

Family Development Matrix Pathway to Prevent Child Abuse and Neglect Project

Funded by the Office of Child Abuse Prevention

Presenters

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Matrix Outcomes Model

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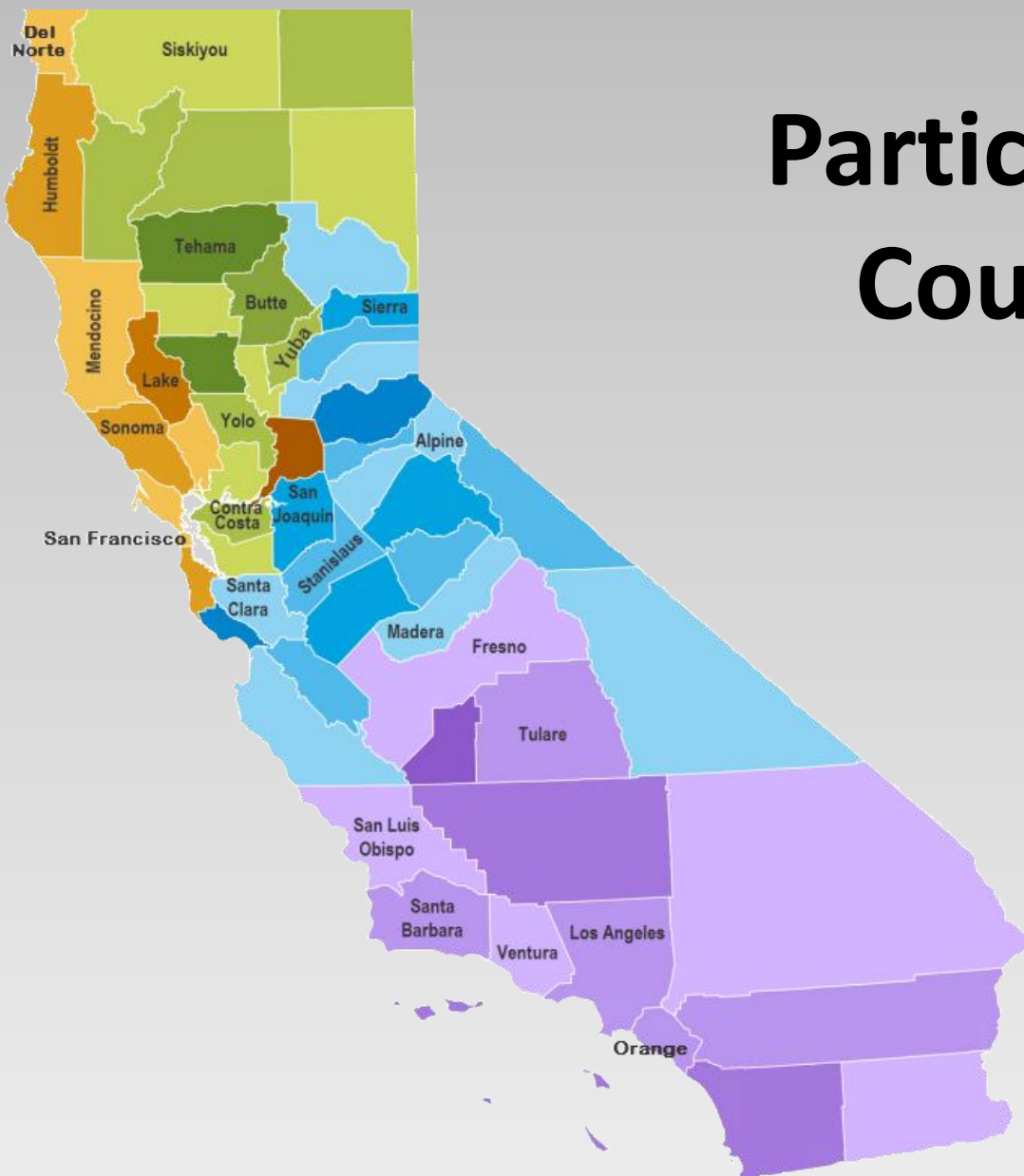
Objectives

- An overview of the evidence for supporting the development of a Family Strengthening outcomes model.
- Stages of development for Family Strengthening Protective Factors family outcome measures.
- Building collaboration across networks of public/private agencies to develop prevention plans, outcome indicators and assessment protocols.

California legislative mandate for partnerships between child welfare and family resource agency partners since 2000.

Family Resource Agencies serve to assist parents and children through a Differential Response referral system to keep children safe, improve their family's situation across a holistic set of conditions and prevent them entering the child welfare system

Participating Counties



Project Goals

- To build capacity within FRCs to use an integrated family outcomes tool for planning, assessment and evaluation
- To support FRCs to partner with other agencies and local child welfare systems to develop shared outcomes for families
- To conduct research and provide a framework of information for a pathway to prevent child abuse and to keep children in stable and nurturing homes

What is the Family Development Matrix Outcomes Model?

- An assessment tool for measuring change over time in a family's situation
- Core family outcome indicators, ongoing assessments, tracking case management, interventions, family engagement and family progress data
- A method to support the family strength-building relationship with researched interventions and family empowerment outcomes

Outcomes Measurement

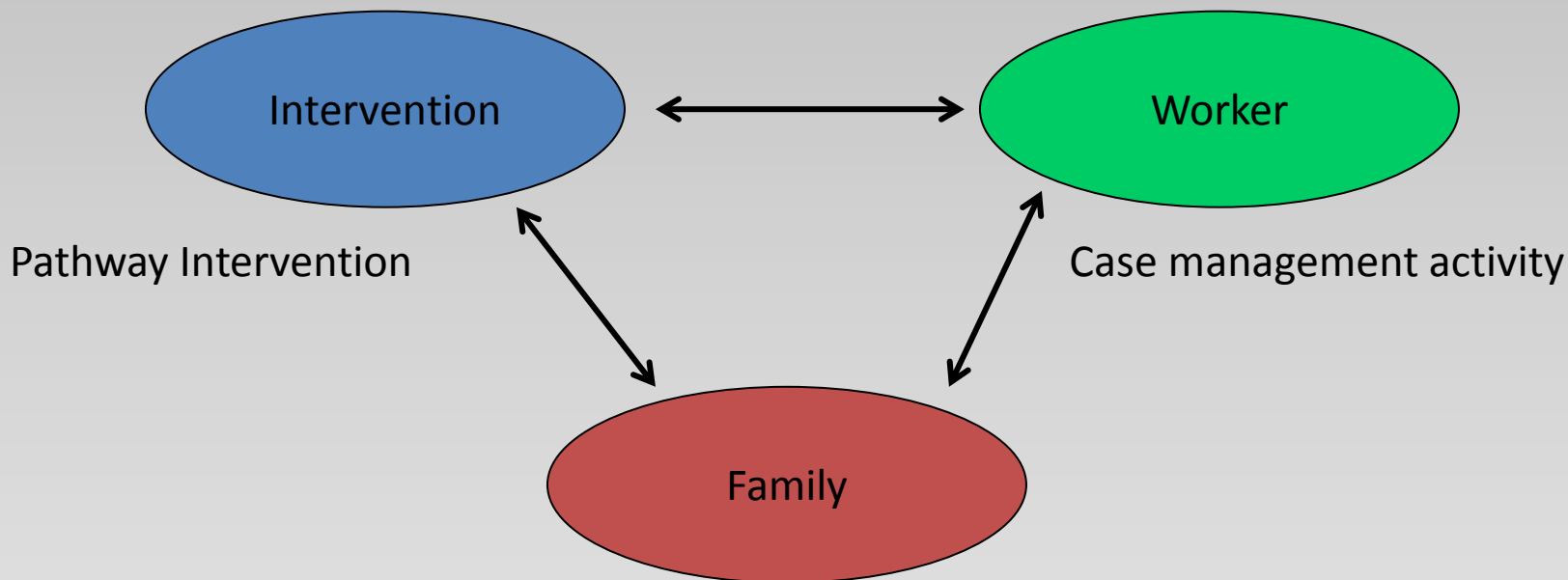
Outcomes are an important element in family-centered practice; they raise expectations for goal achievement

An outcome answers the questions:

“What change has occurred while the family is receiving services?”

“What is the role of family participation in achieving these outcomes?”

Our theory of change



Family 1: Participation

Family 2: Follow empowerment plan

Family 3: Barriers

Family 4: Level of support

Interventions Linked to Indicators/Matrix Outcomes Model, FDM Pathway Project

Protective Factors	Pathway Goals	Categories	Indicators	Pathway Interventions
Children's Social and Emotional Development	Children and Youth are Nurtured, Safe and Engaged	Child Safety	Child Care Supervision Risk of Emotional & Sexual Abuse	Confirm safety of child, Work in partnership with Child Welfare, Connect to childcare opportunities
		Children's Physical and Mental Health	Nutrition Appropriate Development	Identify developmental concerns, Support children's social and emotional competence, Support family to advocate for child in school
Knowledge of Parenting and Child Development	Families are Strong and Connected	Parent/Child Relationships	Nurturing Parenting Skills	Positive parenting education, Effectively involve fathers and other relatives in parenting, Connect to parent support groups and education
		Family Communication	Family Communication Skills	
Concrete Support in Times of Need	Identified Families Access Services and Supports	Basic Needs	Budgeting Clothing Employment	Connect to financial supports for self-sufficiency
		Shelter	Stability of Home or Shelter Home Environment	
		Access to Services	Health Services Community Resources Knowledge Child Health Insurance Transportation	Provide health information, Provide transportation to access medical/counseling appointments as needed, Participate in multi-disciplinary teams to coordinate services
Parental Resilience	Families are Free from Substance Abuse and Mental Illness	Substance Abuse	Presence of Abuse	Connect to weekly group meetings for parents and children, Provide linkages to remove barriers to mental health and substance abuse services
		Life Value	Emotional Wellbeing/Sense of Life Value	
Social Connections	Communities are Caring and Responsible	Social Emotional Health	Support Systems	Connect to informal community supports, work with families to identify system gaps

Measuring Protective Factor Outcomes using FDM Indicators.

Lessons learned

Ignacio A. Navarro

This Section Presents data on:

- Data / Family characteristics
- Measuring Protective Factor outcomes using FDM indicators.
- Baseline scores by indicator and protective factor
- Change baseline - 90 days
- The impact of family engagement
- Moving forward

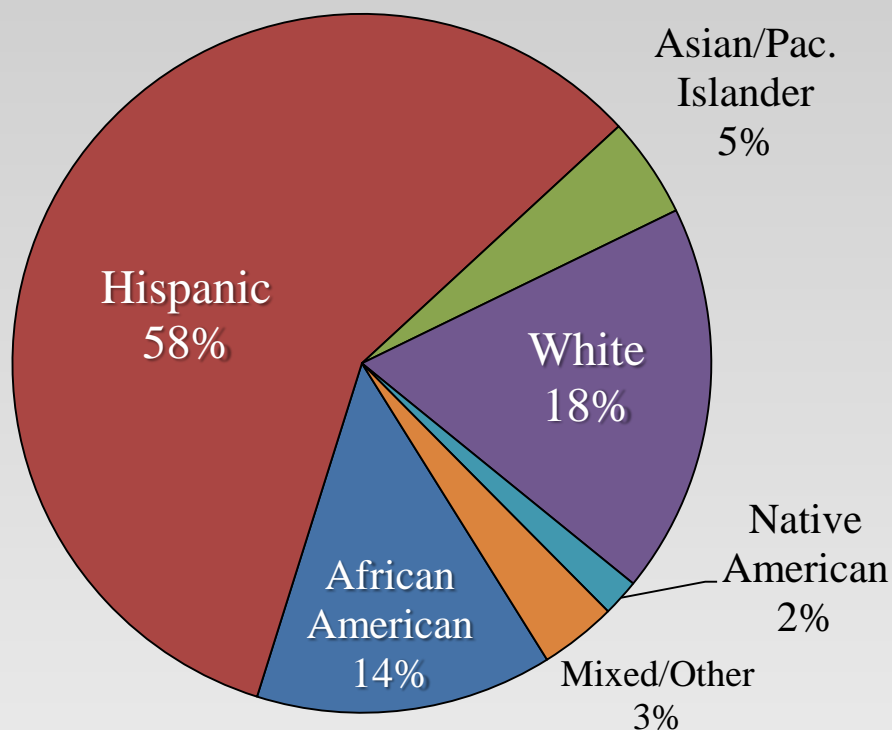
FDM Data

- Matrix Outcomes Model database
- Sept 2009 – March 2013 period
- Data includes
 - 25 Collaboratives
 - 129 FRCs
 - 12,184 Families / 46,991 children
 - 21,211 Assessments

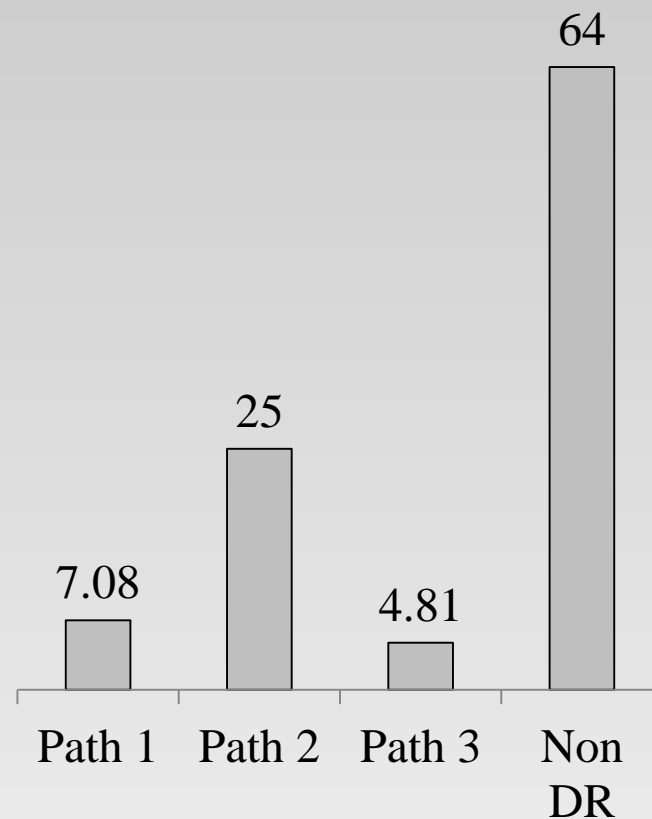
BASELINE DATA

Client Characteristics (N=12,148)

Race / Ethnicity



Referral type (%)



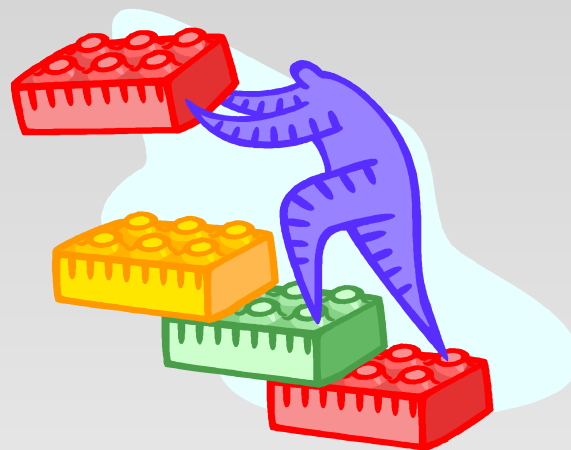
Status Levels

Safe/self sufficient

Stable

At Risk

In-crisis



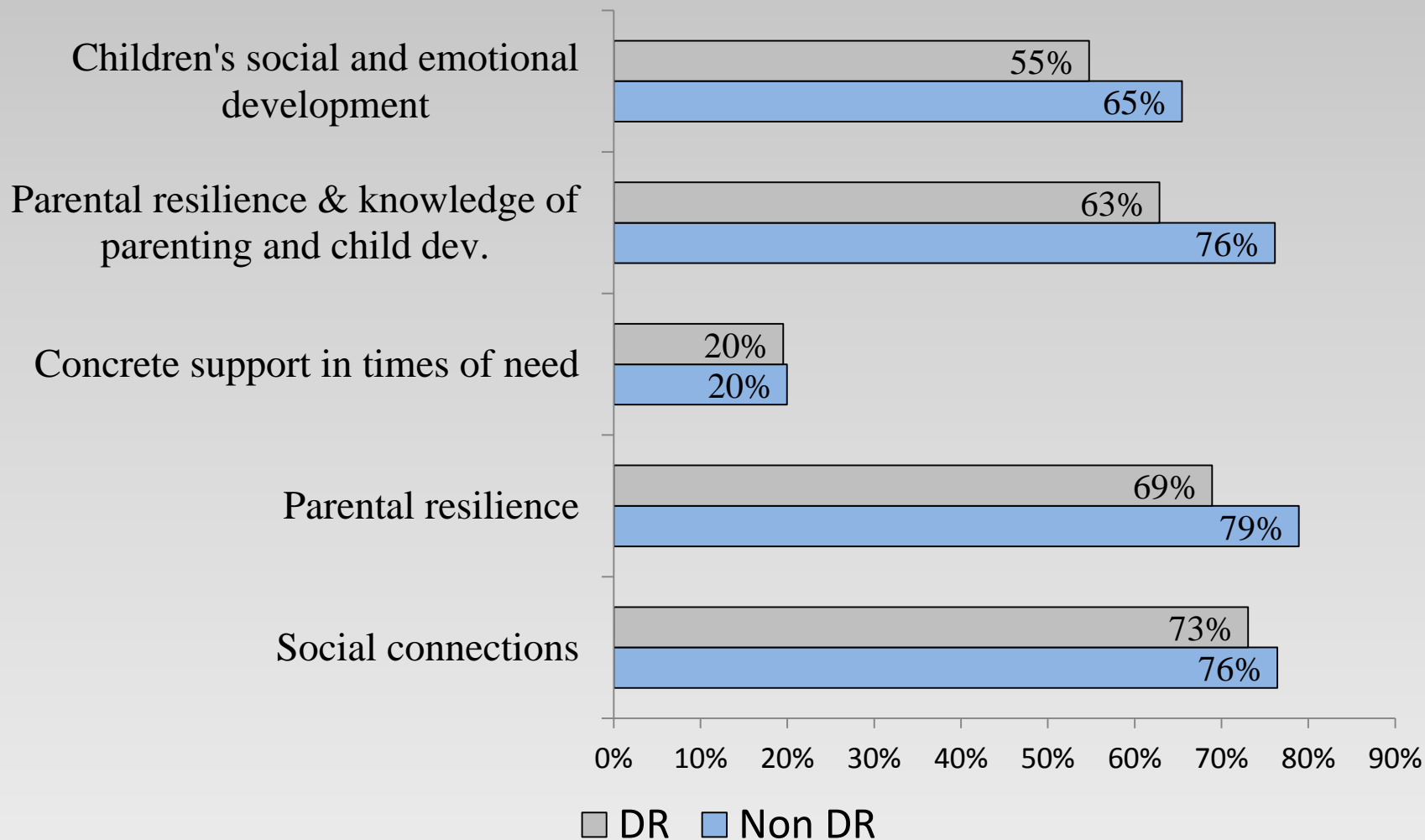
% of families at “stable” or “self sufficient” level

Protective factor	FDM indicator	Non DR %	DR %	Difference	
Children's social and emotional development	Childcare	80	80	0	
	Supervision	97	96	1	*
	Risk of emotional or sex abuse	90	77	13	*
	Nutrition	95	96	-1	*
	Appropriate development	90	84	4	*
Parental resilience & knowledge of parenting and child development	Nurturing	93	87	6	*
	Parenting skills	89	80	9	*
	Family communication skills	83	74	11	*
Concrete support in times of need	Budgeting	70	72	-2	
	Clothing	77	74	3	*
	Employment	49	51	-1	
	Stability of home shelter	86	83	3	*
	Home environment	93	90	3	*
	Health services	88	86	2	*
	Comm. resources knowledge	63	58	5	*
	Child health insurance	85	89	-4	*
	Access to transportation	89	88	1	
Parental Resilience	Presence of (substance) abuse	93	87	6	*
	Emotional wellbeing/ life value	82	76	6	*
Social connections	Support system	76	73	3	*

From FDM indicators to Protective Factors

Families are considered to be at “stable or self sufficient” level in a PF only if they are assessed as “stable or self sufficient” in all of the indicators for that PF.

% of families at stable or self sufficient level at baseline



What we have learned from the baseline data

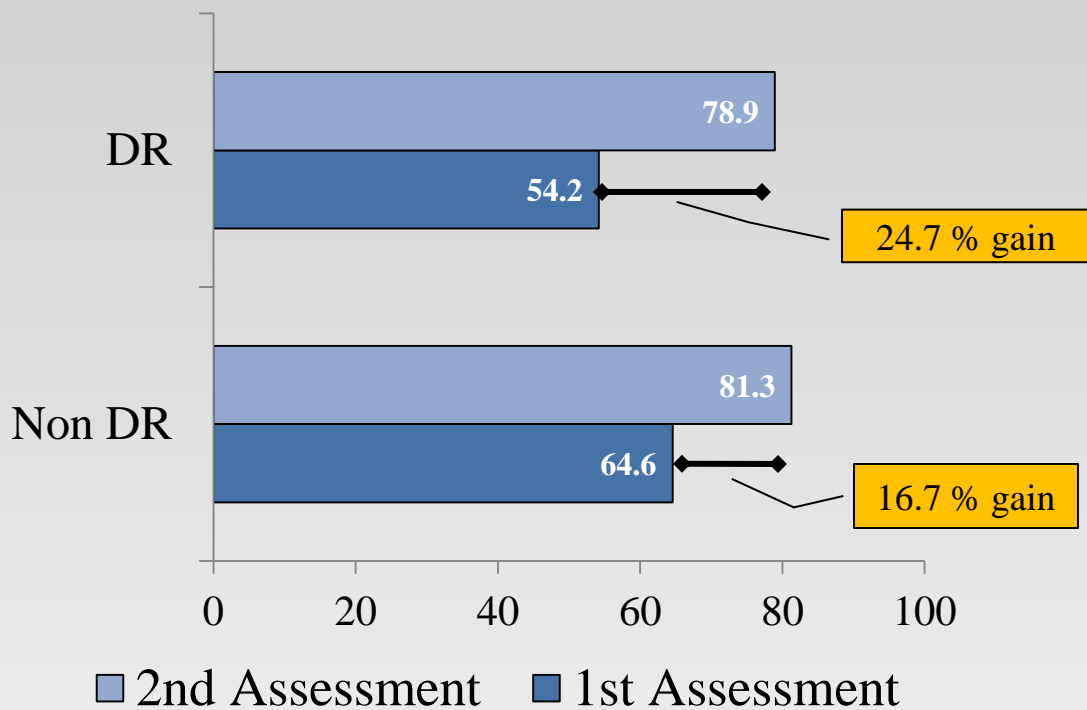
- FRCs serve a variety of clients; about 1/3 of them are DR referrals (mostly path2).
- DR clients differ from Non DR clients with DR clients being less likely to be at a “stable” or “self-sufficient” level in just about every indicator.
- At the PF level, the percentage of clients as “stable” or “self-sufficient” level is lower than at the indicator level showing differences in specific needs within protective factors.
 - This is most evident in the “concrete support in times of needs” PF

CHANGE OVER TIME (90 DAYS)

Analysis by protective factor

Children's social and emotional development

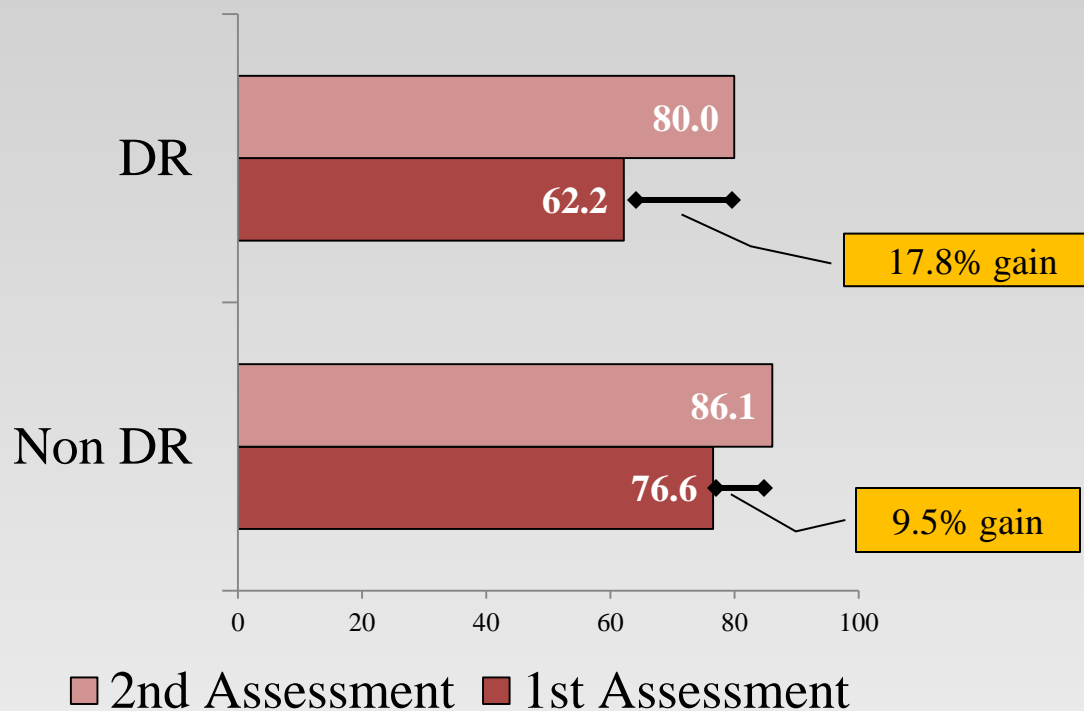
Percent of families at “stable” or “self sufficient” level



Gap NonDR- DR	
1 st A	10.4
2 nd A	2.3

Parental resilience & knowledge of parenting and child development

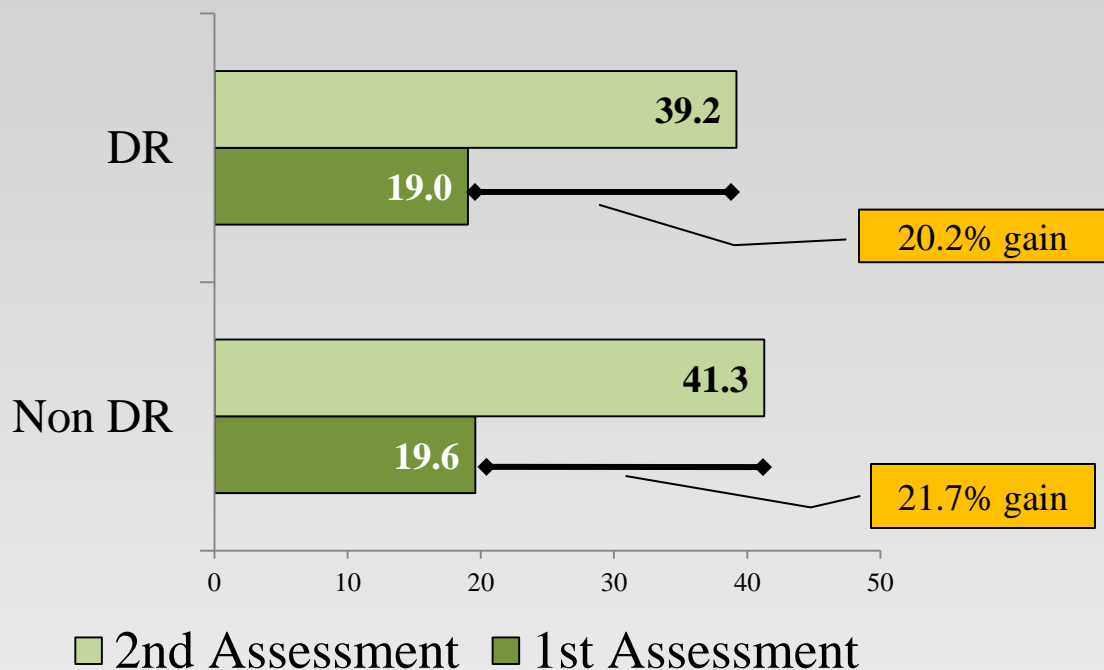
Percent of families at “stable” or “self sufficient” level



Gap NonDR- DR	
1 st A	14.4
2 nd A	6.1

Concrete support in times of need

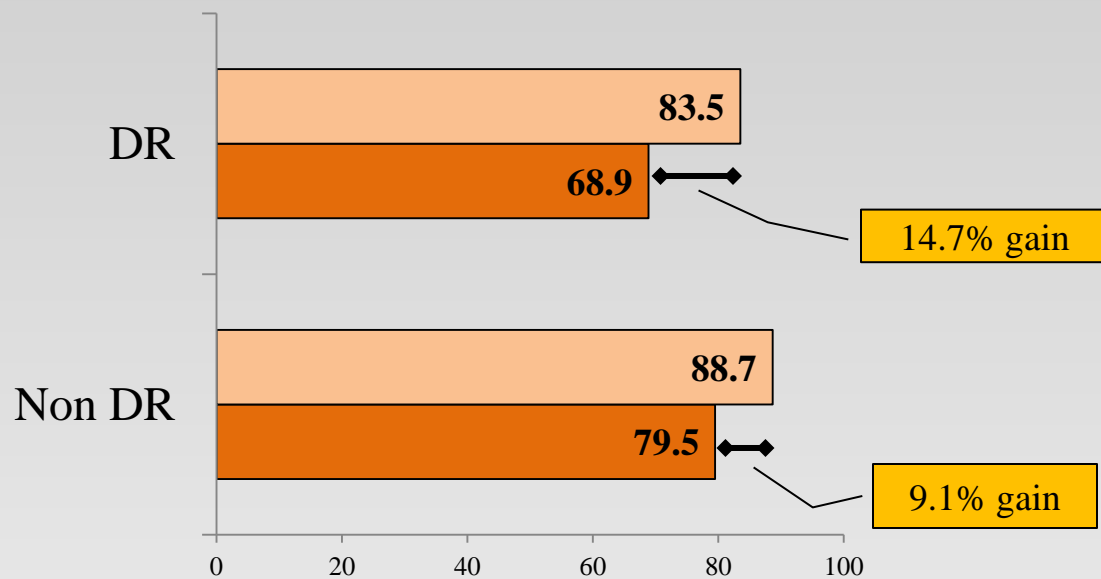
Percent of families at “stable” or “self sufficient” level



Gap NonDR- DR	
1 st A	.06
2 nd A	2.1

Parental resilience

Percent of families at “stable” or “self sufficient” level

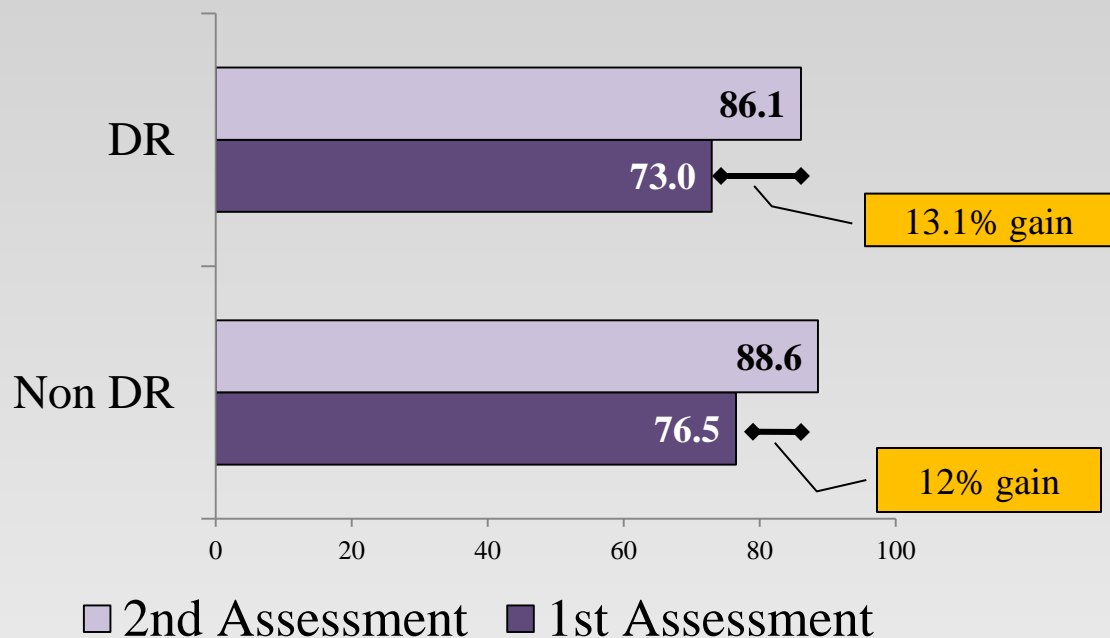


□ 2nd Assessment ■ 1st Assessment

Gap NonDR- DR	
1 st A	10.7
2 nd A	5.1

Social connections

Percent of families at “stable” or “self sufficient” level



Gap NonDR- DR	
1 st A	3.6
2 nd A	2.5

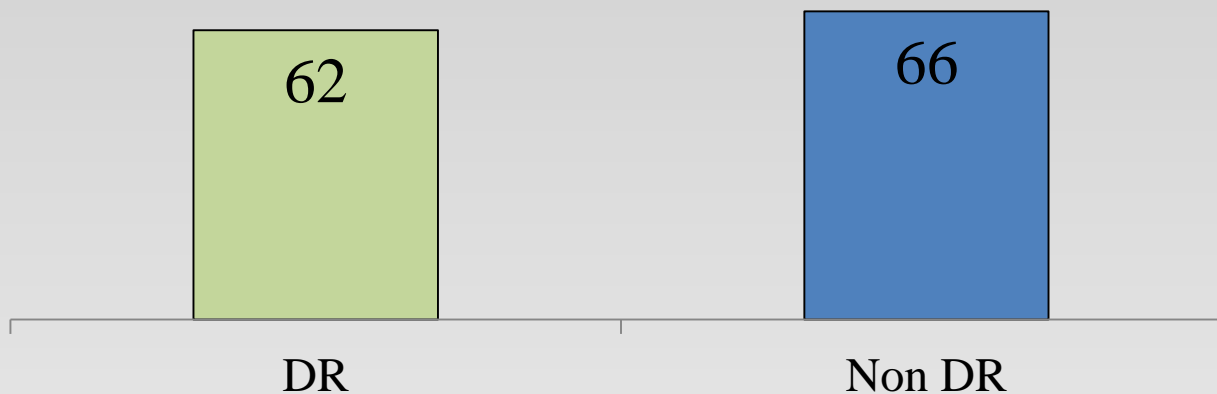
What we have learned from our measures of change over time

- Significant positive changes in all PF.
- DR and non-DR gaps are reduced from first to 2nd assessment, small differences remain.
- Greatest gains take place on Concrete Support in Times of Need for both non-DR and DR.
 - However the % of clients at a Stable or Self sufficient level is relatively low compared with other PF
 - This difference is mainly driven by the employment indicator

THE ROLE OF FAMILY ENGAGEMENT

Families returning for a second assessment

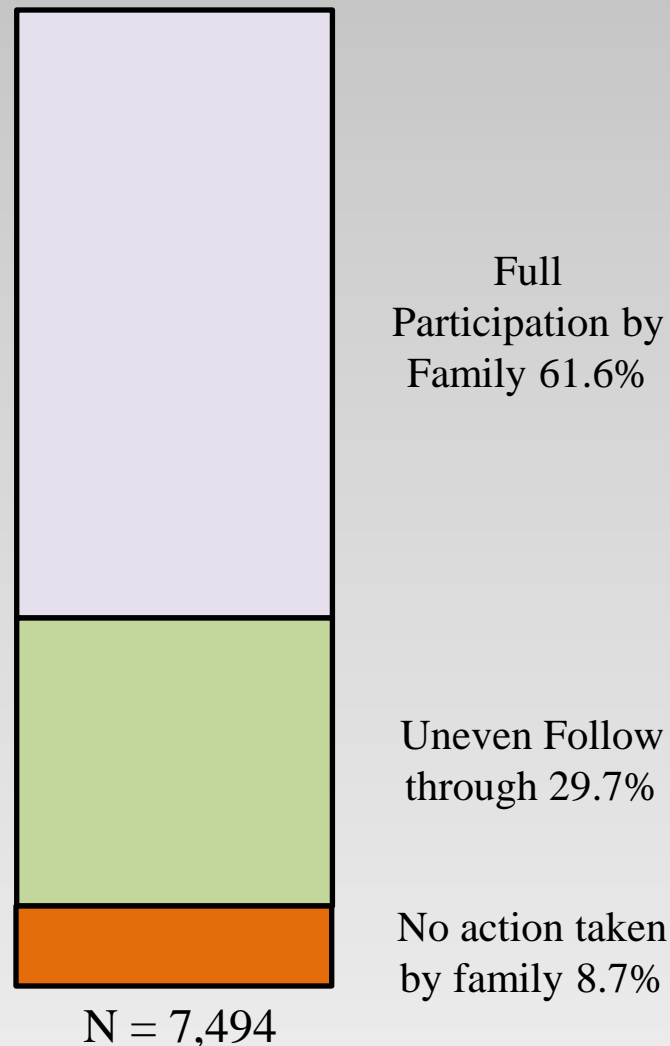
% of families returning for a second assessment within 6 months*



*Controlling for differences in indicator scores at baseline

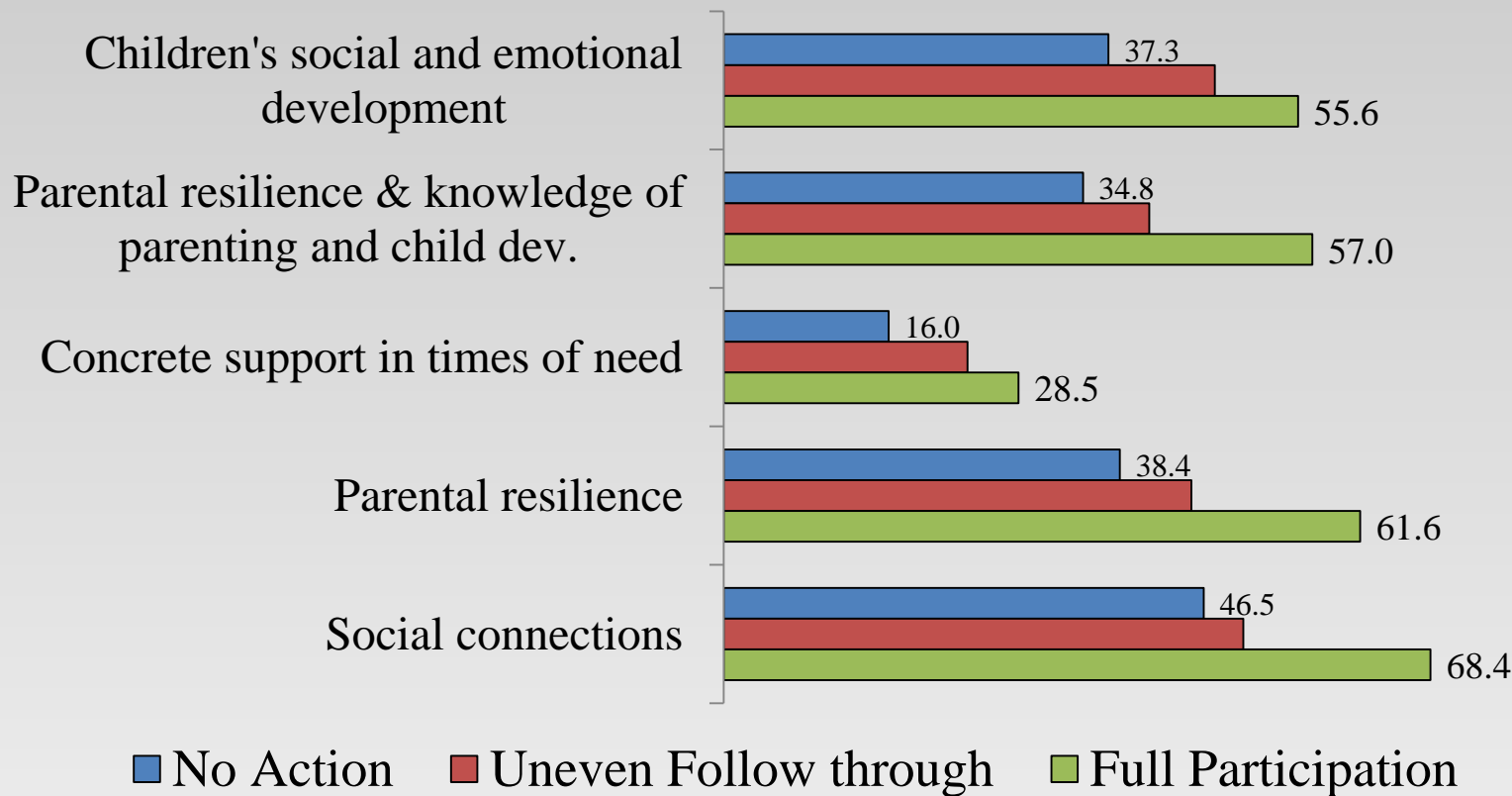
Family Engagement

During the 2nd assessment, case managers are asked to assess family's level of "follow through" with the agreed plan of action



Family engagement and change

% of families that that moved from an “at risk” or “in crisis” level to a “stable” or “self sufficient” level in the subsequent assessment by level of engagement



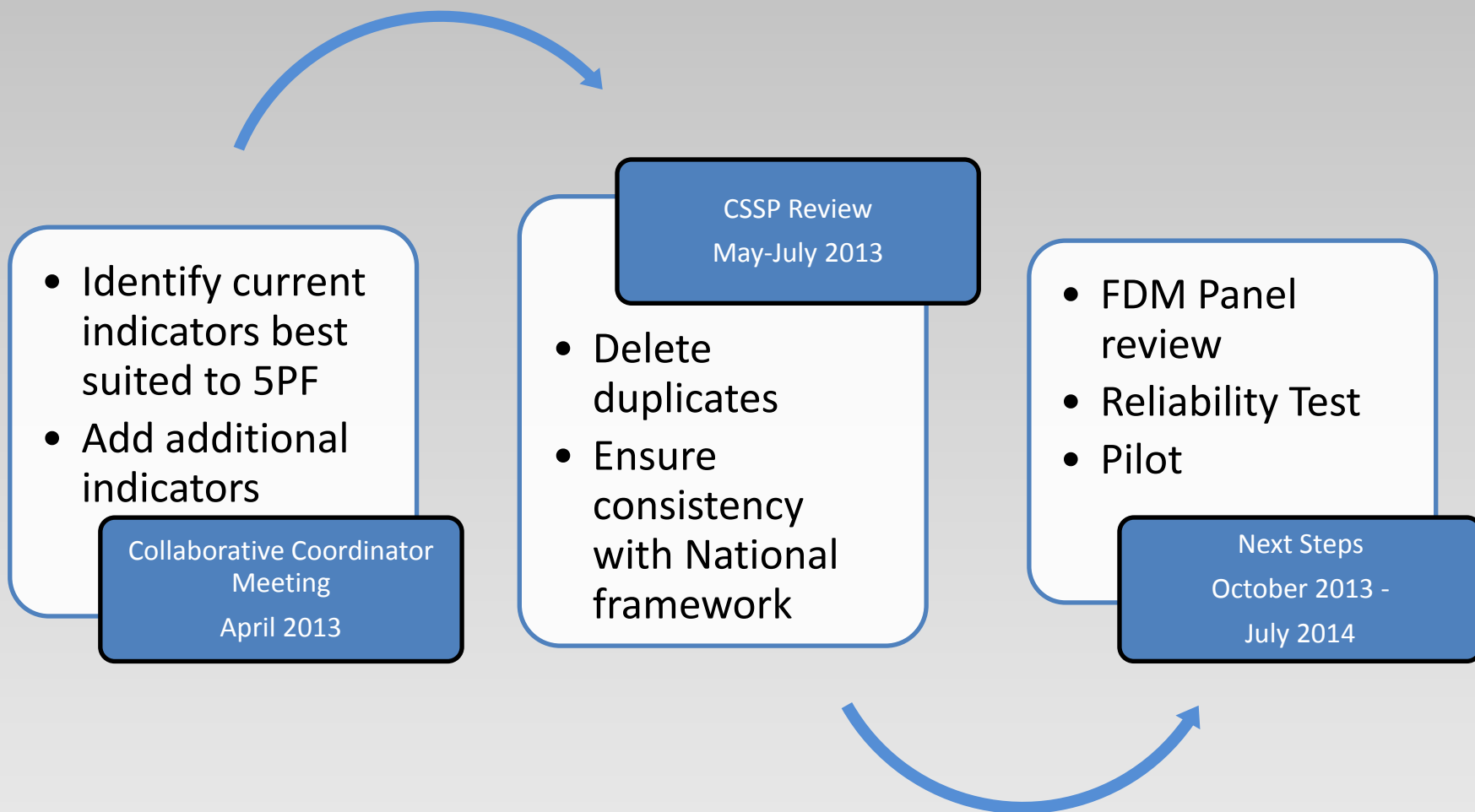
What we have learned from family engagement data

- Families that exhibit higher levels of engagement are more likely to increase their scores.
- This relationship is consistent across all indicators and protective factors.
- Another important point is the measurement of engagement itself.
 - Families perceived as taking “No Action” still have some positive results, suggesting that worker observations may not capture the entire picture of family participation.

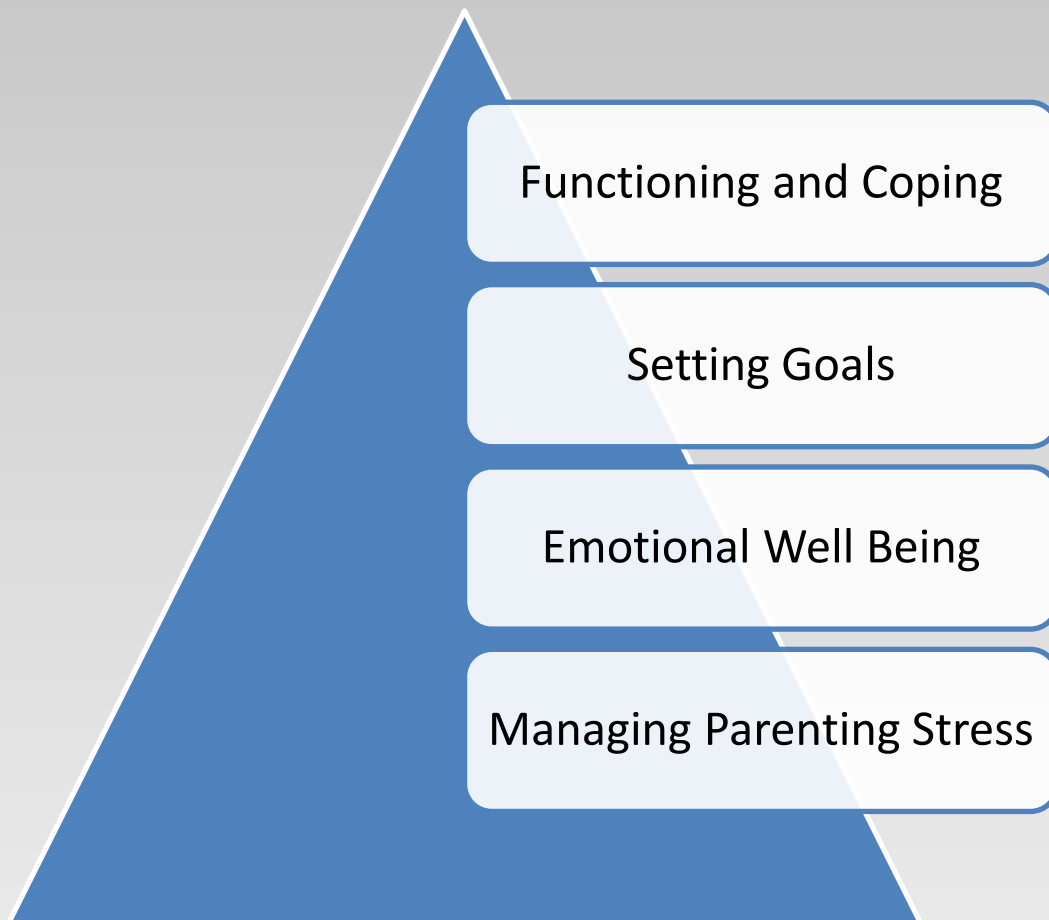
Where are we going?

- We are currently testing the relationship between FDM outcomes and child welfare re-referrals.
- We are exploring the different dimensions of family engagement and studying the “empowerment plan” as a tool of engagement in itself.
- We are refining our operational indicators and their relation to protective factor constructs.
- All these areas are still fairly unexplored in the field of Differential Response and Child Abuse Prevention.

Family Development Matrix + Five Protective Factors



Parental Resilience

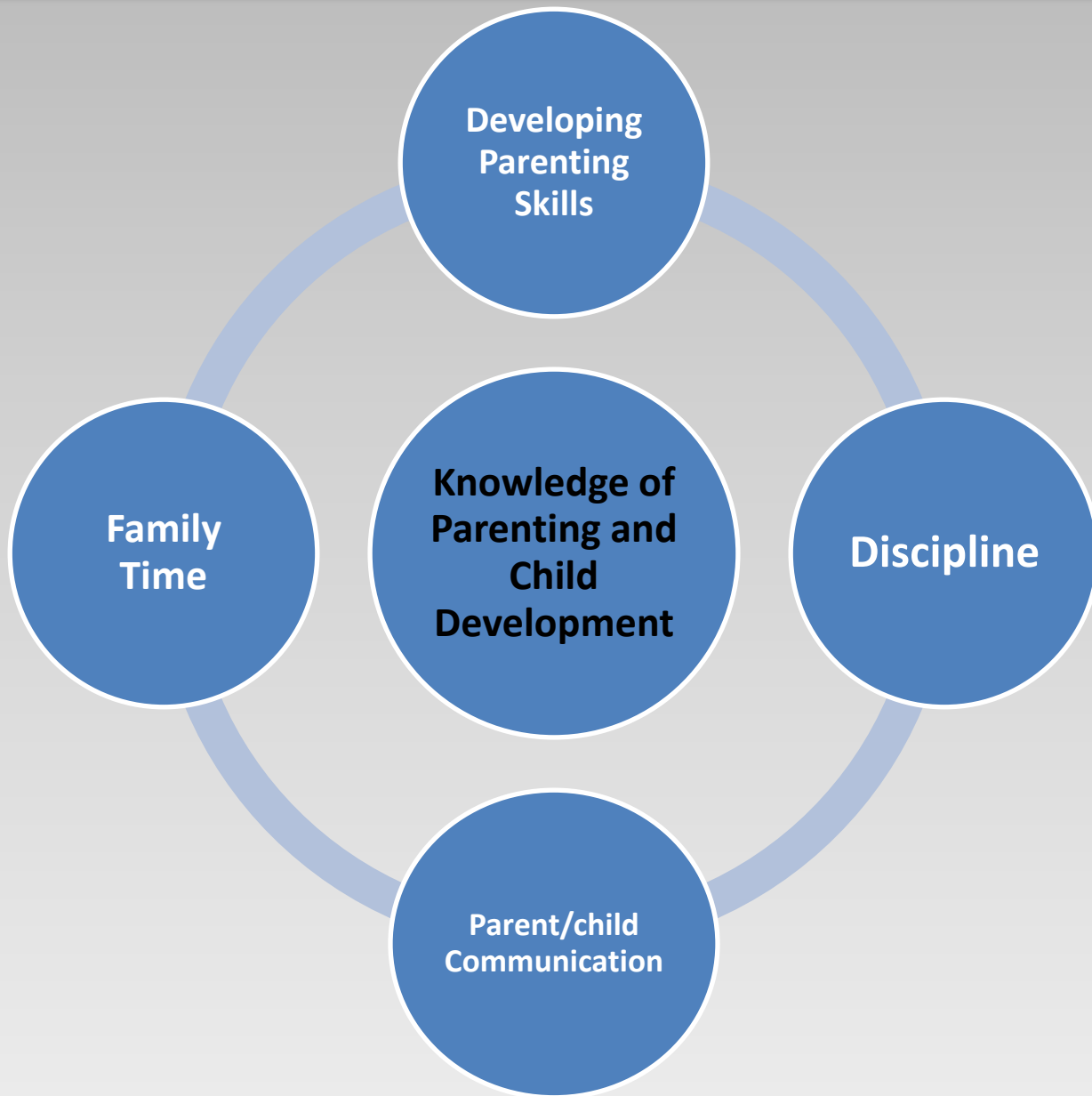


Social Connections



Concrete Support in Times of Need







Next Steps

- FDM Panel to review
- OCAP + input from Panel = determine direction
- Reliability test to ensure inter-rater reliability
- Pilot test with a few interested agencies

JULY 2014

Building Collaborative Partnerships

- Agency or Collaborative Design Teams
- Agency Program Showcase
- Community Collaborative Prevention Plans

Steps in the Process

Application

Collaborative

Agency

Design Team

Protocol and Codes

Optional Indicators

Staff Training

Coordination Support

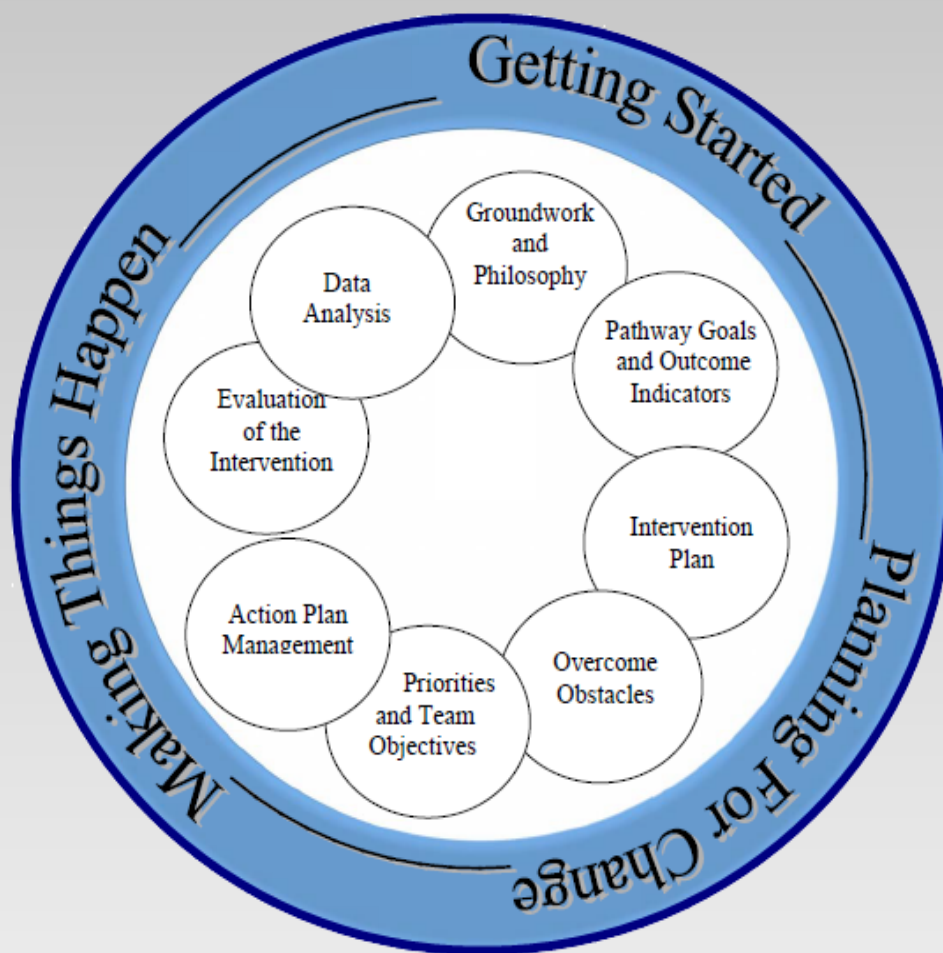
Add Interventions

Evaluation

Data analysis

Evaluation Reports

Community Directed Prevention Process



Philosophy

We believe that the health, well being and safety of children in our communities is attained through stable, nurturing families and safe supportive neighborhoods.

This is achieved through the promotion of the 5 protective factors for family strengthening which are:

1. Positive social connection
2. Knowledge of parenting and child development
3. Concrete support in times of need
4. Parent resilience
5. Social and emotional competency of children

Action Plan

April 2012

Develop client ID code structure
Develop indicators
Assess technological capacity of agencies
Define Collaboration Coordination Team

May 2012

FDM Training for Stanislaus County team
Develop FDM protocol for Stanislaus County team

June 2012

Pilot test at FRC sites

Design team meeting:

- *troubleshoot (what's working, what's not working)
- *implementation status
- *address open issues/concerns
- *assessment of further training needs

July 1, 2012

FDM goes live!

July, August, September 2012

Troubleshoot, provide support
Incorporate FDM into DR meetings

February 2013

Design Team Meeting:

- *review first 6 months of FDM
- *lessons learned
- *are families better off?
- *working as case management tool?
- *working for supervisors/administration?
- *meeting reporting requirements?
- *data review

Team Approach to Overcoming Obstacles

Obstacle to implementation	Team approach to overcoming
Time required to complete FDM	Replaces SBA, staff trained and staff allocated time to complete
Engaging staff in process	Empower through education (webinars, etc), connect staff with practice website, create 'big picture' vision and potential for impact
Enough training & prep time for staff	Develop training schedule & timeline with Judy & Jerry. Use some of future DR meetings to continue the reinforcement of FDM training, create FDM collaborative training for all agencies together
Data Entry (who & how long)	Family Advocates/Case Managers/Liaisons, Interns, Volunteers, Admin staff/clerk. Entry time-minimal Time w/families-multiple visits Share data entry best practices
Level of user friendliness for staff and families	Staff: ensure adequate training and exposure Families: link to customer satisfaction surveys for feedback
Providing common indicators for collaborative and regional data	Incorporate indicators for SCOARRS and use same indicators as SJ County
Adequate technology/web access	Survey needs by site, budget or possibly modify existing budget

Timeline

March 29, 2012

Philosophy team: Review current SCOARRS (Commission revised 3/14/12), create draft new indicators, create draft action plan

April 2012

Draft indicators presented for review by Design team
Draft indicators presented to Commission and CSA for approval

May 2012

FDM Training for Stanislaus County team

June 2012

Assess additional training needs and other questions

July 1, 2012

FDM goes live!

July 1- July 30, 2012

Troubleshoot, provide support

Protocols and Codes

- Protocols tell you when, with whom and how often to conduct the assessments
- Codes identify the participant in the system and are used to retrieve data for analysis

Policy Question

The role of family assessment

Family assessment using objective measures is important on three levels:

- The family level:
 - We know that an assessment done in a non-adversarial manner and focused on strengths is a powerful motivator and a crucial aspect of case management and family engagement
- The agency (FRC level):
 - We know that agency coordinators that collect data on assessments in a systematic way feel more equipped to make programmatic decisions and feel more confident about funding prospects
- The Macro level (county, state, etc.):
 - Public agencies and foundations moving towards an evidenced approach to funding and allocating resources

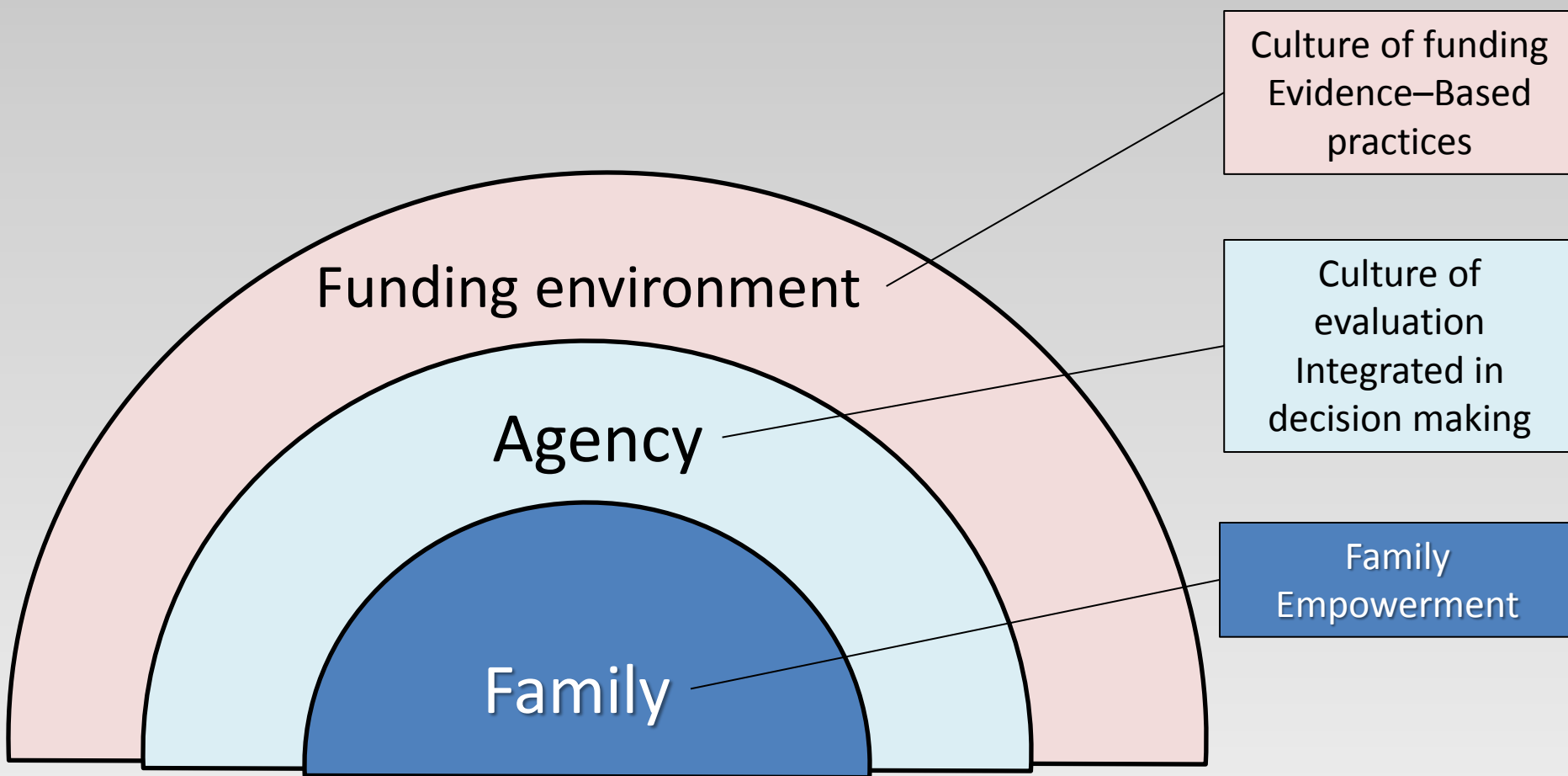
Policy Question

FRC relationship with Child Welfare

The comparison between DR and non-DR cases shows:

- On the 1st assessment non-DR cases are more likely to be at a “safe” or “self-sufficient” level than DR cases in all indicators.
- By the 3rd Assessment DR cases are as likely to be at a “safe” or “self-sufficient” level as non-DR cases in almost all indicators (except for employment, and family communication skills where the differences are larger than 5 % points)
- * Only cases that have at least three assessments are considered

Assessment using objective measures seems to have an impact on 3 levels



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