

South Bay Community Services, Proud Parenting Program Grant Award # BSCC 564-18

Local Evaluation Plan October 2018

Introduction

In compliance with the Board of State and Community Corrections (BSCC) Proud Parenting Grant Program requirements, the following is the local evaluation plan for South Bay Community Services' (SBCS) Proud Parenting Program (PPP). SBCS is responsible for conducting an internal evaluation of the PPP. This local evaluation plan describes the project, provides a timeline for implementation, and details the methodology, as well as the evaluation process.

PPP Program Overview

SBCS' Proud Parenting Program is expanding an existing program, First 5 First Steps (FSF5), which provides countywide home visitation services to specific high-risk target populations. The PPP is enhancing F5FS by serving young parents and expectant parents between the ages of 14 and 25 (at time of project participation enrollment) who were involved in the criminal/juvenile justice systems and/or considered crossover youth within the child welfare system, and who have children aged 0-5. The program delivers parenting support for approximately 25 eligible parents per year, including one-on-one home visiting using the evidence-based Parents as Teachers (PAT) curriculum, combined with group activities and care coordination. The Home Visitor is trained in various strategies to engage and support families, including evidence based Motivational Interviewing. SBCS is an experienced provider of home visiting programs, including the evidence-based Parent as Teachers curriculum. The F5FS Advisory Committee oversees the program, which also works closely with the South & Central Region Home Visiting Collaborative to ensure that services link seamlessly with existing programming and to avoid duplication of services.

The program serves teens and young adults in San Diego County's South Bay region and the neighboring Barrio Logan / Logan Heights neighborhood. This is a community struggling with extreme poverty, located at the United States' busiest border, with high rates of domestic violence, gang violence, and substance abuse, and a desperate shortage of affordable housing.

The program implements the PAT model by providing 4 major service delivery components:

1. *Home visits*, in which the Home Visitor shares age-appropriate child development information with parents, helps parents learn to observe their child's development, addresses parenting concerns, and engages the family in activities that provide meaningful parent/child interaction and support the child's development. Evidence-based Motivational Interviewing will ensure parent engagement in the program;
2. *Parent group meetings* that provide opportunities to discuss information about parenting issues and child development. Parents learn from and support each other, observe their children with other children and practice parenting skills;
3. *Periodic screening* for early identification of potential developmental delays and/or health, vision and hearing problems; and
4. *A resource network* through which Home Visitors help families identify and connect with needed resources and overcome barriers to accessing services. SBCS will take an active role in maintaining ongoing collaborative relationships with community agencies and organizations that offer additional family services.

Program goals include providing the information, support, and encouragement that high-risk parents need to help their children develop optimally during the crucial early years of life; reducing the number of reoffending parents; and increasing parents knowledge and utilization of community resources. Expected outcomes include increased parental knowledge about how to promote their child's physical, cognitive, and social/emotional health and/or improved skills to promote their child's physical, cognitive, and social/emotional health; reduced recidivism among parents; and improved knowledge and utilization of community services. A rigorous evaluation will document and track these outcomes.

Project Evaluation Design

PPP Goals and Objectives:

Goal 1: To provide the information, support, and encouragement that high-risk parents need to help their children develop optimally during the crucial early years of life.

Objective 1A: Home Visitor will be hired and trained by August 1, 2018;

Objective 1B: All participating parents will receive a comprehensive, family-centered, strengths-based assessment within 30 days of entry into the program, documented in case files;

Objective 1C: 25 eligible families per year will receive regular home visits for up to 2 years, or until their child reaches the age of 5, documented in case files;

Objective 1D: Home visitor will deliver the PAT curriculum during home visits, which includes information designed to increase parent knowledge of early childhood development and improve parenting practices, and provide early detection of developmental delays and health issues, documented in case files and measured by the HFPI assessment tool;

Objective 1E: Participating families will have access to at least 10 group activities every year which include topics related to child development and positive parenting practices, documented by monthly schedules.

Goal 2: To reduce the number of chronically offending parents.

Objective 2A: Home visitor will deliver the PAT curriculum during home visits, which includes information designed to improve parental attitudes about responsible parenting, prevent child abuse and neglect, and increase parent-child bonding, documented in case files and measured by the HFPI assessment tool;

Objective 2B: Parents will be referred to any relevant services and programs that will help to improve their self-esteem, life-skills, as indicated by the HFPI and Parent Concerns assessment tools.

Objective 2C: Participating families will have access to at least 10 group activities every year which include opportunities to socialize with peers and participate in pro-social activities, documented by monthly schedules.

Goal 3: To increase parents' knowledge and utilization of community resources.

Objective 3A: All participating parents will receive a comprehensive, family-centered, strengths-based assessment within 30 days of entry into the program, which will include identification of needed community resources, documented in case files;

Objective 3B: The Home Visitor will assist participating parents to access and engage in needed community resources, documented in case files and the HFPI assessment tool.

Project Outcomes (i.e. how success will be defined for the project):

90% of families receiving home visits will (documented using HFPI and self-reports):

(a) demonstrate increased knowledge about how to promote their child's physical, cognitive, and social/emotional health and/or improved skills to promote their child's physical, cognitive, and social/emotional health;

- (b) not re-offend or re-enter the juvenile or criminal justice system;
- (c) demonstrate improved knowledge and utilization of community services.

To determine if the PPP project was implemented as planned and what impact these efforts had on the participants and the system, SBCS' Contract Compliance and Quality Assurance (CCQA) Associate will conduct a process and outcome evaluation. During the first month of the grant period, the CCQA Associate met with the project staff and the Advisory Committee to finalize the data elements to be collected, to ensure that the existing automated data system Efforts to Outcomes (ETO) is adequate to enter and share data, and to finalize the evaluation design. To measure PPP's success in achieving its stated goals and objectives, data measures to be collected will include:

- Eligibility requirements;
- Demographics;
- Assessment data (Ages & Stages Questionnaires (ASQ-3 and ASQ:SE-2), Parent Concerns Worksheet);
- Case file data (home visit notes, PAT curriculum sections covered, referrals made; referrals completed);
- Healthy Families Parenting Inventory (HFPI) data;
- Family Well Being Assessment (FWBA) scores; and,
- Group activity sign-in sheets.

The data will be entered directly into the specially created Efforts to Outcomes (ETO) database. The Home Visitor will collect data fields via required forms and assessments, and then come back and enter them into ETO in the office. SBCS already has experience using ETO for a number of other programs, and is very knowledgeable about the data entry, data cleaning, and reporting functions of the database. The Contract Compliance and Quality Assurance (CCQA) Associate will use the ETO database to generate all required reports.

SBCS will develop a simple screening tool to ensure program eligibility upon referral. Upon intake, parents will be assessed using the Family Well Being Assessment (FWBA), Ages & Stages Questionnaires (ASQ-3 and ASQ:SE-2), Parent Concerns Worksheet, and the Healthy Families Parenting Inventory (HFPI). Based on these assessments, a service plan will be agreed upon with the parent(s). Ongoing participant progress will be assessed using parent reports during home visits, the HFPI (administered every 6 months), and the FWBA (administered annually).

The Process Evaluation will document what and how well the proposed program was implemented as planned. Data will be gathered from a variety of sources in order to describe the youth and young adults served, their level of engagement, the dosage of services received, and the level of fidelity to the evidence-based intervention. The process evaluation will be descriptive in nature and will provide the context for the outcome evaluation. Process evaluation research topics to be addressed include:

- # and characteristics of participants (demographics, risks & needs, criminal history, child age);
- # and level of professional development trainings completed by the Home Visitor;
- Factors correlated with successful completion of the program (e.g., prior criminal history, individual and group services received, referrals made);
- Parent engagement (group attendance, individual contacts, completion rates, participant satisfaction).

In addition, in order to measure implementation of PAT as planned, the type and number of staff trainings will be tracked using both ETO along with how many staff attended each training.

The Outcome Evaluation will use a mix of case files, home visit notes, self-reports, the HFPI, and satisfaction surveys to measure change over time among participants. Most of the outcomes are individual in nature, and the outcome evaluation will focus on answering the question of how effective the project was in achieving its primary goals of increasing parenting skills, reducing recidivism, and increasing access to community resources. Outcome evaluation topics will include questions such as:

1. Did parenting skills increase as a result of program involvement?
2. Of those participants who completed two years in the program, did they remain crime-free during program participation as measured by re-arrest?
3. Did occurrences of child abuse or neglect decrease as a result of program involvement?
4. Did participants report an increase in meaningful access to community resources, and for which participants?
5. Did program participation result in increased resiliency factors such as social supports and problem-solving skills, and decreased risk factors such as depression, and for which participants?

The Program Completion Assessment will be the criteria utilized in determining individual participant success or failure in the project. This 10-item Assessment is completed for each participant by the Home Visitor upon exit. This document is used in the First 5 First Steps program, but was modified for the Proud Parenting Program. The assessment evaluates the participant's demonstrated skills in the following domains: Knowledge of Parenting and Child Development; Parental Resilience; Social Connections; Concrete Supports; and Social/Emotional Competence of Children.

The project's plan for documenting the cost per client is dividing the project's total actual expenditures during the course of project by the total number of unduplicated parents served during the course of the project.

Project Oversight

The program will be overseen by the First 5 First Steps Advisory Board, which meets quarterly and includes:

- South Bay Community Services (SBCS' programs represented include F5FS, Children's Mental Health, Promotora Outreach, Healthy Development Services, and Community Services for Families);
- County of San Diego, Public Health Nursing;
- County of San Diego, Department of Probation;
- San Diego State University (for evaluation, data issues).

In addition, the Home Visitation Collaborative (which also participates in PPP program-related advisory discussions) includes:

- County of San Diego – Public Health Nursing;
- Black Infant Health;
- SBCS;
- Vista Hill;
- Project Concern International;
- American Academy of Pediatrics;
- Family Health Centers;
- SAY San Diego.

Within SBCS, the PPP program comes under the direction of the Child Well-Being Department Director, Valerie Brew, who has overall responsibility for managing the planning, development,

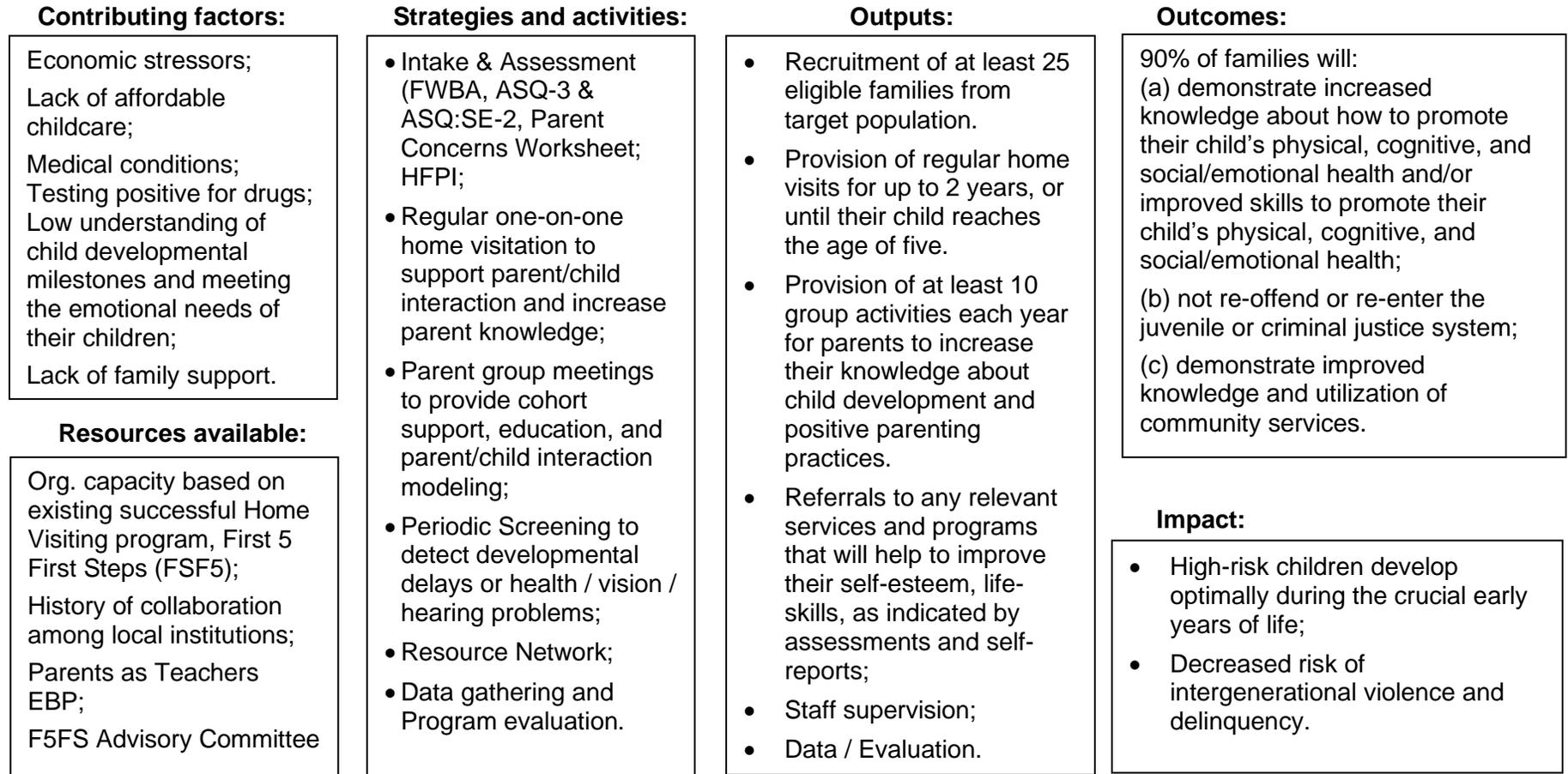
implementation, and evaluation of programs in the Child Well Being Department. In addition, the Program Director monitors fidelity of the evidence-based model during supervision, by shadowing home visits, and with case file reviews. The Home Visitor will participate in regular individual supervision provided by the Program Director, with support from SBCS' licensed Clinical Supervisor.

SBCS' CCQA Associate will conduct both a process and outcome evaluation to measure how well the project achieved its goals and to what effect. Quarterly updates will be provided to staff to allow for any mid-course adjustments and a final report will summarize findings at the end of the grant period. In addition to brief quarterly reports submitted to BSCC, a final written report, including recommendations, will be completed at project end.

Finally, the American Academy of Pediatrics, California Chapter 3 (AAP-CA3) provides countywide coordination and support to the First 5 Commission of San Diego's First Steps program, and SBCS is the Regional Lead for the South Region. The American Academy of Pediatrics First Steps team coordinates and assists these lead organizations in their efforts to ensure that families have knowledge and understanding of growth and development as well as the parent-child relationship from the prenatal period up to three years of age. AAP-CA3 will continue to coordinate these collaborative efforts, and will refer eligible system-involved pregnant and parenting teens and young adults to this new Home Visiting program.

Proud Parenting Program Logic Model

Problem statement: young parents and expectant parents between the ages of 14 and 25 who were involved in the criminal/juvenile justice systems and/or considered crossover youth within the child welfare system, and who have children aged 0-5, struggle with significant challenges and barriers that impact their ability to maintain a safe and stable home environment in which to raise their children.



Assumption: The implement of evidence-based parenting services intended to help families to develop healthy attachment relationships; promote positive parenting practices such as reading to a child and advocating for a child’s well-being in school and the doctor’s office; support healthy and safe living environments for families; and connect families to community resources, including medical and social service providers, will result in improved child functioning, as well as decreased the risk of intergenerational violence and delinquency, which is the goal of the Proud Parenting program.