


Technology for Research, Evaluation and Measure Development with Complex, Multisite Community Initiatives

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Responding to Evolving Evaluation Needs in a Comprehensive Early Childhood Initiative


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What is First 5?


- The 1998 California Children and Families Act (Proposition 10), enacted January, 1999
- Funding from tax on tobacco products
- Promote and improve the early development of children from prenatal to age 5
- Support new services and enhance existing programs (not supplant)
- County-administered to meet local needs
- Most counties act as grant-makers



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First 5 Santa Barbara County

- Funding: ~\$4-5 million annually
- Direct Services Initiatives
 - Early Care and Education
 - Early Childhood Oral Health
 - Early Childhood Mental Health & Other Special Needs
 - Family Support
 - Newborn Home Visiting
 - School Readiness



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Family Support Initiative



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FSI—Overview


- 9 Funded Programs (~\$1 million annually)
 - 7 Family Resource Centers/Programs
 - 1 Health Linkages Program
 - 1 Information and Referral Center
- Service Strategies
 - Case Management, Quick Referrals, I&R
 - Parenting Education, Support Groups
 - Family Literacy
 - Basic Needs & Enrollment Assistance




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FSI—Evaluation Context


- Most programs funded 5+ years
- Participatory planning process
- Challenges
 - Value of evaluation v. direct service
 - Time, training & expertise, accountability
 - Outcomes notoriously difficult to measure
 - Are we measuring the right thing?
 - Are they understandable and impactful?



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Findings



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Participants


- All programs
 - 893 children; 427 parents
 - 80% Hispanic/Latino; 80%+ Spanish speaking
- Services
 - Case management: 4,219 hours
 - Resource linkages: 4,205 hours + 2,200 contacts
 - Parenting education: 780 hours + 270 classes
 - and more...



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Family Development Matrix

- Subsample
 - 161 families receiving case management
 - Average interval between pretest and posttest: 171 days
- Domains
 - Child Health
 - Social-Emotional Health & Competence
 - Family Relations—Parenting
 - Child Education & Development
 - Adult Education & Development
 - Employment
 - Food & Nutrition
- Ratings
 - 5-point rating from "In Crisis" to "Thriving"
 - Operationally defined rubric

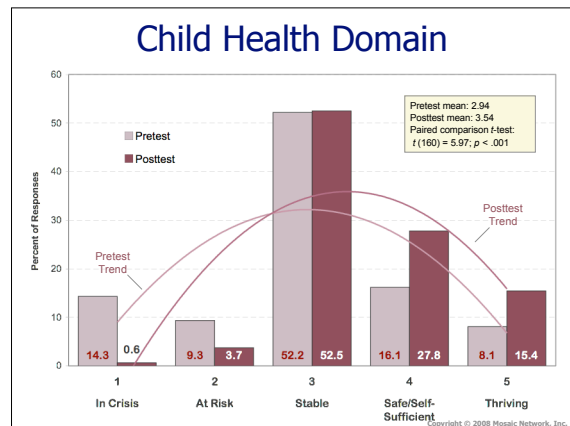


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	□ 5 = THRIVING	□ 4 = SAFE	□ 3 = STABLE	□ 2 = VULNERABLE	□ 1 = IN CRISIS	
Health	All household members are covered by affordable health insurance. Coverage is enough and sufficient to meet all the needs of the family well and in accordance with medical care. Family members consistently practice preventive health habits.	Family can get medical care when needed. Family has applied health insurance coverage, but medical costs sometimes limit the household budget and family members do not seek medical services. Family has basic knowledge of health issues and engages in preventive behaviors.	Family is able to get medical care, but household has subsidies (Medicaid, Medicare) or pay for care. Family's use of health care, although appropriate, is not optimal. Family members do not understand or practice preventive health behaviors. Some or all family members may fall in poor health.	Family has great difficulty paying for health care and/or other medical services. Family's use of health care is not optimal. Family members do not understand or practice preventive health behaviors. Some or all family members may fall in poor health.	Family has great difficulty paying for health care and/or other medical services. Family's use of health care is not optimal. Family members do not understand or practice preventive health behaviors. Some or all family members may fall in poor health.	Family members have no medical insurance or very limited and no knowledge and/or access to health care. Family members have serious medical problems. One or more family members may have serious health problems.
Social-Emotional Health & Competence	Family has a well-developed social and emotional support network. Family members are able to manage the stresses of everyday life. No family member uses illegal drugs or alcohol or cigarettes. Family members have high levels of self-esteem and self-confidence.	Family is generally able to manage economic, social and cultural pressures. Developing social and emotional support. Family members with a history of child or adolescent abuse are in well-established recovery.	Family is learning to manage its day-to-day affairs and its economic, social and cultural pressures. Family members are seeking social and community services when in need of social-emotional support. Family members with child or adolescent abuse are addressing recovery. Mental health problems are reported.	Family is barely coping with the stresses of economic, social and cultural pressures. Family members are seeking social support. One or more members of the household may have a child or adolescent problem. Problems with mental illness may be only partially treated.	Family is barely coping with the stresses of economic, social and cultural pressures. Family members are seeking social support. One or more members of the household may have a child or adolescent problem. Problems with mental illness may be only partially treated.	Family is socially and emotionally isolated and unable to manage its economic, social and cultural pressures. The family is unable to seek resources for social and emotional support. Serious drug or alcohol abuse or untreated mental illness may exist. Chronic and/or acute social-emotional problems.
Family Relations—Parenting	Family has a stable, cooperative and a strong, positive sense of family. Communication is consistently open and respectful and conflicts are negotiated successfully. Family members provide strong and appropriate parenting and support to one another. Children are happy and parents appear to have strong and effective parenting skills and a strong child support.	Family members have a sense of family only and are physically safe and emotionally secure with one another. Rules and expectations are mutually agreed upon. Parents demonstrate sound parenting skills and provide appropriate guidance and support to children.	Negative behaviors are present in interactions among family members, but family members acknowledge and seek to change such behaviors. Family is learning open communication and to provide support to one another. Family is making an effort to establish and apply age appropriate rules. No violence or neglect. Developing a stronger sense of family.	Family is in a weak family relationship. There is some positive support and guidance but some inconsistency. Occasional healthy relationships. Parenting skills are minimal and children may be in poor health. There is a risk of abuse or neglect.	Family has a weak family relationship. There is some positive support and guidance but some inconsistency. Occasional healthy relationships. Parenting skills are minimal and children may be in poor health. There is a risk of abuse or neglect.	Family has no connection. Family household composition changes frequently. Conflict is common. Rules and expectations are inconsistent. Abuse, neglect, and violence are either occurring or likely to occur. Children may be in foster care or other outside placement.



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Child Health Domain


Count of Profile Txn ID	Posttest					Grand Total
Pretest	1 = In Crisis	2 = At Risk	3 = Stable	4 = Safe/Self-Sufficient	5 = Thriving	
1 = In Crisis	1	2	12	1	7	23
2 = At Risk	2	5	7	3	3	10
3 = Stable	2	59	16	7	7	84
4 = Safe/Self-Sufficient	2	7	15	2	2	26
5 = Thriving	2	5	6	13	13	39
Grand Total	1	6	85	44	25	161

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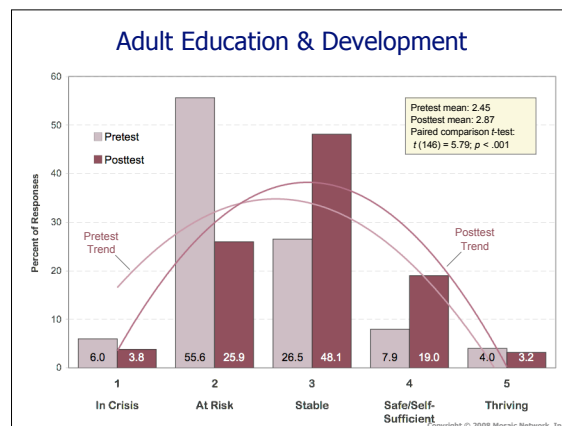
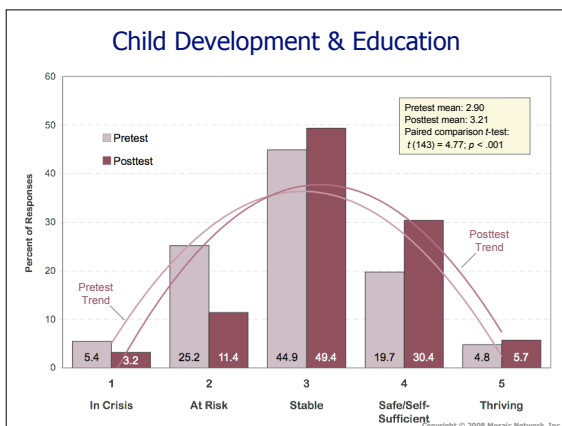
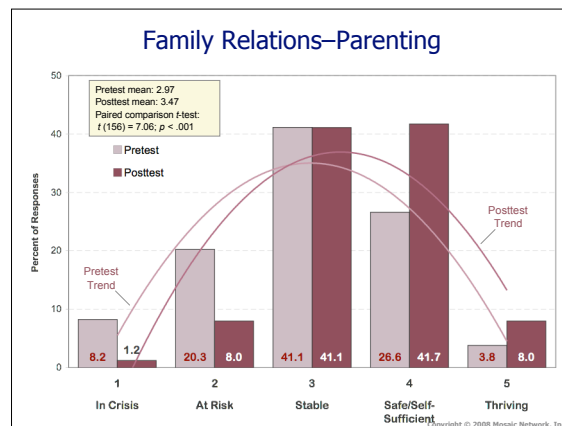
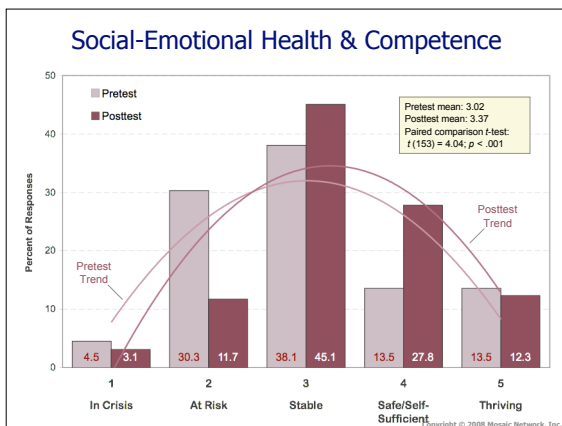
Child Health Domain

- Number of families "In Crisis" reduced from 23 to 1
- 7 families improved from "In Crisis" to "Thriving"
 - 39% of families improved at least 1 level;
 - 23% improved 2+ levels;
 - 9% declined 1+ level



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Impact

- Families
 - Easy to understand, more meaningful
- Program personnel
 - More intuitive, easier to use
 - Buy-in, relevant to service provision
 - Higher likelihood for sustained use
 - Meaningful outcomes
- Funders and other stakeholders
 - Buy-in, resonance
 - More communication power



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Family Development Matrix

- Developed and published by
Institute of Community Collaborative Studies (ICCS),
California State University, Monterey Bay
- Citation: Endres, J., Richardson, B. & Sherman, J. (1999). Testing the reliability/validity of the California Matrix. Palo Alto: Packard Foundation, Final report to the Organizational Effectiveness Program.
- URL: <http://hshpp.csUMB.edu/community/matrix/index.htm>



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