and encouraging to his needs. The help provided and care given has been such a relief and positive impact.

I feel like the caseworker really worked hard to identify our goals and connect with my son and to get the information needed to help us.

Staff is very polite and patient. Gave my family true care and concern and went above & beyond to find resources for our needs.

The ability to share struggles we have within our family in a non-judgmental atmosphere. The brainstorming of great resources to help our children and family.

It was genuine, sincere, & personalized. I feel like I was heard and listened to and that is very important to me. Same goes for my daughter, she was actually saddened when we had to leave early one day.

I felt heard & understood.

They let me make my decisions, instead of telling what I need to do.

That I get to choose the resources I want to use. Many resource options!

Compassion, Professional, Respectful, Tactful assessment. That I had this experience after having never known of this organization. Loving, Proactive atmosphere.

Able to work out a plan for our daughter and make connections to appropriate services in town.

Staff is very polite and patient. Gave my family true care and concern and went above & beyond to find resources for our needs.

The atmosphere was quite welcoming and relaxing so being able to talk about concerns didn't seem a burden to discuss.

I liked how nice & warm welcome there was when entering the building. I loved all the help & understanding we got from our CCM worker Russell.

The kindness and personal concern. Very professional and very understanding. Did not feel rushed or hurried.

Very informative, Understanding and helpful.

What did you like least about your experience with FACE?

Themes:

- Many families did not identify what they liked least about their experience with FACE or stated “Nothing” or a similar response.
- One of the continued themes that emerged in this category of family feedback is that families would like the assessment to be shorter.
- Some families reported that they felt there repetitive or unrelated or challenging questions on the assessment, that the assessment rooms were stuffy or hot or small, that there were technical difficulties with the assessment, and that they did not like being video recorded.

None. Thank you for the opportunity to help us on a Saturday.

The rooms were really hot

Having the assessment recorded.

How long it took LOL.

Knowing its recorded

Didn't like the thought about being on camera

Technical problems - both visits we had some issues that made visits longer. Ipads today wasn't letting me do questionnaire.

The rooms were really hot

The stuffy rooms while doing the interview.

Having the assessment recorded.

Meeting space was very small

Nothing at all. Everyone was very nice and professional, wanting to help

Sometimes it felt a bit long & repetitive.

It's long, but understandable as the assessment look from the parent, child, & counselors views.

Length of time

Sometimes it felt a bit long & repetitive.

Length of time - thorough and helpful, I just wish it were possible to do in less than 3 hours.

The appointment is really long, but worth it & it was very comfortable.

Too many unrelated questions on assessment

Length of time of assessment

I feel like everything got covered and was great only thing if any that would say needs improvement is the amount of time but then again I feel like with the time we spent here Jazmine really knows us and that is helpful.

The tablet survey could be easier

We have enjoyed every step :)

What additional comments do you have about your experience with FACE?

Themes:

- Many families did not provide additional comments or stated “Nothing” or a similar response.
- One of the themes that emerged in the additional comments section is that after completing the assessment process, families report feeling supported and hopeful.
- Some families reported that they are glad that FACE exists as a resource in Boone County; that they look forward to continuing working with Clinical Case Managers after the assessment; and that they feel their concerns were heard. Some of the feedback from the additional comments question also reflects the themes from the two other family feedback questions (What did you like most and What did you like least). For example, some families reported that they appreciated the friendliness of FACE staff and provided feedback regarding the assessment content.

The best program I have come in contact with that really wants to help others.

I liked how parent based concerns were addressed with such care.

I am satisfied I'm actually getting the help I need & with how helpful our caseworker is in helping us find the things needed.

I feel like all my concerns and comments were well listened to.

Russell was very helpful and easy to talk to. Happy we came.

A great program. I was listened to and was heard.

I think that before going back the client should be given the option of being recorded before going into the room.

I am glad to see yet another fantastic resources available in Columbia. It is appreciated.

Looking forward to the support & accountability on my part.

Looking forward to working together.

I wish I would have known about this sooner. I think they need more advertisement so the community is more aware of them & what they offer.

None, it was a great experience and I will recommend them to anyone.

Very grateful they were able to accommodate me bringing my 5 kids and their help keeping them entertained & occupied.

I appreciate how quickly I was able to get in and how friendly every staff member has been.

Everyone was very friendly. I'm sure my daughter enjoyed the attention she was given by each staff member!

We are feeling very hopeful that we will be connected to the right resources.

Fix questions on assessment-Hard to understand.

I'm glad that there will be follow up to help make sure we are getting the help we need. I'm finally starting to feel hopeful

I'm leaving my meeting today with optimism hope and excitement. I feel like we're going to be able to get help/answers I am very happy. My daughter seems happy to have this resource available to her she's hopeful now.

Today was a very reassurance day for me. It lift my goals and spirts up. I really appreciate my case manager for all the help and making me feel more comfortable about talking about anything. Thanks FACE

Well rounded program thus far and wanting to see what is to come from FACE and other resources.