INTERVENTION STUDY REPORT

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Introduction:

This report presents the preliminary findings from a pilot study conducted between October and December 2014 with 3 FDM collaboratives. The study was aimed at gathering data and testing a tool for developing a statewide plan that uses the FDM to track and compare interventions (programs) across different collaboratives on their effects on specific indicators.

Background:

In 2008 the FDM integrated Lisbeth Shorr's work on "Pathways to prevent child abuse and neglect" into the Matrix creator database to document the types of interventions family resource centers provided to their clients. Each FDM core indicator was aligned with pathway interventions to allow the program to document and track their effectiveness in producing positive change in FDM indicators at the state and collaborative levels. While the "Pathway" interventions proved helpful in guiding case managers on the types of interventions that could be beneficial for families in need of help for particular indicators, the descriptive nature of these interventions presented a challenge for the study of effectiveness of specific interventions. When a family revealed to be in a situation of risk in the indicator of "Parenting Skills", for example, one of the pathway interventions listed in the FDM would appear as "Positive Parenting Education." While this general intervention facilitated studies at the state and collaborative levels (by design), they proved too general for specific agencies in their evaluation efforts when they had a specific intervention they wanted to evaluate. To address this issue the FDM allowed FRCs to add their (custom) interventions to the database. While the addition of custom interventions helped individual agencies with almost complete flexibility on how they named, cataloged, and tracked their interventions it complicated analyses at the collaborative and state levels. By 2011 the database had dozens of interventions for the indicator of "Parenting skills" and many of them were specific to the agency and locality where they were administered.

This study's ultimate goal is to create a tool within the FDM for collaboratives to document the specific "Programs" they use as interventions in order to learn more about the evidence-based and evidence-informed practices employed by FDM agencies. By tracking specific programs the FDM will not only be able to evaluate effectiveness of specific programs across collaboratives but will provide valuable information at the state level on the types and frequency of use of specific evidence-based practices.

Study Design:

The three collaboratives selected to participate in the pilot study were San Francisco (First5), Santa Barbara (First5), and Lake County (Office of Education). After their initial consent, each collaborative coordinator was sent a spreadsheet and specific instructions

on how to enter the required data in it. Specifically, each collaborative was given the following tasks: (1) to complete a list of the "Programs" they referred their clients to and (2) to provide additional information on each of the programs they listed regarding the program's evidence based status, duration, intensity, concept, service setting, and whether agencies use the FDM as part of the program[1]. After collaborative coordinators reviewed the data collection instructions, meetings were held to provide clarification on specific programs and to collect the collaborative coordinators' perceptions of both the study and their perceived potential of collecting data on specific programs. The data collection process took place between September 29th and November 19th of 2014.

Implementation issues:

Questions about the definition of a program

Initially we did not provide a definition of a "program" for them in order to allow them to be as inclusive as possible. However, all collaboratives in the study asked for a specific definition. The answer provided was that, for the purpose of this study, a program is a "*a collection of practices that are done w/in specific known parameters (philosophy, values, service delivery, structure, and treatment components)"*.

Questions about Interventions vs. Programs:

After reading the instructions all collaborative coordinators in the study expressed concerns that an emphasis on "programs" would take importance from other "interventions" they routinely use with their clients. There was a consensus on the point that while all programs are interventions, "*not all interventions can be considered programs.*" Additionally they felt very strongly about conveying the idea that FRCs do "*a lot more than run of connect clients to programs.*"

Questions about program ownership:

Another recurring issue was that of programs that clients are referred to outside of the agency. Two of the three agencies were concerned about adding programs over which they have no control. While "Connecting client to MediCal", for example, is a common intervention for all of these agencies they doubted whether including MediCal as a program was something that they wanted to track. For the purpose of this study we suggested that they should "*include all the evidence–based/informed programs they offer and all the programs they offered or referred to that they had an interest in tracking*."

Questions about evidence-based rating:

While the instructions provided to collaborative coordinators asked them to classify their programs into whether they were "evidence-based", "evidence-informed" or "other/don't know" categories, no specific criteria for classification was provided to them. The next section shows the programs and their classification as provided by the collaborative coordinators.

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[1] For details on how these questions were asked please refer to the appendix section containing the "instructions" file sent to agencies.

Results

The three participating collaboratives, combined, returned 52 "programs" that they are interested in tracking for their own evaluation purposes. As table 1 presents, collaboratives classified 50% of the programs in their lists as evidence-based (31%) or evidence-informed (19%).

Table 1: Programs in each collaborative by evidence status

Program status	Lake County office of Ed %	San Francisco %	Santa Barbara %	Total %
Evidence-based	0	50	53	31
Evidence informed	14	42	10	19
Other	86	8	37	50
Total (#)	21	12	19	52

As presented in Table 2, the majority of the programs collaboratives listed were classified as "Parent Education" programs (50%), "Early Childhood Education" (19%), "Home Visiting" (15%), "Basic Needs" (14%), and Mentoring (12%). The field was left blank for 8 of the programs (15%), and 6 programs (12%) were classified as having a "concept not listed in the previous categories. The categories for theses programs were: "Substance Abuse Residential Program", "Legal assistance", "Employment services", "Services for disabled adults and children", "Substance Abuse Treatment Programs" and "DV shelter and support services." Interestingly, most programs were rated as having more than one concept.

Table 2: Program concept

Program Concept	Number of programs	% of total	% of valid responses
Parent education	26	50.0	59.1
Early Childhood education	10	19.2	22.7
Home visiting	8	15.4	18.2
Basic Needs	7	13.5	15.9
Mentoring	6	11.5	13.6
Other (Not in previous categories)	6	11.5	13.6
No Response	8	15.4	N/A

The final list of the 52 programs divided by their research status as classified by the collaborative coordinators is presented in Table 3. After the data was compiled, each program name was searched on the California Evidence-Based Clearinghouse (CEBC) for Child Welfare database. Programs not found on the CEBC database were searched in the SAMHSA's National Registry of Evidence-Based Programs and Practices (NREPP) database.

Table 2: Programs by evidence-based status

Type*	SFO	Santa Barbara	LAKE
E.B.	**SafeCare** (2)	**SafeCare** (2)	
	1, 2, 3 Magic (2)	Child Parent Psychotherapy (CPP) (2)	
	Partners in Parenting Education (PIPE) (NR)	Dialectical Behavior Therapy (DBT) (Not Found/ SAMHSA = 3.3/4)	
	Sytematic Training for Effective Parenting (STEP) Curriculum (3)	Great Beginnings - Healthy Families America (1)	
	Triple P (Positive Parenting Program) (1)	Home Instruction for Parents of Preschool Youngsters (HIPPY) (2)	
	Triple P Stepping Stones (2)	Incredible Years Parenting (1)	
		Parent –Child Interaction Therapy (PCIT) (1)	
		Supporting Father Involvement (2)	
		Trauma-Focused Cognitive Behavior Therapy (TFCBT) (1)	
		Nurturing Parenting (0-5=NR; 5-12=3)	
E.I	**Nurturing Parenting** (0-5=NR; 5-12=3)	Parent Institute for Quality Education (PIQUE) (Not found)	**Nurturing Parenting** (0-5=NR; 5-12=3)
	Abriendo Puertas (Not found)	Partners for a Healthy Baby (Not found)	Early Head Start (3)
	ACT Program (Not found)		Head Start (Not found)
	Active Parenting of Adolescents (NR)		
	Prenatal Education Class (Not found)		
Other/ Don't know	Martes Familiares (Not found)	Abriendo Puertas (Not found)	AODS (Not found)
		Every Child Ready to Read (Not found)	Domestic Violence Programs (Not Found)
		Filial therapy (FSA)	Easter Seals (Not found)
		Joven Noble (Not found/ SAMHSA=2.5/4)	HUBs (Not found)
		Leaders for Change (Not found)	LCDSS - Medi-cal/Food Stamps (PP)
		Padres Adelante (Not found)	LIVE Well (Not found)
		"Parent Project" for Adolescent (co wide, jr. high/high school) (NR)	Motherwise (Not found)
			NCO Child Care (Not found)
			RCS - The Harbor (Not found)
			Regional Center (Not found)
			SSI (PP)
			Tribal Home Visiting program (Not found)
			Verna Morris Travel Fund (Not found)
			WIC (PP)
			Work Force Lake (Not found)
			Circle of Native Minds (Not found)
			Hilltop Recovery Center (Not found)
			Ukiah Rural Legal Services (Not found)

*Refers to respondent's own classification.
() Number in parenthesis is the CEBC-4CW rating; "Not found" means the program was not found in a search of the CEBC website as of December 2014; "PP" means that the program is a Federal, State, or local public program; "SAMHSA=" shows the quality of research rating (over 4 points) in SAHMSA's NREPP website as of December 2014 for programs not found in the CEBC-4CW website

As table 3 presents, only 2 programs were shared across different collaboratives: SafeCare (in San Francisco and Santa Barbara) and Nurturing Parenting in all three collaboratives). Further, as table 4 shows, there was some variation on how the collaborates classified the programs they had in common. While both santa Barbara and San Francisco consider "SafeCare" and evidence-based program, Santa Barbara considers the program's concept as involving early childhood education and as well and implements it with a higher number of meetings than San Francisco. Similarly, while San Fransisco and lake classified the nurturing parenting program in the same manner for each field, Santa Barbara classified Nurturing Parenting differently than the other 2 collaborative in the fields EB status, service setting, and program concept, and was unable to provide duration or intensity.

Table 4: Program Descriptions for "SafeCare" and "Nurturing Parenting" across collaboratives

						Program Concept		
Program	**Collab**	**EB Status**	**Service setting**	**Intensity**	**Duration**	**Home visit**	**Parent Education**	**Early Childhood Education**
SafeCare	SBA	EB	Home visit	21-25 Meetings	Don't Know	Yes	Yes	Yes
	SFO	EB	Home visit	16-20 Meetings	61-90 Days	Yes	Yes	
Nurturing Parenting	SBA	EB	Other	Don't Know	Don't Know	Yes	Yes	Yes
	SFO	EI	Group Based	11-15 Meetings	61-90 Days		Yes	
	Lake	EI	Group Based	11-15 Meetings	61-90 Days		Yes	

Conclusions and considerations moving forward:

Results from the pilot study presented in this report offer important considerations for the future implementation of an evaluation tool in the FDM that tracks client referrals into "programs" and their outcomes.

The first consideration has to do with collaboratives' views of programs vs. interventions. Conversations with the 3 collaborative coordinators in the pilot study revealed that agencies feel very strongly about tracking what they consider "interventions" for their evaluation efforts even if these interventions are not considered "programs." All participants expressed that Family Resource Centers provide a lot more services that can be encapsulated in the definition of a "program." For this reason, it is recommended that efforts to include a tracking tool for "program" referrals *are not included as a replacement* for the Interventions each collaborative already has in the database *but as a supplement* to track specific well defined programs that agencies and collaboratives are interested in evaluating separately.

A Second consideration comes from the manner collaboratives define "programs" and their decision on which types of programs can and should be tracked in the database. Results from this pilot study suggest that there is wide variation across collaboratives on the definition of what constitutes a "program" and on what types of programs should be

tracked and evaluated. While some collaboratives seem to use the strict definition of what constitutes a program and are interested in tracking programs that they provide (e.g. San Francisco), other collaboratives, like Lake County office of Education, use a less restrictive definition of a program and are interested in tracking programs that they do not necessarily provide, but they refer or connect to (e.g. connect to WIC, MediCal, Employment Services, etc.). For this reason, and for parsimony reasons, it is recommended that the decisions on the types of programs that are included in the database are not left completely to the collaboratives, but are determined by the FDM leadership before implementation.

A third consideration comes from the variation in how collaboratives view and implement their programs. Results from this pilot study show that even in the small number of shared programs across collaboratives there was visible variation on how collaboratives classify these programs in concept, and intensity. Further, as table 3 shows, some of the programs considered evidence-based or evidence-informed by some collaboratives received ratings of “NR” or where “not found” in the CEBC database. While these findings do not have important implications for the implementation phase, they do suggest that future evaluations that compare programs across collaboratoves may have to be interpreted with care as variations in implementation fidelity and program conception may vary widely across collaboratives.

APPENDIX: Instructions sent to Collaborative Coordinators

Study on programs used with the FDM

Introduction:

Dear FDM Collaborative coordinator. In an effort to enhance the FDM evaluation capabilities at the local and state levels, OCAP is supporting a study that aims at learning about specific programs used by member collaboratives as part of their interventions to prevent child abuse and neglect. Your input will not only help us learn and share about the diversity of programs using the FDM across the State, but will also provide valuable information for ways in which we can enhance the FDM evaluation tools. Thank you for being a part of this!

What is required from you?

For this endeavor we require you to:

1. Using the excel spreadsheet provided, L*ist all the (intervention) programs* your Collaborative implements or makes referrals to for clients that receive case management with the FDM.

2. Describe each of the programs listed using the drop-down menus in the spreadsheet provided.

3. Save the completed spreadsheet and send it to Ignacio Navarro and Jerry Endres (see contact information at the end of this document).

Instruction on how to use the Excel spreadsheet file provided:

The following lines explain how to fill the spreadsheet file provided. If you have any problems downloading, opening, or navigating the spreadsheet file please contact Ignacio Navarro for assistance (see contact information at the end of this document).

1. Open the excel file attached to this email.

2. You will find a spreadsheet with 100 rows and 17 columns (A-O)

3. List the programs used in your collaborative on the first columns (with heading "Name of program")

4. For each of the programs listed answer the 8 questions describing the program Instructions on how to answer each of the questions are provided below.

Instructions for each item:

1. Name of program

In this field please write the program name (e.g. “Healthy Families America”, “Abriendo Puertas”, “Transportation token”, etc)

2. How many agencies use the program?

In this field please state how many agencies in your collaborative *implement or refer families to* this program.

3. Is FDM required as a formal element of the program?

- **Yes**
- **No**
- **Don’t know**

Most collaboratives use the FDM for clients in all programs, but some have explicitly made the FDM a requirement for some of their programs. Please answer ‘Yes” only if FDM case management is a requirement for this program. (i.e. if the client cannot participate in the program *unless* he/she receives an FDM case management)

4. Is this a locally grow program?

- **Yes**
- **No**
- **Don’t know**

Some collaboratives use programs that they themselves have created. Please answer, “Yes” only if you know that this program was created within your collaborative or local community.

5. Evidence based status

- **Evidence-based**
- **Evidence informed**
- **Other**
- **Don’t know**

In this field please state (to the best of your knowledge) if the program is evidence-based or evidence-informed. If the program is neither evidence-based nor evidence-informed please chose “other”. If you are not sure please answer “Don’t know”

6. Service setting

- **Center based**
- **Home visit**
- **Group Based Setting**
- **Other**
- **Don’t know**

In this field please state (to the best of your knowledge) the setting that BEST describes how the program is implemented. If the program is not “center-based”, “home-visit” or “group-based” please chose “other.”

7. Intensity (Average # number of meetings with client for the duration of program)

- **1 Meeting**
- **2-5 Meetings**
- **6-10 Meetings**
- **11-15 Meetings**
- **16-20 Meetings**
- **21-25 Meetings**
- **More than 25 Meetings**
- **Don't Know**

In this field please let us know about how many meetings or contacts with the client are required by the program (on average).

8. Duration (Average # of days from first to last meeting)

- **Less than 30 Days**
- **30-60 Days**
- **61-90 Days**
- **91-120 Days**
- **More than 120 Days**
- **Don't Know**

In this field please let us know about how much time (on average) clients are required to be engaged in the program from the first to last meeting or contact.

9. Program (Concept) Type (Check "Yes" on as many descriptors as apply to this program)

- **Home visiting**
- **Parent Education**
- **Early Childhood Education**
- **Mentoring program**
- **Basic needs**
- **Other types not listed**
- **Please specify the other types not listed**

In this series of fields we would like to know about the programs concept.

For some programs many of these categories will apply. Please check "yes" on all the categories that apply and if you believe there are concepts that apply to the program but are not listed check "Yes" on the "Other types not listed" and write the type on the "Please specify the other types not listed" field.

If you have any questions or concerns at any point during this process please contact :

Ignacio Navarro: Email: inavarro@csumb.edu Phone: (831) 582-4207

Jerry Endres: Email: jendres@csumb.edu Phone: (530) 938-3867